

SOUTH TEXAS HEALTH COOPERATIVE		
2021-2022		
LA FERIA ISD		
SUMMARY OF BENEFITS		
	BASE	BUY UP 1
Deductible	\$1,000	\$750
Coinsurance %	80/20	80/20
Out-of-Pocket Calendar Year Maximum	\$3,000	\$3,000
Office Visit Copay	\$35	\$25
Specialist Copay	\$65	\$50
Preventive care/screening/immunization	100%	100%
Diagnostic test (x-ray, blood work)	Facility: \$250 Copay/Visit + 20% Coinsurance Physician: No charge	Facility: \$250 Copay/Visit + 20% Coinsurance Physician: No charge
Imaging (CT/PET scans, MRIs)	Facility: \$300 Copay/Visit; deductible does not apply Physician: \$50 Copay/Visit; deductible does not apply	Facility: \$300 Copay/Visit; deductible does not apply Physician: \$50 Copay/Visit; deductible does not apply
Inpatient Hospital	\$100 Copay per day up to \$500 Maximum + Coinsurance	\$100 Copay per day up to \$500 Maximum + Coinsurance
Inpatient Physician/Surgeon Fees	20% Coinsurance; deductible does not apply	20% Coinsurance; deductible does not apply
Out-Patient Hospital	\$100 Copay/Visit + Coinsurance	\$100 Copay/Visit + Coinsurance
Emergency Room Care (Copay Waived if Admitted)	\$250 Copay/Visit + Coinsurance; No Deductible	\$250 Copay/Visit + Coinsurance; No Deductible
Emergency Room Physician	20% Coinsurance; deductible does not apply	20% Coinsurance; deductible does not apply
Urgent Care	\$50 Copay/Visit; deductible does not apply	\$50 Copay/Visit; deductible does not apply
Prescription Drugs		
Generic	\$10 Copay	\$10 Copay
Preferred Brand drugs (Annual Deductible \$100)	\$35 or 50% Copay up to \$200 whichever is greater	\$35 or 50% Copay up to \$200 whichever is greater
Non-Preferred Brand drugs (Annual Deductible \$100)	\$35 or 50% Copay up to \$200 whichever is greater	\$35 or 50% Copay up to \$200 whichever is greater
Employee Monthly Premiums		
Employee Only	\$0	\$214
Employee + Spouse	\$498	\$932
Employee + Child(ren)	\$263	\$549
Employee + Family	\$778	\$1,056
PLEASE CONTACT STHC IF YOU HAVE ANY QUESTIONS OR CONCERNS (956) 428-7006 or SOTXHC@GMAIL.COM		
This is a very brief description of the benefits. For a complete version of the benefits, please refer to the plan document in your District's website.		