

Spartacus Consulting Inc.
Medical Premium Cost
Effective 2/1/2018

This year, you can choose from 6 health plan options from Blue Cross Blue Shield of Texas. Spartacus Consulting pays **\$270.49** toward the employee premium for whichever plan you select. The cost for dependent coverage under any plan option is the employee's responsibility.

Employees electing Options 1, 2, or 3 (the B660CHC, S662CHC, or the G656CHC HSA-compatible plans) can set up a Health Savings Account (HSA) and deduct their contributions when filing their income tax return. If you do not have an HSA and want to establish one, you can go to www.JMEinsurance.com and click on the HSA Bank button, or you can use any bank you wish. See information in this packet on HSAs and be sure not to contribute more than the maximum allowed per year.

Employees electing Options 4, 5, or 6 (the S660CHC, S661CHC, or G652CHC copay plans) CANNOT setup a Health Savings Account and make tax-free deposits as these plans are not HSA-compliant.

All plans offered use the large BCBSTX Blue Choice PPO network and require no Primary Care Physician (PCP) or referrals. Be sure to use in-network providers whenever possible. Benefits shown below are individual in-network limits. Family deductibles and out-of-pocket limits are two to three times the individual amounts. In-network preventive care is covered at no charge on all plans. For more details on up-front copayments and other benefits, see the attached Summaries of Benefits and Coverage.

HEALTH PLAN OPTIONS AND MONTHLY RATES

1	BCBS B660CHC (PPO HSA Plan)	EO	ES	EC	EF
	TOTAL Monthly Premium	\$540.98	\$1,081.96	\$1,081.96	\$1,622.94
	Dependent Cost	\$0.00	\$540.98	\$540.98	\$1,081.96
	Employee Share	\$270.49	\$811.47	\$811.47	\$1,352.45

\$5,750 deductible, 30% coinsurance after deductible, \$6,550 total in-network out-of-pocket limit. Doctor visits and Rx subject to deductible.

2	BCBS S662CHC (PPO HSA Plan)	EO	ES	EC	EF
	TOTAL Monthly Premium	\$608.03	\$1,216.06	\$1,216.06	\$1,824.09
	Dependent Cost	\$0.00	\$608.03	\$608.03	\$1,216.06
	Employee Share	\$337.54	\$945.57	\$945.57	\$1,553.60

\$5,000 deductible, 0% coinsurance after deductible, \$5,000 total in-network out-of-pocket limit. Doctor visits and Rx subject to deductible.

3	BCBS G656CHC (PPO HSA Plan)	EO	ES	EC	EF
	TOTAL Monthly Premium	\$664.62	\$1,329.24	\$1,329.24	\$1,993.86
	Dependent Cost	\$0.00	\$664.62	\$664.62	\$1,329.24
	Employee Share	\$394.13	\$1,058.75	\$1,058.75	\$1,723.37

\$4,000 deductible, 0% coinsurance after deductible, \$4,000 total in-network out-of-pocket limit. Doctor visits and Rx subject to deductible.

4	BCBS S661CHC (PPO Copay Plan)	EO	ES	EC	EF
	TOTAL Monthly Premium	\$658.03	\$1,316.06	\$1,316.06	\$1,974.09
	Dependent Cost	\$0.00	\$658.03	\$658.03	\$1,316.06
	Employee Share	\$387.54	\$1,045.57	\$1,045.57	\$1,703.60

\$3,500 deductible, 30% coinsurance after deductible, \$7,350 total in-network out-of-pocket limit. Copays for doctor visits and prescriptions.

5	BCBS S660CHC (PPO Copay Plan)	EO	ES	EC	EF
	TOTAL Monthly Premium	\$690.66	\$1,381.32	\$1,381.32	\$2,071.98
	Dependent Cost	\$0.00	\$690.66	\$690.66	\$1,381.32
	Employee Share	\$420.17	\$1,110.83	\$1,110.83	\$1,801.49

\$6,000 deductible, 0% coinsurance after deductible, \$6,000 total in-network out-of-pocket limit. Copays for doctor visits and prescriptions.

6	BCBS G652CHC (PPO Copay Plan)	EO	ES	EC	EF
	TOTAL Monthly Premium	\$756.20	\$1,512.40	\$1,512.40	\$2,268.60
	Dependent Cost	\$0.00	\$756.20	\$756.20	\$1,512.40
	Employee Share	\$485.71	\$1,241.91	\$1,241.91	\$1,998.11

\$1,500 deductible, 20% coinsurance after deductible, \$5,000 total in-network out-of-pocket limit. Copays for doctor visits and prescriptions.