BlueCross BlueShield of Texas

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI
Account Number: 271776
Renewal Effective Date: 07/01/2020

Rep: TX Mktg Operations
Agent: MARIO MARTINEZ
County: Brooks 26

Section 1: Renewal Health Plan(s) Information

A: Current Health Plan(s)

Health Plan(s) Premium - Composite Rates for Metallic Plan(s)

Plan #	PlanType	Ded In/Out	Office Copay	Coins % In/Out	OPX In/Out	Pharmacy
G652CHC	Gold	$1500/$3000	$30/$60	80%/60%	$5000/Unlimited	$0/$10/$50/$100/$150/$250

Plan	Benefits	EO	ES*	EC	EF	Total Monthly Health Cost**
G652CHC	Blue Choice Gold PPO 820	$977.48	$1,954.96	$1,954.96	$2,932.43	$1,954.96
	Enrollment	2	0	0	0	2
					Total Health Cost	**$1,954.96**

**EE Tier Codes: EO = Employee; ES = Spouse/Domestic Partner/Civil Union (Illinois); EC = Child(ren); EF = Family*

***Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

- *Estimated Taxes and Fees = **$20.53***

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B: Renewal Health Plan(s) Premium

Renewal Health Plan(s) Premium - Composite Rates for Metallic Renewing Plan(s)

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX	Preferred RX
G652CHC	Gold	$1500/$3000	$30/$60	80%/60%	$5000/ Unlimited	$400/80%	80%/ 60%	80%/60%	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Plan	Benefits	EO	ES*	EC	EF	Total Monthly Health Cost**
G652CHC	Blue Choice Gold PPO 820	$1,082.34	$2,164.68	$2,164.68	$3,247.02	$2,164.68
	Enrollment	2	0	0	0	2

Total Health Cost	**$2,164.68**

**EE Tier Codes: EO = Employee; ES = Spouse/Domestic Partner/Civil Union (Illinois); EC = Child(ren); EF = Family*

***Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

- *Estimated Taxes and Fees = **$43.30***

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The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

B: Renewal Health Plan(s) Premium - Age Rates

Metallic SG Health Plan(s)

Plan Information	Proposed 07/01/2020 Plan Options		
Plan(s)	Enrolled Count	Benefits	Total Monthly Health Cost*
G652CHC	2	Blue Choice Gold PPO 820	$2,164.67
		Total Health Cost	**$2,164.67**

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

- *Estimated Taxes and Fees = **$43.29***

Plan #	PlanType	Ded In/Out	Office Visit/Specialist	Coins In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX	Preferred RX
G652CHC	Gold	$1500/$3000	$30/$60	80%/60%	$5000/ Unlimited	$400/80%	80%/ 60%	80%/60%	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Name	DOB	Age	ST	Employee Rates	Spouse Rates	Child(ren) Rates	Total Monthly Health Cost*
HERLINDA CASTILLO	01/24/1959	61	TX	$1,254.17	$0.00	$0.00	$1,254.17
LUIS PENA	12/20/1966	53	TX	$910.50	$0.00	$0.00	$910.50
			Totals	**$2,164.67**	**$0.00**	**$0.00**	**$2,164.67**

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$341.44	23	$446.32	32	$528.00	41	$581.11	50	$797.13	59	$1,161.78
15	$371.79	24	$446.32	33	$534.69	42	$591.38	51	$832.39	60	$1,211.32
16	$383.39	25	$448.11	34	$541.84	43	$605.66	52	$871.22	61	$1,254.17
17	$395.00	26	$457.03	35	$545.41	44	$623.51	53	$910.50	62	$1,282.28
18	$407.49	27	$467.75	36	$548.98	45	$644.49	54	$952.90	63	$1,317.54
19	$419.99	28	$485.15	37	$552.55	46	$669.48	55	$995.30	64 +	$1,338.96
20	$432.93	29	$499.43	38	$556.12	47	$697.60	56	$1,041.27		
21	$446.32	30	$506.58	39	$563.26	48	$729.74	57	$1,087.69		
22	$446.32	31	$517.29	40	$570.40	49	$761.43	58	$1,137.23		

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

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Small Group Business

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Rates Are Contingent Upon:

- Enrollment of a minimum of 75% of the eligible employees (less valid waivers) and sustained monthly enrollment of 75%.
- The employer contributing a minimum of 50% of the 'Employee Only' cost. If multiple health options are provided to employees, the employer may elect to contribute 50% of the lowest cost plan 'Employee Only' premium.
- Employer will promptly notify Blue Cross and Blue Shield of Texas (BCBSTX) of any change in participation and Employer contribution.
- BCBSTX reserves the right to :
  - Restrict new business enrollment in health insurance coverage to open or special enrollment periods unless the 50% minimum employer contribution is met and at least 75% of eligible employees (less valid waivers) have enrolled for coverage; and
  - Review participation and contribution on existing business and non-renew or discontinue health coverage unless the 50% minimum employer contribution is met and at least 75% of eligible employees (less valid waivers) have enrolled for coverage.
  - Change premium rates upon 31 days written notice in the event new local, state, or federal legislation or administrative rulings result in obligating BCBSTX to pay new taxes, surcharges, or other fees, or to modify a benefit or mandate a new benefit.
- Contracts shown represent enrollment as of four months prior to the renewal effective date.
- The health and/or dental rates shown are for twelve (12) months from the renewal effective date and have been priced in accordance with BCBSTX's current regulatory status and the existing benefit program. If your rate effective date is different from your renewal effective date, your rates are guaranteed until your next renewal effective date.
- For Government Plans and Church Plans, BCBSTX's administration is based on the Benefit Plan not being subject to ERISA. For all other plans, BCBSTX's administration is based on the Benefit Plan being subject to ERISA. In the event you have determined that the above administration is not applicable to the Plan, please advise BCBSTX of your position in writing as soon as possible.
- This renewal assumes the contract will be issued in Texas.
- Upon inquiry from employer groups, BCBSTX will provide information to the employer group regarding compensation paid to the employer's broker/agent by BCBSTX in connection with the employer's policy or contract with BCBSTX.
- This information is not intended nor does it modify the terms of any agreement in any way. The coverage provided under any group contract may only be changed in accordance with the terms of the agreement and in accordance with the law.

Off-Cycle Plan Change Requests for Small Groups (1-50)

Requests for changes or addition of new plans which occur in a different quarter than the group's Anniversary Date, must obtain a new rate quote for any changes or addition of plans.

Rate information from this renewal packet cannot be used if the group requests a medical plan off-Anniversary Date change or addition.

To properly identify a group's new rate for off-Anniversary Date plan changes, a new quote must be pulled or requested from Blue Cross and Blue Shield of Texas (BCBSTX). Rate quotes would only be required for plan changes and/or additions – any existing plans that remain unchanged will not require a new quote.

New quotes pulled for off-Anniversary Date changes may be impacted by:

- Age changes – if a subscriber has aged between the time of the group's renewal and the off-Anniversary Date plan change(s), the new age must be used for quoting purposes for plan changes only. If the subscriber remains in their existing plan, no rate adjustment is required.
- Headquarter location changes – if the group moves headquarter locations after the Anniversary Date, this may affect the rating area and rates for off-Anniversary Date plan change(s). Rates for existing plans will not be affected by the new rating area, until the group's next Anniversary Date.
- Inaccurate rate information – in the unlikely event that inaccurate information is provided for off-Anniversary Date plan change(s), such as updating the group's new rating area, BCBSTX cannot honor the quote.
- Composite Changes – Off Anniversary Date plan change(s) are not available to groups: electing to move from age rated to composite rating; changing from an existing composite rated plan to a different composite rated plan; adding additional composite rated plans. Anniversary Date changes are required in these situations. Contact BCBSTX to obtain final rates involving Anniversary Date changes.

