

**Medical - BlueCross BlueShield**

	RSH3	RSB3
<b>Co-Insurance</b>	<b>100% / 70%</b>	<b>80% / 60%</b>

<b>Calendar Year Deductible</b>			
<b>In-Network</b>	<b>Individual</b>	<b>\$5,000</b>	<b>\$3,000</b>
	<b>Family</b>	<b>\$10,000</b>	<b>\$9,000</b>
<b>Out-of-Network</b>	<b>Individual</b>	<b>\$10,000</b>	<b>\$3,000</b>
	<b>Family</b>	<b>\$20,000</b>	<b>\$9,000</b>

<b>Out-of-Pocket Maximum (Includes Deductible)</b>			
<b>In-Network</b>	<b>Individual</b>	<b>\$5,000</b>	<b>\$6,000</b>
	<b>Family</b>	<b>\$10,000</b>	<b>\$18,000</b>
<b>Out-of-Network</b>	<b>Individual</b>	<b>\$20,000</b>	<b>\$9,000</b>
	<b>Family</b>	<b>\$40,000</b>	<b>\$27,000</b>

<b>Preventive Care Copay</b>			
<b>In-Network</b>		<b>100%</b>	<b>100%</b>
<b>Out-of-Network</b>		<b>30% Coinsurance after Deductible</b>	<b>30% Coinsurance after Deductible</b>

<b>Office Visit Copay</b>			
<b>In-Network</b>		<b>Deductible Only</b>	<b>\$30 copay</b>
<b>Out-of-Network</b>		<b>30% Coinsurance after Deductible</b>	<b>30% Coinsurance after Deductible</b>

<b>Hospital/Inpatient Services</b>			
<b>In-Network</b>		<b>Deductible Only</b>	<b>20% Coinsurance after Deductible</b>
<b>Out-of-Network</b>		<b>30% Coinsurance after Deductible</b>	<b>40% Coinsurance after Deductible</b>

<b>Hospital/Outpatient Services</b>			
<b>In-Network</b>		<b>Deductible Only</b>	<b>20% Coinsurance after Deductible</b>
<b>Out-of-Network</b>		<b>30% Coinsurance after Deductible</b>	<b>40% Coinsurance after Deductible</b>

<b>Emergency Room Facility Charge</b>			
<b>In-Network</b>		<b>Deductible Only</b>	<b>20% after \$100 copay</b>
<b>Out-of-Network</b>		<b>Deductible Only</b>	<b>20% after \$100 copay</b>

<b>Urgent Care Services</b>			
<b>In-Network</b>		<b>\$45 Copay</b>	<b>\$55 Copay</b>
<b>Out-of-Network</b>		<b>30% Coinsurance after Deductible</b>	<b>30% Coinsurance after Deductible</b>

<b>Imaging (CT, PET scans, MRI)</b>			
<b>In-Network</b>		<b>Deductible Only</b>	<b>20% after Ded.</b>
<b>Out-of-Network</b>		<b>30% after Ded.</b>	<b>40% after Ded.</b>

<b>Prescription Coverage (30 day supply)</b>			
	•Generic	<b>Deductible Only</b>	<b>\$10</b>
	•Brand Name		<b>\$40</b>
	•Non-Preferred		<b>\$60</b>
<b>Mail Order (90 day supply)</b>			<b>3x RX Copay</b>

**Per Pay Period Employee Contributions**

\*Bi-weekly (26 deductions)

	Base RSH3	Buy-Up RSB3	Dental	Vision
Employee	\$68.16	\$91.96	\$6.48	\$1.98
EE + Spouse	\$187.67	\$253.19	\$17.71	\$5.47
EE + Child(ren)	\$247.12	\$333.40	\$24.15	\$6.16
Family	\$366.62	\$494.63	\$37.50	\$10.70

**Dental - Principal**

<b>Deductible</b>	
Individual	\$50
Family	\$150

**Calendar Year Maximum** \$1,000 + Max. Rollover

**Preventive (Unit 1)** 100%

Oral exams, Cleanings, X-Rays, Sealants (under age 14)  
Space Maintainers (under age 14)  
Fluoride treatments (under age 14)

**Basic (Unit 2)** 80%

Preiodontal prophylaxis, Emergency exams  
Fillings and stainless steel crowns

**Major (Unit 3)** 50%

Gral. Anesthesia, Endodontics  
Periodontics, Oral Surgery, Crowns, Inlays/Onlays  
Bridges, Dentures

\* In Network Benefits Only. Please refer to plan summary for Out of Network Benefit details.

**Vision - Principal (VSP Network)**

**Frequency (exam/lenses/frames)** 12/12/24 months

**Exam** \$10 Copay  
(with Dilation as Necessary)

**Lenses** \$25 Copay  
(Single, Bifocals, Trifocals & Lenticular)

**Standard Frames** \$150 allowance;  
20% off balance over \$150

**Contacts** (instead of frames & lenses)  
Exams (fitting and evaluation) Up to \$60 copay  
Medically Necessary \$25 Copay  
Elective \$150 Allowance

**Virtual Visits available 24/7**

Immediately video visit with a doctor 24 hours a day, 7 days a week from any location.

**Virtual Visits : \$44 or PCP Copay\* (whichever is less)**

**Website:** [www.mdlive.com](http://www.mdlive.com)

**Toll Free:** [1-888-680-8646](tel:1-888-680-8646)



\*Could be \$80-\$175 copay for behavioral health.

**BlueCross BlueShield - Member Services**

**Toll Free:** 1-800-521-2227  
**Website:** [www.bcbstx.com](http://www.bcbstx.com)  
**Member Access Site:** [www.bcbstx.com/member](http://www.bcbstx.com/member)  
**Provider Finder:** [www.bcbstx.com/onlinedirectory](http://www.bcbstx.com/onlinedirectory)



**Principal - Member Services**

**Toll Free:** 800-843-1371  
**Website:** <http://www.principal.com>



**OneDigital - Member Services**

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*This Benefits at a Glance summarizes some but not all services and is not meant to replace your certificate of coverage. The certificate of coverage from the carrier supercedes any discrepancies.*