



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Plan Options

TAC HEBP proudly introduces its plan options for group health benefits. These innovative plans have been approved by your Board of Directors and reflect the Pool's most popular options while maximizing your available choices.

Plan	Office Visit Co-Pay	Deductible In/Out Network*	Co-Insurance In/Out Network	Co-Insurance Maximum In/Out Network*	ER Co-Pay	Per Admission Deductible
100	\$15	\$0 / \$300	90 / 70	\$1000/\$3000	\$50	\$0
200	\$20	\$100 / \$300	90 / 70	\$1000/\$3000	\$75	\$0
300	\$20	\$250 / \$500	90 / 70	\$1500/\$3500	\$75	\$0
600	\$25	\$250 / \$500	80 / 60	\$2000/\$4000	\$75	\$0
610	None**	\$250 / \$500	80 / 60	\$2500/\$5000	None**	\$250
700	\$25	\$500 / \$750	90 / 70	\$2000/\$4000	\$75	\$0
800	\$25	\$500 / \$750	80 / 60	\$2500/\$5000	\$75	\$0
810	None**	\$500 / \$750	80 / 60	\$3000/\$6000	None**	\$250
1100	\$25	\$750 / \$1000	80 / 60	\$3000/\$6000	\$100	\$0
1110	None**	\$750 / \$1000	80 / 60	\$3000/\$6000	None**	\$250
1200	\$30	\$1000 / \$4000	80 / 60	\$3000/\$6000	\$100	\$0
1210	None**	\$1000 / \$3000	80 / 60	\$3500/\$7000	None**	\$500
1300	\$30	\$1500 / \$4500	80 / 60	\$3500/\$7000	\$100	\$0

* 3 x family.

** Subject to deductible and co-insurance.

Dual Option Plans are now available upon request, subject to underwriting approval.

Prescription Drug Plans

Plan Name	Retail	Mail
Option 1	\$5/15/30	\$10/30/60
Option 2	\$5/20/35	\$10/40/70
Option 3	\$10/20/35	\$20/40/70
Option 4	\$10/25/40	\$20/50/80
Option 5	\$10/30/50	\$20/60/100
Option 6	50%/50%	50%/50%*

* Subject to out of pocket maximum.

Groups may choose from the following Rx deductible levels:

A = \$0

B = \$100 *

C = \$250 *