Section 2: Individual Age Rated and Composite Rated Billed Premium Rates

Premium rates for all metallic plans (medical and dental) include two ratings:

- Individual Age Rated and
- Composite Rated

Groups with multiple metallic plans must select one rating or the other; a combination of ratings (one plan Individual Age Rated and another Composite Rated) is not allowed.

The rating selection also applies to medical and dental plan combination(s). For example, if the metallic medical plan is Composite Rated, then the Dental selection must be Composite Rated too.

Individual Age Rated

Premium rates for Individual Age Rated metallic plans are for each individual covered. The total premium for a family would equal the sum of all individual family members' rates.

For subscribers with more than three (3) covered dependent children under the age of 21 within the covered family, the premium rate for the children is capped at a maximum of three (3) children.

Composite Rated

Premium rates for Composite Rated metallic plans are tiered by subscriber participation:

- **EO - Employee Only**
- **ES - Employee +Spouse**
- **EC - Employee +Child(ren)**
- **EF - Employee +Family (Spouse with children)**

The **Employee +Child(ren)** and **Employee +Family (Spouse with children)** Composite Rated tiers each include all child(ren), regardless of the number of children covered.

Section 3: Census Information

Census Information

Premium rates are based upon geographic rating area

Premium rates for the applicable rating area(s) shown below are provided later in this proposal.

	Name	Relationship Code	DOB	Age	Coverage Type*	State
1	HERLINDA CASTILLO	EMPLOYEE	01/24/1959	61	EO	TX
2	LUIS PENA	EMPLOYEE	12/20/1966	53	EO	TX

*EE Tier Codes: EO = Employee; ES = Spouse/Domestic Partner/Civil Union (Illinois); EC = Child(ren); EF = Family

Section 4: Metallic Low Cost Plan Options

Blue Advantage Network - HMO Plan

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred RX	Preferred RX
B661ADT	Bronze	$7350/Not Covered	100%/100%	100%/Not Covered	$7350/Not Covered	NA/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%

	Name	DOB	Age	ST	Employee Rates	Spouse Rates	Child(ren) Rates	Total Monthly Health Cost*
1	HERLINDA CASTILLO	01/24/1959	61	TX	$586.61	$0.00	$0.00	$586.61
2	LUIS PENA	12/20/1966	53	TX	$425.87	$0.00	$0.00	$425.87
				Totals	**$1,012.48**	**$0.00**	**$0.00**	**$1,012.48**

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services*

- *Estimated Taxes and Fees = **$20.25***

Composite Rates

Plan #	EO	ES	EC	EF	Total Monthly Health Cost*
B661ADT	$506.24	$1,012.48	$1,012.48	$1,518.72	$1,012.48

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services*

Age Rates

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$159.70	23	$208.76	32	$246.96	41	$271.81	50	$372.84	59	$543.40
15	$173.90	24	$208.76	33	$250.09	42	$276.61	51	$389.34	60	$566.57
16	$179.32	25	$209.59	34	$253.43	43	$283.29	52	$407.50	61	$586.61
17	$184.75	26	$213.77	35	$255.10	44	$291.64	53	$425.87	62	$599.77
18	$190.60	27	$218.78	36	$256.77	45	$301.45	54	$445.70	63	$616.26
19	$196.44	28	$226.92	37	$258.44	46	$313.14	55	$465.53	64 +	$626.28
20	$202.50	29	$233.60	38	$260.11	47	$326.29	56	$487.04		
21	$208.76	30	$236.94	39	$263.45	48	$341.32	57	$508.75		
22	$208.76	31	$241.95	40	$266.79	49	$356.14	58	$531.92		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services*

An In-Vitro benefit option is available for all PPO and HMO plans. There is an additional charge for the In-Vitro benefits and it is not included in the rates shown in the above tables. If a group provides multiple benefit plans and chooses to elect In-Vitro benefits, they must elect In-Vitro with all the plans selected.

Note: Due to system rounding, the group's total premium amount based on composite rates may vary slightly in comparison with the group's total premium amount based on member age rates.

Section 5: 07/01/2020 Metallic Alternate Renewal Plan Summary

The table below includes Composite Rates for Metallic Alternate Plans

Blue Choice PPO Network

Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay *1/ ER Coins	IP In/Out	OP Surg In/Out	Ped. Dental In/Out	Non-Preferred Rx	Preferred Rx	Employee Only	Employee +Spouse	Employee +Child	Employee +Family	Total Monthly Health Cost*	Estimated Taxes and Fees
PPO Plans																
Platinum Plans																
P620CHC*5	$250/$500	$25/$45	80%/60%	$1250/Unlimited	$300/80%	$150/$250	$100/$200	70%/70%	$10/$20/$55/$95/$150/$250	$0/$10/$35/$75/$150/$250	$1,289.01	$2,578.02	$2,578.02	$3,867.03	$2,578.02	$51.56
P621CHC	$1250/$2500	$25/$45	100%/80%	$1250/Unlimited	$300/100%	$150/$250	$100/$200	100%/100%	$10/$20/$55/$95/$150/$250	$0/$10/$35/$75/$150/$250	$1,272.83	$2,545.66	$2,545.66	$3,818.49	$2,545.66	$50.92
Gold Plans																
G654CHC*5	$1250/$2500	$30/$60	80%/60%	$4500/Unlimited	$400/80%	$150/$250	$100/$200	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,101.66	$2,203.32	$2,203.32	$3,304.98	$2,203.32	$44.08
G652CHC*5	$1500/$3000	$30/$60	80%/60%	$5000/Unlimited	$400/80%	80%/60%	80%/60%	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,082.34	$2,164.68	$2,164.68	$3,247.02	$2,164.68	$43.30
G653CHC*5	$1500/$3000	$30/$60	80%/60%	$6000/Unlimited	$400/80%	80%/60%	80%/60%	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,062.63	$2,125.26	$2,125.26	$3,187.89	$2,125.26	$42.52
G650CHC	$3000/$6000	$30/$50	100%/80%	$3000/Unlimited	$400/100%	$200/$300	$150/$250	100%/100%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,123.02	$2,246.04	$2,246.04	$3,369.06	$2,246.04	$44.92
Silver Plans																
S661CHC*5	$3000/$6000	$50/$80	70%/50%	$8150/Unlimited	$500/70%	$300/$350	$200/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$930.77	$1,861.54	$1,861.54	$2,792.31	$1,861.54	$37.24
S663CHC*5	$3000/$6000	$40/$80	70%/50%	$8150/Unlimited	$600/70%	$350/$400	$300/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$930.32	$1,860.64	$1,860.64	$2,790.96	$1,860.64	$37.22
S665CHC*5	$3250/$6500	$40/$70	60%/60%	$7900/Unlimited	$500/60%	$250/$350	$200/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$928.73	$1,857.46	$1,857.46	$2,786.19	$1,857.46	$37.16
S666CHC*5	$4000/$8000	$40/$80	70%/50%	$8150/Unlimited	$500/70%	$250/$350	$250/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$920.87	$1,841.74	$1,841.74	$2,762.61	$1,841.74	$36.84
S667CHC*5	$6000/$12000	$40/$70	80%/60%	$7350/Unlimited	$750/80%	$250/$350	$200/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$913.06	$1,826.12	$1,826.12	$2,739.18	$1,826.12	$36.52
S660CHC*5	$6000/$12000	$40/$80	90%/70%	$8150/Unlimited	$500/90%	$250/$350	$200/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$905.47	$1,810.94	$1,810.94	$2,716.41	$1,810.94	$36.22
Bronze Plans																
B662CHC	$7350/$14700	100%/100%	100%/100%	$7350/$14700	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	$793.85	$1,587.70	$1,587.70	$2,381.55	$1,587.70	$31.76
HSA Plans																
Gold Plans																
G651CHC*3	$3000/$6000	100%/100%	100%/100%	$3000/$6000	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	$1,032.43	$2,064.86	$2,064.86	$3,097.29	$2,064.86	$41.30
G656CHC*3	$4000/$8000	100%/100%	100%/100%	$4000/$8000	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	$957.85	$1,915.70	$1,915.70	$2,873.55	$1,915.70	$38.32
Silver Plans																
S662CHC*3	$5000/$10000	100%/100%	100%/100%	$5000/$10000	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	$914.32	$1,828.64	$1,828.64	$2,742.96	$1,828.64	$36.58
Bronze Plans																
B660CHC*3*5	$6350/$11500	70%/70%	70%/50%	$6750/Unlimited	$650/70%	70%/50%	70%/50%	70%/70%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	$792.12	$1,584.24	$1,584.24	$2,376.36	$1,584.24	$31.70
B661CHC*3	$6750/$13500	100%/100%	100%/100%	$6750/$13500	$650/100%	100%/100%	100%/100%	100%/100%	100%	100%	$815.86	$1,631.72	$1,631.72	$2,447.58	$1,631.72	$32.64

