What company provides your health insurance?  What are the co-pays and deductibles?

TML       Co-pays 15           Deductible $500

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

For the TML-IEBP health insurance for HACB, our deductible is $1000, co-pays are $20 for office visits for both general practitioners and specialists.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

TML, $30 copay, $500 deductible

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Aetna.  We have 2 options, monthly premium free to employees with a $1,000 HRA set-a-side (no co-pays) or the buy-up for $17/ppd (with co-pays).  Not sure on deductibles or co-pays.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

TML IEBP In Network: $25 doctor visit (in most cases), $100 emergency care if admitted, $1,000 yearly deductible plus a $3,000 out of pocket amount (for certain procedures) and 80/20 after deductible as long as financial standards are met

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

TML The deductible is $200.00 and then insurance pays at 80%

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Housing Benefits Plan   Deductible $1500.00    Co-pays $35.00

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

TML – 30% co-pay and No deductible

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

United Health Care What are the co-pays and deductibles? Co-pays – Dr. visit $30.00, Specialist $60.00, Urgent Care  $75.00 and ER $300.00/Deductible $5,000 Individual/$10,000 Family

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

We have Blue Cross Blue Shield for health insurance our co-pay is $40 per dr. visits

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

TML Multistate 30 doctor 500deductible 2000 out of pocket

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

BCBSTX, Higginbotham is the plan administrator
$2,500 deductible.  Employee responsible for first $1,000 with PHA reimbursing remainder of up to $1,500.
Office Visit $40 copay / Specialist $60 copay
ER inpatient $250 copay 20% after deductible
ER outpatient $500 copay 20% after deductible
Urgent Care $75 copay
Outpatient Services $200 copay 20% after deductible
RX
Generic $10 copay / Preferred Brand $50 copay / Non-Preferred Brand $100 copay
Mail Order Generic $20 copay / Preferred Brand $100 copay / Non-Preferred Brand $200 copay
Obviously there are a lot more details in the benefits but the above are the basics

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

TML.   In network:  $500  deductible with $30.00 office co-pay (80/20 coinsurance), and RX co-pay of $5.00 per prescription for generic.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Our City provides us with health insurance and it is Cigna.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Yes, TMLIEBP we pay 100 percent for the employee.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

TML $30 copay $1500 deductible

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

First Care. Co-pay $25 Primary, $50 Specialist
Deductible $2,500 individual, $5,000 family

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Blue cross blue shield     $15.00 copay

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Blue Cross Blue Shield
P600CHC Blue Choice Platinum PPOSM 010

- Copays:

Primary care visit to treat an injury or illness $25 copay/visit

Specialist visit $45 copay/visit

Preventive care/screening/immunization No Charge

- Deductibles:

Network $250 Individual/$750 Family.

Out-of-Network $500 Individual/$1,500 Family.

- Out-of-pocket limits:

For Network $1,250 Individual/$3,750 Family.

For Out-of-Network $2,500 Individual/$7,500 Family.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

TML, Copays-$30.00, Deductibles-$250.00 and $2000.00 out of pocket

$200.00 Deductible medical, $50.00 dental, none of vision

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Blue Cross Blue Shield co-pay 40-60 Deductible 6,000

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

United Health Care.  $30 co pay and deductibles vary depending on plan.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

TML What are the co-pays and deductibles?  No Co-pays 300.1000.00 Deductibles

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

United Health Care   $20 office visit $100 ER. RX is $10, $25, $60 and  $500

deductible

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

We use TML for health coverage. Our Plan is zero deductible 30/70 Plan. Employees pay flat 30% for in network and plan pays 70%. For out of network, $250 deductible, Plan pays 50% and employee pays 50%.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Texas Municipal League, $1K deductible

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

TML, no copay, 200 deductible

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Housing benefits Plan (Mercer)    co pay 35.00  deductible $1,500

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

TML, 70/50  In Net deductible N/A, Out Net deductible $250, In net OOP $3000 , Office visit -0- ,  X Ray& Lab in OV No

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

TML, no copays, $750 annual deductible

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

TML We have the plan that pays 70%, no deductible, no copay.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Blue Cross/Blue Shield - $3000 deductible but then everything is paid for after that

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Scott and White Health Plan high deductible plan paired with a GAP plan (through Standard Life), currently $40 general co pay $60 specialist co pay deductible options of 1k 1.5k or 2k

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Blue Cross/Blue Shield - $3000 deductible but then everything is paid for after that

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

 Human Principal Deductible health 1000.00