

Casa Gracia NC, LLC

Health Insurance Plan

January 1, 2020



BlueCross Blue Shield of Texas	B660ADT Blue Advantage Bronze HMO	B661CHC Blue Choice Bronze PPO
In-Network:		
Preventative Services	\$0	\$0
Office Copay - PCP	0% After Deductible	0% After Deductible
Office Copay - SPC	0% After Deductible	0% After Deductible
Emergency Room Copay	\$650 / 0% After Deductible	\$650 / 0% After Deductible
Deductible - Individual	\$6,750	\$6,750
Deductible - Family	\$13,500	\$13,500
Out-of-Pocket - Individual	\$6,750	\$6,750
Out-of-Pocket - Family	\$13,500	\$13,500
Out-of-Pocket - Family - Individual	\$6,750	\$6,750
Out-of-Pocket Max Deductibles	Ded Accumulates	Ded Accumulates
Out-of-Pocket Max Copays	All Copays Accumulate	All Copays Accumulate
Coinsurance	100%	100%
Out of Network:		
Preventative Services	N/A	\$0
Office Copay - PCP	N/A	100% After Deductible
Office Copay - SPC	N/A	100% After Deductible
Emergency Room Copay	N/A	\$650 / 100% After Deductible
Deductible - Individual	N/A	\$13,500
Deductible - Family	N/A	\$27,000
Out-of-Pocket - Individual	N/A	\$13,500
Out-of-Pocket - Family	N/A	\$27,000
Out-of-Pocket - Family - Individual	N/A	\$13,500
Out-of-Pocket Max Deductibles	N/A	Ded Accumulates
Out-of-Pocket Max Copays	N/A	All Copays Accumulate
Coinsurance	N/A	100%
Pharmacy Benefits		
Non-Preferred RX	100% After Deductible	100% After Deductible
Preferred RX	100% After Deductible	100% After Deductible
Deductible	\$6,750	\$6,750
Out-of-Pocket Max	Combined With Medical	Combined With Medical
Mental Health/Substance Use		
	Yes	Yes
Semi-Monthly Payroll Deduction		
Employee	\$11.36	\$110.96
Employee + Spouse	\$211.71	\$410.91
Employee + Child(ren)	\$211.71	\$410.91
Family	\$412.07	\$710.86

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Health Insurance Plan

January 1, 2020



BlueCross Blue Shield of Texas	G663ADT Blue Advantage Gold HMO	G652CHC Blue Choice Gold PPO
In-Network:		
Preventative Services	\$0	\$0
Office Copay - PCP	\$30	\$30
Office Copay - SPC	\$60	\$60
Emergency Room Copay	\$400 + 20% After Deductible	\$400 + 20% After Deductible
Deductible - Individual	\$1,500	\$1,500
Deductible - Family	\$3,000	\$3,000
Out-of-Pocket - Individual	\$5,000	\$5,000
Out-of-Pocket - Family	\$10,000	\$10,000
Out-of-Pocket - Family - Individual	\$5,000	\$5,000
Out-of-Pocket Max Deductibles	Ded Accumulates	Ded Accumulates
Out-of-Pocket Max Copays	All Copays Accumulate	All Copays Accumulate
Coinsurance	80%	80%
Out of Network:		
Preventative Services	N/A	\$0
Office Copay - PCP	N/A	20% After Deductible
Office Copay - SPC	N/A	20% After Deductible
Emergency Room Copay	N/A	20% After Deductible
Deductible - Individual	N/A	\$13,500
Deductible - Family	N/A	\$27,000
Out-of-Pocket - Individual	N/A	Unlimited
Out-of-Pocket - Family	N/A	Unlimited
Out-of-Pocket - Family - Individual	N/A	Unlimited
Out-of-Pocket Max Deductibles	N/A	Ded Accumulates
Out-of-Pocket Max Copays	N/A	N/A
Coinsurance	N/A	60%
Pharmacy Benefits		
Non-Preferred RX	\$10/\$20/\$70/\$120/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Preferred RX	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
Deductible	\$0	\$0
Out-of-Pocket Max	Combined With Medical	Combined With Medical
Mental Health/Substance Use		
	Yes	Yes
Semi-Monthly Payroll Deduction		
Employee	\$93.14	\$208.93
Employee + Spouse	\$375.27	\$606.86
Employee + Child(ren)	\$375.27	\$606.86
Family	\$657.41	\$1,004.78