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

Virtual Visits are available from a participating provider for certain non-emergency services.

*1 ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.

*2 Non-consumer choice plan. DME covered at 80% coinsurance, Allergy covered at 50% coinsurance. $150 copay for Ambulance Services.

*3 This HSA option requires a mandatory employer contribution.

*4 Non-consumer choice plan. Hearing aids and prosthetics (which would include the cochlear implant) are covered at a 80% coinsurance and no longer covered under DME.

*5 Coinsurance applies after deductible is met.

BlueCross BlueShield of Texas

Small Group Business

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Account Number: 271776

Renewal Effective Date: 07/01/2020

Blue Advantage HMO Network

Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay*1/ ER Coins	IP In/Out	OP Surg In/Out	Ped. Dental In/Out	Non-Preferred Rx	Preferred Rx	Employee Only	Employee + Spouse	Employee +Child	Employee + Family	Total Monthly Health Cost*	Estimated Taxes and Fees
HMO Plans																
Platinum Plans																
P610ADT*5	$250/Not Covered	$25/$45	80%/Not Covered	$1250/Not Covered	$300/80%	$150/Not Covered	$100/Not Covered	70%/70%	$10/$20/$55/$95/$150/$250	$0/$10/$35/$75/$150/$250	$890.99	$1,781.98	$1,781.98	$2,672.97	$1,781.98	$35.64
P611ADT	$1250/Not Covered	$25/$45	100%/Not Covered	$1250/Not Covered	$400/100%	$150/Not Covered	$100/Not Covered	100%/100%	$10/$20/$55/$95/$150/$250	$0/$10/$35/$75/$150/$250	$876.85	$1,753.70	$1,753.70	$2,630.55	$1,753.70	$35.08
Gold Plans																
G665ADT*2*4	$0/Not Covered	$25/$45	100%/Not Covered	$7350/Not Covered	$750/100%	$150/Not Covered	$100/Not Covered	100%/100%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$858.12	$1,716.24	$1,716.24	$2,574.36	$1,716.24	$34.34
G662ADT*5	$1000/Not Covered	$30/$60	80%/Not Covered	$6000/Not Covered	$500/80%	$150/Not Covered	80%/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$737.49	$1,474.98	$1,474.98	$2,212.47	$1,474.98	$29.50
G9E5ADT*5	$1250/Not Covered	$30/$60	80%/Not Covered	$4500/Not Covered	$400/80%	$150/Not Covered	$100/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$746.27	$1,492.54	$1,492.54	$2,238.81	$1,492.54	$29.86
G663ADT*5	$1500/Not Covered	$30/$60	80%/Not Covered	$5000/Not Covered	$400/80%	80%/Not Covered	80%/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$734.28	$1,468.56	$1,468.56	$2,202.84	$1,468.56	$29.38
G9E3ADT*5	$1500/Not Covered	$30/$60	80%/Not Covered	$6000/Not Covered	$400/80%	80%/Not Covered	80%/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$720.00	$1,440.00	$1,440.00	$2,160.00	$1,440.00	$28.80
G661ADT*5	$2000/Not Covered	90%/90%	90%/Not Covered	$4000/Not Covered	NA/90%	90%/Not Covered	90%/Not Covered	70%/70%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	$693.61	$1,387.22	$1,387.22	$2,080.83	$1,387.22	$27.74
G664ADT*5	$2000/Not Covered	$30/$60	90%/Not Covered	$4000/Not Covered	$300/90%	$150/Not Covered	$100/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$743.04	$1,486.08	$1,486.08	$2,229.12	$1,486.08	$29.72
G660ADT	$3000/Not Covered	$30/$60	100%/Not Covered	$3000/Not Covered	$400/100%	$200/Not Covered	$150/Not Covered	100%/100%	$10/$20/$55/$95/$150/$250	$0/$10/$35/$75/$150/$250	$765.03	$1,530.06	$1,530.06	$2,295.09	$1,530.06	$30.60
Silver Plans																
S643ADT*5	$3000/Not Covered	$50/$80	70%/Not Covered	$8150/Not Covered	$500/70%	$300/Not Covered	$200/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$622.56	$1,245.12	$1,245.12	$1,867.68	$1,245.12	$24.90
S9E3ADT*5	$3500/Not Covered	$40/$70	80%/Not Covered	$7900/Not Covered	$500/80%	$250/Not Covered	$150/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$642.88	$1,285.76	$1,285.76	$1,928.64	$1,285.76	$25.72
S642ADT*5	$3500/Not Covered	$50/$80	70%/Not Covered	$8150/Not Covered	$500/70%	$250/Not Covered	$150/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$619.61	$1,239.22	$1,239.22	$1,858.83	$1,239.22	$24.78
S641ADT*5	$4000/Not Covered	$40/$80	70%/Not Covered	$8150/Not Covered	$500/70%	$250/Not Covered	$250/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$616.56	$1,233.12	$1,233.12	$1,849.68	$1,233.12	$24.66
S9E5ADT*5	$6000/Not Covered	$40/$70	80%/Not Covered	$7350/Not Covered	$750/80%	$250/Not Covered	$200/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$611.27	$1,222.54	$1,222.54	$1,833.81	$1,222.54	$24.46
S640ADT*5	$6000/Not Covered	$40/$80	90%/Not Covered	$8150/Not Covered	$500/90%	$250/Not Covered	$200/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$608.47	$1,216.94	$1,216.94	$1,825.41	$1,216.94	$24.34
S644ADT	$7350/Not Covered	$30/$60	100%/Not Covered	$7350/Not Covered	$500/100%	$250/Not Covered	$200/Not Covered	100%/100%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$630.28	$1,260.56	$1,260.56	$1,890.84	$1,260.56	$25.22
Bronze Plans																
B661ADT*5	$7350/Not Covered	100%/100%	100%/Not Covered	$7350/Not Covered	NA/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	$506.24	$1,012.48	$1,012.48	$1,518.72	$1,012.48	$20.26
HSA Plans																
Gold Plans																
G9E1ADT*3	$3000/Not Covered	100%/100%	100%/Not Covered	$3000/Not Covered	NA/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	$687.22	$1,374.44	$1,374.44	$2,061.66	$1,374.44	$27.50
G666ADT*3	$4000/Not Covered	100%/100%	100%/Not Covered	$4000/Not Covered	NA/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	$631.02	$1,262.04	$1,262.04	$1,893.06	$1,262.04	$25.24
Silver Plans																
S9E1ADT*3	$5000/Not Covered	100%/100%	100%/Not Covered	$5000/Not Covered	NA/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	$593.92	$1,187.84	$1,187.84	$1,781.76	$1,187.84	$23.76
Bronze Plans																
B9E1ADT*3*5	$6350/Not Covered	70%/70%	70%/Not Covered	$6750/Not Covered	$650/70%	70%/Not Covered	70%/Not Covered	70%/70%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	$508.78	$1,017.56	$1,017.56	$1,526.34	$1,017.56	$20.36
B660ADT*3	$6750/Not Covered	100%/100%	100%/Not Covered	$6750/Not Covered	$650/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	$523.29	$1,046.58	$1,046.58	$1,569.87	$1,046.58	$20.94

