

2009-2010 Plan Benefit Summary Comparison

Plan	Deductible per person / per plan year		Copayments					Hospitalization Percent Plan / Employee	Annual Maximum Out-of-Pocket Expense
	Medical	Drugs	Primary Physician	Specialist	Generic Drug	Formulary Drug	Non-formulary Drug 4th tier		
<i>A&M Care 350</i>	\$350	\$50	\$25	\$45	\$10	\$25	\$50	80/20	\$3,000/person; \$9,000/family
<i>A&M Care 1250</i>	\$1,250	\$50	\$25	\$45	\$10	\$25	\$50	70/30	\$3,500/person; \$10,500/family
<i>A&M Care 65 PLUS</i>	\$500	\$50	N/A	N/A	\$10	\$25	\$50	80/20	\$1,400/person
<i>FirstCare</i>	\$250	\$50	\$20	\$50	\$15	\$30	\$60 25% Injectables	100/0 (After \$150/day for 5 days)	2 times total annual premium
<i>Humana</i>	\$0	\$0	\$20	\$30	\$7	\$25	\$50 25%	100/0 (After \$500/day for 3 days)	\$4,000/person; \$8,000/family
<i>Scott & White</i>	\$0	\$50	\$25	\$25	\$5	\$25	\$50 (non-preferred) 50% (non-formulary)	80/20	\$3,000/person; \$6,000/family
<i>Grad Plan</i>	\$100	\$0	\$25 plus 20%; no charge if using campus health center	\$25 plus 20%; no charge if using campus health center	\$15 at campus health center max \$1,000; drug card \$5,000 annual max	\$25	\$35	80/20	\$3,000/person; \$6,000/family

***These benefits presume you use a network doctor.**