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

Virtual Visits are available from a participating provider for certain non-emergency services.

*1 ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.

*2 Non-consumer choice plan. DME covered at 80% coinsurance, Allergy covered at 50% coinsurance. $150 copay for Ambulance Services.

*3 This HSA option requires a mandatory employer contribution.

*4 Non-consumer choice plan. Hearing aids and prosthetics (which would include the cochlear implant) are covered at a 80% coinsurance and no longer covered under DME.

*5 Coinsurance applies after deductible is met.

BlueCross BlueShield of Texas

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI Account Number: 271776 Renewal Effective Date: 07/01/2020

The table below includes rates based on member Age Rates for Metallic Alternate plans.

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

Blue Choice PPO Network

Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay *1/ ER Coins	IP In/Out	OP Surg In/Out	Ped. Dental In/Out	Non-Preferred Rx	Preferred Rx	Total Monthly Health Cost*
PPO Plans											
Platinum Plans											
P620CHC*5	$250/$500	$25/$45	80%/60%	$1250/Unlimited	$300/80%	$150/$250	$100/$200	70%/70%	$10/$20/$55/$95/$150/$250	$0/$10/$35/$75/$150/$250	$2,578.02
P621CHC	$1250/$2500	$25/$45	100%/80%	$1250/Unlimited	$300/100%	$150/$250	$100/$200	100%/100%	$10/$20/$55/$95/$150/$250	$0/$10/$35/$75/$150/$250	$2,545.66
Gold Plans											
G654CHC*5	$1250/$2500	$30/$60	80%/60%	$4500/Unlimited	$400/80%	$150/$250	$100/$200	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$2,203.32
G652CHC*5	$1500/$3000	$30/$60	80%/60%	$5000/Unlimited	$400/80%	80%/60%	80%/60%	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$2,164.67
G653CHC*5	$1500/$3000	$30/$60	80%/60%	$6000/Unlimited	$400/80%	80%/60%	80%/60%	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$2,125.25
G650CHC	$3000/$6000	$30/$50	100%/80%	$3000/Unlimited	$400/100%	$200/$300	$150/$250	100%/100%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$2,246.03
Silver Plans											
S661CHC*5	$3000/$6000	$50/$80	70%/50%	$8150/Unlimited	$500/70%	$300/$350	$200/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,861.54
S663CHC*5	$3000/$6000	$40/$80	70%/50%	$8150/Unlimited	$600/70%	$350/$400	$300/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,860.64
S665CHC*5	$3250/$6500	$40/$70	60%/60%	$7900/Unlimited	$500/60%	$250/$350	$200/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,857.45
S666CHC*5	$4000/$8000	$40/$80	70%/50%	$8150/Unlimited	$500/70%	$250/$350	$250/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,841.74
S667CHC*5	$6000/$12000	$40/$70	80%/60%	$7350/Unlimited	$750/80%	$250/$350	$200/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,826.12
S660CHC*5	$6000/$12000	$40/$80	90%/70%	$8150/Unlimited	$500/90%	$250/$350	$200/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,810.93
Bronze Plans											
B662CHC	$7350/$14700	100%/100%	100%/100%	$7350/$14700	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	$1,587.69
HSA Plans											
Gold Plans											
G651CHC*3	$3000/$6000	100%/100%	100%/100%	$3000/$6000	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	$2,064.86
G656CHC*3	$4000/$8000	100%/100%	100%/100%	$4000/$8000	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	$1,915.70
Silver Plans											
S662CHC*3	$5000/$10000	100%/100%	100%/100%	$5000/$10000	NA/100%	100%/100%	100%/100%	100%/100%	100%	100%	$1,828.64
Bronze Plans											
B660CHC*3*5	$6350/$11500	70%/70%	70%/50%	$6750/Unlimited	$650/70%	70%/50%	70%/50%	70%/70%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	$1,584.24
B661CHC*3	$6750/$13500	100%/100%	100%/100%	$6750/$13500	$650/100%	100%/100%	100%/100%	100%/100%	100%	100%	$1,631.71

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

Virtual Visits are available from a participating provider for certain non-emergency services.

*1 ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.

*2 Non-consumer choice plan. DME covered at 80% coinsurance, Allergy covered at 50% coinsurance. $150 copay for Ambulance Services.

*3 This HSA option requires a mandatory employer contribution.

*4 Non-consumer choice plan. Hearing aids and prosthetics (which would include the cochlear implant) are covered at a 80% coinsurance and no longer covered under DME.

*5 Coinsurance applies after deductible is met.

BlueCross BlueShield of Texas

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI | Account Number: 271776 | Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

Blue Advantage HMO Network

Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out	OPX In/Out	ER Copay *1/ ER Coins	IP In/Out	OP Surg In/Out	Ped. Dental In/Out	Non-Preferred Rx	Preferred Rx	Total Monthly Health Cost*
HMO Plans											
Platinum Plans											
P610ADT*5	$250/Not Covered	$25/$45	80%/Not Covered	$1250/Not Covered	$300/80%	$150/Not Covered	$100/Not Covered	70%/70%	$10/$20/$55/$95/$150/$250	$0/$10/$35/$75/$150/$250	$1,781.97
P611ADT	$1250/Not Covered	$25/$45	100%/Not Covered	$1250/Not Covered	$400/100%	$150/Not Covered	$100/Not Covered	100%/100%	$10/$20/$55/$95/$150/$250	$0/$10/$35/$75/$150/$250	$1,753.70
Gold Plans											
G665ADT*2*4	$0/Not Covered	$25/$45	100%/Not Covered	$7350/Not Covered	$750/100%	$150/Not Covered	$100/Not Covered	100%/100%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,716.24
G662ADT*5	$1000/Not Covered	$30/$60	80%/Not Covered	$6000/Not Covered	$500/80%	$150/Not Covered	80%/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,474.97
G9E5ADT*5	$1250/Not Covered	$30/$60	80%/Not Covered	$4500/Not Covered	$400/80%	$150/Not Covered	$100/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,492.54
G663ADT*5	$1500/Not Covered	$30/$60	80%/Not Covered	$5000/Not Covered	$400/80%	80%/Not Covered	80%/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,468.55
G9E3ADT*5	$1500/Not Covered	$30/$60	80%/Not Covered	$6000/Not Covered	$400/80%	80%/Not Covered	80%/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,440.00
G661ADT*5	$2000/Not Covered	90%/90%	90%/Not Covered	$4000/Not Covered	NA/90%	90%/Not Covered	90%/Not Covered	70%/70%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	$1,387.22
G664ADT*5	$2000/Not Covered	$30/$60	90%/Not Covered	$4000/Not Covered	$300/90%	$150/Not Covered	$100/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,486.07
G660ADT	$3000/Not Covered	$30/$60	100%/Not Covered	$3000/Not Covered	$400/100%	$200/Not Covered	$150/Not Covered	100%/100%	$10/$20/$55/$95/$150/$250	$0/$10/$35/$75/$150/$250	$1,530.06
Silver Plans											
S643ADT*5	$3000/Not Covered	$50/$80	70%/Not Covered	$8150/Not Covered	$500/70%	$300/Not Covered	$200/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,245.11
S9E3ADT*5	$3500/Not Covered	$40/$70	80%/Not Covered	$7900/Not Covered	$500/80%	$250/Not Covered	$150/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,285.75
S642ADT*5	$3500/Not Covered	$50/$80	70%/Not Covered	$8150/Not Covered	$500/70%	$250/Not Covered	$150/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,239.22
S641ADT*5	$4000/Not Covered	$40/$80	70%/Not Covered	$8150/Not Covered	$500/70%	$250/Not Covered	$250/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,233.11
S9E5ADT*5	$6000/Not Covered	$40/$70	80%/Not Covered	$7350/Not Covered	$750/80%	$250/Not Covered	$200/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,222.53
S640ADT*5	$6000/Not Covered	$40/$80	90%/Not Covered	$8150/Not Covered	$500/90%	$250/Not Covered	$200/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,216.93
S644ADT	$7350/Not Covered	$30/$60	100%/Not Covered	$7350/Not Covered	$500/100%	$250/Not Covered	$200/Not Covered	100%/100%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250	$1,260.55
Bronze Plans											
B661ADT*5	$7350/Not Covered	100%/100%	100%/Not Covered	$7350/Not Covered	NA/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	$1,012.48
HSA Plans											
Gold Plans											
G9E1ADT*3	$3000/Not Covered	100%/100%	100%/Not Covered	$3000/Not Covered	NA/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	$1,374.43
G666ADT*3	$4000/Not Covered	100%/100%	100%/Not Covered	$4000/Not Covered	NA/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	$1,262.04
Silver Plans											
S9E1ADT*3	$5000/Not Covered	100%/100%	100%/Not Covered	$5000/Not Covered	NA/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	$1,187.84
Bronze Plans											
B9E1ADT*3*5	$6350/Not Covered	70%/70%	70%/Not Covered	$6750/Not Covered	$650/70%	70%/Not Covered	70%/Not Covered	70%/70%	80%/80%/70%/60%/60%/50%	90%/90%/80%/70%/60%/50%	$1,017.55
B660ADT*3	$6750/Not Covered	100%/100%	100%/Not Covered	$6750/Not Covered	$650/100%	100%/Not Covered	100%/Not Covered	100%/100%	100%	100%	$1,046.58

*Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts.

Virtual Visits are available from a participating provider for certain non-emergency services.

*1 ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.

*2 Non-consumer choice plan. DME covered at 80% coinsurance, Allergy covered at 50% coinsurance. $150 copay for Ambulance Services.

*3 This HSA option requires a mandatory employer contribution.

*4 Non-consumer choice plan. Hearing aids and prosthetics (which would include the cochlear implant) are covered at a 80% coinsurance and no longer covered under DME.

*5 Coinsurance applies after deductible is met.

Section 6: 07/01/2020 Metallic Renewal Alternative Plan Rates

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Blue Choice Network - PPO Plans

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
P620CHC	Platinum	$250/$500	$25/$45	80%/60%	$1250/ Unlimited	$300/80%	$150/$250	$100/$200	70%/70%	$10/$20/$55/$95/$150/$250	$0/$10/$35/$75/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$406.64	23	$531.55	32	$628.82	41	$692.08	50	$949.35	59	$1,383.63
15	$442.78	24	$531.55	33	$636.80	42	$704.30	51	$991.34	60	$1,442.63
16	$456.60	25	$533.68	34	$645.30	43	$721.31	52	$1,037.59	61	$1,493.66
17	$470.42	26	$544.31	35	$649.55	44	$742.58	53	$1,084.36	62	$1,527.14
18	$485.31	27	$557.06	36	$653.81	45	$767.56	54	$1,134.86	63	$1,569.14
19	$500.19	28	$577.80	37	$658.06	46	$797.33	55	$1,185.36	64 +	$1,594.65
20	$515.60	29	$594.80	38	$662.31	47	$830.81	56	$1,240.11		
21	$531.55	30	$603.31	39	$670.82	48	$869.08	57	$1,295.39		
22	$531.55	31	$616.07	40	$679.32	49	$906.82	58	$1,354.39		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
P621CHC	Platinum	$1250/$2500	$25/$45	100%/ 80%	$1250/ Unlimited	$300/100%	$150/$250	$100/$200	100%/ 100%	$10/$20/$55/$95/$150/$250	$0/$10/$35/$75/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$401.53	23	$524.88	32	$620.93	41	$683.39	50	$937.43	59	$1,366.26
15	$437.22	24	$524.88	33	$628.80	42	$695.46	51	$978.90	60	$1,424.52
16	$450.87	25	$526.98	34	$637.20	43	$712.26	52	$1,024.56	61	$1,474.91
17	$464.52	26	$537.48	35	$641.40	44	$733.25	53	$1,070.75	62	$1,507.98
18	$479.21	27	$550.07	36	$645.60	45	$757.92	54	$1,120.62	63	$1,549.44
19	$493.91	28	$570.54	37	$649.80	46	$787.32	55	$1,170.48	64 +	$1,574.64
20	$509.13	29	$587.34	38	$654.00	47	$820.38	56	$1,224.54		
21	$524.88	30	$595.74	39	$662.40	48	$858.18	57	$1,279.13		
22	$524.88	31	$608.33	40	$670.79	49	$895.44	58	$1,337.39		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G654CHC	Gold	$1250/$2500	$30/$60	80%/60%	$4500/ Unlimited	$400/80%	$150/$250	$100/$200	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$347.53	23	$454.29	32	$537.43	41	$591.49	50	$811.37	59	$1,182.52
15	$378.43	24	$454.29	33	$544.24	42	$601.94	51	$847.26	60	$1,232.95
16	$390.24	25	$456.11	34	$551.51	43	$616.48	52	$886.78	61	$1,276.56
17	$402.05	26	$465.20	35	$555.15	44	$634.65	53	$926.76	62	$1,305.18
18	$414.77	27	$476.10	36	$558.78	45	$656.00	54	$969.92	63	$1,341.07
19	$427.49	28	$493.82	37	$562.41	46	$681.44	55	$1,013.07	64 +	$1,362.87
20	$440.66	29	$508.35	38	$566.05	47	$710.06	56	$1,059.87		
21	$454.29	30	$515.62	39	$573.32	48	$742.77	57	$1,107.11		
22	$454.29	31	$526.53	40	$580.59	49	$775.02	58	$1,157.54		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI Account Number: 271776 Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G652CHC	Gold	$1500/$3000	$30/$60	80%/60%	$5000/ Unlimited	$400/80%	80%/60%	80%/60%	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$341.44	23	$446.32	32	$528.00	41	$581.11	50	$797.13	59	$1,161.78
15	$371.79	24	$446.32	33	$534.69	42	$591.38	51	$832.39	60	$1,211.32
16	$383.39	25	$448.11	34	$541.84	43	$605.66	52	$871.22	61	$1,254.17
17	$395.00	26	$457.03	35	$545.41	44	$623.51	53	$910.50	62	$1,282.28
18	$407.49	27	$467.75	36	$548.98	45	$644.49	54	$952.90	63	$1,317.54
19	$419.99	28	$485.15	37	$552.55	46	$669.48	55	$995.30	64 +	$1,338.96
20	$432.93	29	$499.43	38	$556.12	47	$697.60	56	$1,041.27		
21	$446.32	30	$506.58	39	$563.26	48	$729.74	57	$1,087.69		
22	$446.32	31	$517.29	40	$570.40	49	$761.43	58	$1,137.23		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G653CHC	Gold	$1500/$3000	$30/$60	80%/60%	$6000/ Unlimited	$400/80%	80%/60%	80%/60%	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$335.22	23	$438.20	32	$518.39	41	$570.53	50	$782.62	59	$1,140.62
15	$365.02	24	$438.20	33	$524.96	42	$580.61	51	$817.24	60	$1,189.26
16	$376.41	25	$439.95	34	$531.97	43	$594.63	52	$855.36	61	$1,231.33
17	$387.80	26	$448.71	35	$535.48	44	$612.16	53	$893.92	62	$1,258.94
18	$400.07	27	$459.23	36	$538.98	45	$632.76	54	$935.55	63	$1,293.55
19	$412.34	28	$476.32	37	$542.49	46	$657.29	55	$977.18	64 +	$1,314.60
20	$425.05	29	$490.34	38	$545.99	47	$684.90	56	$1,022.31		
21	$438.20	30	$497.35	39	$553.00	48	$716.45	57	$1,067.88		
22	$438.20	31	$507.87	40	$560.01	49	$747.56	58	$1,116.52		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G650CHC	Gold	$3000/$6000	$30/$50	100%/ 80%	$3000/ Unlimited	$400/100%	$200/$300	$150/$250	100%/ 100%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$354.27	23	$463.10	32	$547.85	41	$602.95	50	$827.09	59	$1,205.45
15	$385.76	24	$463.10	33	$554.79	42	$613.61	51	$863.68	60	$1,256.85
16	$397.80	25	$464.95	34	$562.20	43	$628.43	52	$903.97	61	$1,301.31
17	$409.84	26	$474.21	35	$565.91	44	$646.95	53	$944.72	62	$1,330.48
18	$422.81	27	$485.33	36	$569.61	45	$668.72	54	$988.72	63	$1,367.07
19	$435.78	28	$503.39	37	$573.32	46	$694.65	55	$1,032.71	64 +	$1,389.30
20	$449.21	29	$518.21	38	$577.02	47	$723.82	56	$1,080.41		
21	$463.10	30	$525.62	39	$584.43	48	$757.17	57	$1,128.57		
22	$463.10	31	$536.73	40	$591.84	49	$790.05	58	$1,179.98		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S661CHC	Silver	$3000/$6000	$50/$80	70%/50%	$8150/ Unlimited	$500/70%	$300/$350	$200/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$293.62	23	$383.82	32	$454.06	41	$499.74	50	$685.51	59	$999.09
15	$319.72	24	$383.82	33	$459.82	42	$508.56	51	$715.83	60	$1,041.69
16	$329.70	25	$385.36	34	$465.96	43	$520.85	52	$749.22	61	$1,078.54
17	$339.68	26	$393.03	35	$469.03	44	$536.20	53	$783.00	62	$1,102.72
18	$350.43	27	$402.25	36	$472.10	45	$554.24	54	$819.46	63	$1,133.04
19	$361.18	28	$417.21	37	$475.17	46	$575.73	55	$855.92	64 +	$1,151.46
20	$372.31	29	$429.50	38	$478.24	47	$599.91	56	$895.46		
21	$383.82	30	$435.64	39	$484.38	48	$627.55	57	$935.37		
22	$383.82	31	$444.85	40	$490.52	49	$654.80	58	$977.98		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI Account Number: 271776 Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S663CHC	Silver	$3000/$6000	$40/$80	70%/50%	$8150/ Unlimited	$600/70%	$350/$400	$300/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$293.48	23	$383.64	32	$453.84	41	$499.49	50	$685.17	59	$998.60
15	$319.57	24	$383.64	33	$459.60	42	$508.32	51	$715.48	60	$1,041.19
16	$329.54	25	$385.17	34	$465.73	43	$520.59	52	$748.86	61	$1,078.02
17	$339.52	26	$392.84	35	$468.80	44	$535.94	53	$782.62	62	$1,102.19
18	$350.26	27	$402.05	36	$471.87	45	$553.97	54	$819.06	63	$1,132.49
19	$361.00	28	$417.01	37	$474.94	46	$575.45	55	$855.51	64 +	$1,150.92
20	$372.13	29	$429.29	38	$478.01	47	$599.62	56	$895.02		
21	$383.64	30	$435.43	39	$484.15	48	$627.24	57	$934.92		
22	$383.64	31	$444.63	40	$490.29	49	$654.48	58	$977.50		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S665CHC	Silver	$3250/$6500	$40/$70	60%/60%	$7900/ Unlimited	$500/60%	$250/$350	$200/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$292.98	23	$382.98	32	$453.06	41	$498.64	50	$684.00	59	$996.89
15	$319.02	24	$382.98	33	$458.81	42	$507.45	51	$714.26	60	$1,039.40
16	$328.98	25	$384.51	34	$464.94	43	$519.70	52	$747.57	61	$1,076.17
17	$338.94	26	$392.17	35	$468.00	44	$535.02	53	$781.28	62	$1,100.30
18	$349.66	27	$401.36	36	$471.06	45	$553.02	54	$817.66	63	$1,130.55
19	$360.38	28	$416.30	37	$474.13	46	$574.47	55	$854.04	64 +	$1,148.94
20	$371.49	29	$428.55	38	$477.19	47	$598.60	56	$893.49		
21	$382.98	30	$434.68	39	$483.32	48	$626.17	57	$933.32		
22	$382.98	31	$443.87	40	$489.45	49	$653.36	58	$975.83		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S666CHC	Silver	$4000/$8000	$40/$80	70%/50%	$8150/ Unlimited	$500/70%	$250/$350	$250/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$290.50	23	$379.74	32	$449.23	41	$494.42	50	$678.21	59	$988.46
15	$316.32	24	$379.74	33	$454.93	42	$503.15	51	$708.21	60	$1,030.61
16	$326.20	25	$381.26	34	$461.00	43	$515.31	52	$741.25	61	$1,067.07
17	$336.07	26	$388.85	35	$464.04	44	$530.50	53	$774.67	62	$1,090.99
18	$346.70	27	$397.97	36	$467.08	45	$548.34	54	$810.74	63	$1,120.99
19	$357.33	28	$412.78	37	$470.12	46	$569.61	55	$846.82	64 +	$1,139.22
20	$368.35	29	$424.93	38	$473.16	47	$593.53	56	$885.93		
21	$379.74	30	$431.00	39	$479.23	48	$620.87	57	$925.43		
22	$379.74	31	$440.12	40	$485.31	49	$647.84	58	$967.58		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S667CHC	Silver	$6000/$12000	$40/$70	80%/60%	$7350/ Unlimited	$750/80%	$250/$350	$200/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$288.04	23	$376.52	32	$445.42	41	$490.23	50	$672.46	59	$980.08
15	$313.64	24	$376.52	33	$451.07	42	$498.89	51	$702.21	60	$1,021.87
16	$323.43	25	$378.03	34	$457.09	43	$510.94	52	$734.97	61	$1,058.02
17	$333.22	26	$385.56	35	$460.11	44	$526.00	53	$768.10	62	$1,081.74
18	$343.76	27	$394.59	36	$463.12	45	$543.69	54	$803.87	63	$1,111.49
19	$354.30	28	$409.28	37	$466.13	46	$564.78	55	$839.64	64 +	$1,129.56
20	$365.22	29	$421.33	38	$469.14	47	$588.50	56	$878.42		
21	$376.52	30	$427.35	39	$475.17	48	$615.61	57	$917.58		
22	$376.52	31	$436.39	40	$481.19	49	$642.34	58	$959.37		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI Account Number: 271776 Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S660CHC	Silver	$6000/$12000	$40/$80	90%/70%	$8150/ Unlimited	$500/90%	$250/$350	$200/$300	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$285.64	23	$373.39	32	$441.72	41	$486.15	50	$666.87	59	$971.93
15	$311.03	24	$373.39	33	$447.32	42	$494.74	51	$696.37	60	$1,013.37
16	$320.74	25	$374.88	34	$453.29	43	$506.69	52	$728.85	61	$1,049.22
17	$330.45	26	$382.35	35	$456.28	44	$521.62	53	$761.71	62	$1,072.74
18	$340.90	27	$391.31	36	$459.27	45	$539.17	54	$797.18	63	$1,102.24
19	$351.36	28	$405.87	37	$462.25	46	$560.08	55	$832.65	64 +	$1,120.17
20	$362.18	29	$417.82	38	$465.24	47	$583.60	56	$871.11		
21	$373.39	30	$423.79	39	$471.21	48	$610.49	57	$909.94		
22	$373.39	31	$432.75	40	$477.19	49	$637.00	58	$951.39		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
B662CHC	Bronze	$7350/$14700	100%/100%	100%/ 100%	$7350/$14700	NA/100%	100%/ 100%	100%/ 100%	100%/ 100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$250.43	23	$327.36	32	$387.27	41	$426.22	50	$584.66	59	$852.11
15	$272.69	24	$327.36	33	$392.18	42	$433.75	51	$610.52	60	$888.45
16	$281.20	25	$328.67	34	$397.41	43	$444.23	52	$639.00	61	$919.88
17	$289.71	26	$335.22	35	$400.03	44	$457.32	53	$667.81	62	$940.50
18	$298.88	27	$343.07	36	$402.65	45	$472.71	54	$698.91	63	$966.36
19	$308.04	28	$355.84	37	$405.27	46	$491.04	55	$730.01	64 +	$982.08
20	$317.54	29	$366.31	38	$407.89	47	$511.66	56	$763.73		
21	$327.36	30	$371.55	39	$413.13	48	$535.23	57	$797.77		
22	$327.36	31	$379.41	40	$418.36	49	$558.47	58	$834.11		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Blue Choice Network - HSA Plans

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G651CHC	Gold	$3000/$6000	100%/100%	100%/ 100%	$3000/$6000	NA/100%	100%/ 100%	100%/ 100%	100%/ 100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$325.69	23	$425.74	32	$503.66	41	$554.32	50	$760.38	59	$1,108.21
15	$354.65	24	$425.74	33	$510.04	42	$564.11	51	$794.01	60	$1,155.47
16	$365.71	25	$427.45	34	$516.85	43	$577.74	52	$831.05	61	$1,196.34
17	$376.78	26	$435.96	35	$520.26	44	$594.77	53	$868.52	62	$1,223.16
18	$388.70	27	$446.18	36	$523.67	45	$614.78	54	$908.96	63	$1,256.80
19	$400.63	28	$462.78	37	$527.07	46	$638.62	55	$949.41	64 +	$1,277.22
20	$412.97	29	$476.41	38	$530.48	47	$665.44	56	$993.26		
21	$425.74	30	$483.22	39	$537.29	48	$696.09	57	$1,037.54		
22	$425.74	31	$493.44	40	$544.10	49	$726.32	58	$1,084.80		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*
This HSA option requires a mandatory employer contribution of $125-$400.

BlueCross BlueShield of Texas

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI | Account Number: 271776 | Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G656CHC	Gold	$4000/$8000	100%/100%	100%/ 100%	$4000/$8000	NA/100%	100%/ 100%	100%/ 100%	100%/ 100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$302.17	23	$394.99	32	$467.27	41	$514.28	50	$705.45	59	$1,028.16
15	$329.03	24	$394.99	33	$473.20	42	$523.36	51	$736.66	60	$1,072.00
16	$339.30	25	$396.57	34	$479.52	43	$536.00	52	$771.02	61	$1,109.92
17	$349.57	26	$404.47	35	$482.68	44	$551.80	53	$805.78	62	$1,134.81
18	$360.63	27	$413.95	36	$485.84	45	$570.37	54	$843.30	63	$1,166.01
19	$371.69	28	$429.35	37	$489.00	46	$592.48	55	$880.83	64 +	$1,184.97
20	$383.14	29	$441.99	38	$492.16	47	$617.37	56	$921.51		
21	$394.99	30	$448.31	39	$498.48	48	$645.81	57	$962.59		
22	$394.99	31	$457.79	40	$504.80	49	$673.85	58	$1,006.43		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services. This HSA option requires a mandatory employer contribution of $350-$850.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S662CHC	Silver	$5000/$10000	100%/100%	100%/ 100%	$5000/$10000	NA/100%	100%/ 100%	100%/ 100%	100%/ 100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$288.44	23	$377.04	32	$446.04	41	$490.91	50	$673.39	59	$981.43
15	$314.07	24	$377.04	33	$451.69	42	$499.58	51	$703.18	60	$1,023.29
16	$323.88	25	$378.55	34	$457.73	43	$511.64	52	$735.98	61	$1,059.48
17	$333.68	26	$386.09	35	$460.74	44	$526.72	53	$769.16	62	$1,083.23
18	$344.24	27	$395.14	36	$463.76	45	$544.45	54	$804.98	63	$1,113.02
19	$354.79	28	$409.84	37	$466.77	46	$565.56	55	$840.80	64 +	$1,131.12
20	$365.73	29	$421.91	38	$469.79	47	$589.31	56	$879.63		
21	$377.04	30	$427.94	39	$475.82	48	$616.46	57	$918.85		
22	$377.04	31	$436.99	40	$481.86	49	$643.23	58	$960.70		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services. This HSA option requires a mandatory employer contribution of $0-$255.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
B660CHC	Bronze	$6350/$11500	70%/70%	70%/50%	$6750/ Unlimited	$650/70%	70%/50%	70%/50%	70%/70%	80%/80%/70%/60%/60%/ 50%	90%/90%/80%/70%/60%/ 50%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$249.89	23	$326.65	32	$386.43	41	$425.30	50	$583.39	59	$850.27
15	$272.10	24	$326.65	33	$391.33	42	$432.81	51	$609.20	60	$886.52
16	$280.59	25	$327.96	34	$396.55	43	$443.26	52	$637.62	61	$917.88
17	$289.08	26	$334.49	35	$399.16	44	$456.33	53	$666.36	62	$938.46
18	$298.23	27	$342.33	36	$401.78	45	$471.68	54	$697.39	63	$964.27
19	$307.38	28	$355.07	37	$404.39	46	$489.97	55	$728.43	64 +	$979.95
20	$316.85	29	$365.52	38	$407.00	47	$510.55	56	$762.07		
21	$326.65	30	$370.75	39	$412.23	48	$534.07	57	$796.04		
22	$326.65	31	$378.59	40	$417.46	49	$557.26	58	$832.30		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services. This HSA option requires a mandatory employer contribution of $0.*

BlueCross BlueShield of Texas

Small Group Business

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07/01/2020 Renewal Rates

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
B661CHC	Bronze	$6750/$13500	100%/100%	100%/ 100%	$6750/$13500	$650/100%	100%/ 100%	100%/ 100%	100%/ 100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$257.37	23	$336.43	32	$398.00	41	$438.04	50	$600.87	59	$875.74
15	$280.25	24	$336.43	33	$403.05	42	$445.78	51	$627.45	60	$913.08
16	$289.00	25	$337.78	34	$408.43	43	$456.54	52	$656.72	61	$945.38
17	$297.74	26	$344.51	35	$411.12	44	$470.00	53	$686.33	62	$966.58
18	$307.16	27	$352.58	36	$413.81	45	$485.81	54	$718.29	63	$993.15
19	$316.58	28	$365.70	37	$416.51	46	$504.65	55	$750.25	64 +	$1,009.29
20	$326.34	29	$376.47	38	$419.20	47	$525.85	56	$784.90		
21	$336.43	30	$381.85	39	$424.58	48	$550.07	57	$819.89		
22	$336.43	31	$389.93	40	$429.96	49	$573.96	58	$857.23		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*
This HSA option requires a mandatory employer contribution of $0.

Small Group Business

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07/01/2020 Renewal Rates

Blue Advantage Network - HMO Plans

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
P610ADT	Platinum	$250/ Not Covered	$25/$45	80%/Not Covered	$1250/ Not Covered	$300/80%	$150/ Not Covered	$100/Not Covered	70%/70%	$10/$20/$55/$95/$150/$250	$0/$10/$35/$75/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$281.07	23	$367.42	32	$434.65	41	$478.38	50	$656.21	59	$956.39
15	$306.06	24	$367.42	33	$440.17	42	$486.83	51	$685.23	60	$997.17
16	$315.61	25	$368.89	34	$446.04	43	$498.58	52	$717.20	61	$1,032.44
17	$325.16	26	$376.24	35	$448.98	44	$513.28	53	$749.53	62	$1,055.59
18	$335.45	27	$385.05	36	$451.92	45	$530.55	54	$784.44	63	$1,084.62
19	$345.74	28	$399.38	37	$454.86	46	$551.13	55	$819.34	64 +	$1,102.26
20	$356.39	29	$411.14	38	$457.80	47	$574.27	56	$857.18		
21	$367.42	30	$417.02	39	$463.68	48	$600.73	57	$895.40		
22	$367.42	31	$425.84	40	$469.56	49	$626.81	58	$936.18		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
P611ADT	Platinum	$1250/ Not Covered	$25/$45	100%/Not Covered	$1250/ Not Covered	$400/100%	$150/ Not Covered	$100/Not Covered	100%/ 100%	$10/$20/$55/$95/$150/$250	$0/$10/$35/$75/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$276.61	23	$361.59	32	$427.76	41	$470.79	50	$645.80	59	$941.21
15	$301.20	24	$361.59	33	$433.18	42	$479.10	51	$674.36	60	$981.35
16	$310.60	25	$363.03	34	$438.97	43	$490.68	52	$705.82	61	$1,016.06
17	$320.01	26	$370.27	35	$441.86	44	$505.14	53	$737.64	62	$1,038.84
18	$330.13	27	$378.94	36	$444.75	45	$522.13	54	$771.99	63	$1,067.41
19	$340.25	28	$393.05	37	$447.65	46	$542.38	55	$806.34	64 +	$1,084.77
20	$350.74	29	$404.62	38	$450.54	47	$565.16	56	$843.59		
21	$361.59	30	$410.40	39	$456.32	48	$591.20	57	$881.19		
22	$361.59	31	$419.08	40	$462.11	49	$616.87	58	$921.33		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G665ADT	Gold	$0/Not Covered	$25/$45	100%/Not Covered	$7350/ Not Covered	$750/100%	$150/ Not Covered	$100/Not Covered	100%/ 100%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$270.71	23	$353.86	32	$418.62	41	$460.73	50	$632.00	59	$921.11
15	$294.77	24	$353.86	33	$423.93	42	$468.87	51	$659.96	60	$960.39
16	$303.97	25	$355.28	34	$429.59	43	$480.19	52	$690.74	61	$994.36
17	$313.17	26	$362.36	35	$432.42	44	$494.35	53	$721.88	62	$1,016.65
18	$323.08	27	$370.85	36	$435.25	45	$510.98	54	$755.50	63	$1,044.61
19	$332.99	28	$384.65	37	$438.08	46	$530.80	55	$789.12	64 +	$1,061.58
20	$343.25	29	$395.97	38	$440.91	47	$553.09	56	$825.57		
21	$353.86	30	$401.64	39	$446.58	48	$578.57	57	$862.37		
22	$353.86	31	$410.13	40	$452.24	49	$603.69	58	$901.65		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

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G662ADT	Gold	$1000/ Not Covered	$30/$60	80%/Not Covered	$6000/ Not Covered	$500/80%	$150/ Not Covered	80%/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$232.65	23	$304.12	32	$359.77	41	$395.96	50	$543.16	59	$791.62
15	$253.33	24	$304.12	33	$364.33	42	$402.96	51	$567.18	60	$825.38
16	$261.24	25	$305.34	34	$369.20	43	$412.69	52	$593.64	61	$854.57
17	$269.15	26	$311.42	35	$371.63	44	$424.85	53	$620.40	62	$873.73
18	$277.66	27	$318.72	36	$374.07	45	$439.15	54	$649.29	63	$897.76
19	$286.18	28	$330.58	37	$376.50	46	$456.18	55	$678.19	64 +	$912.36
20	$295.00	29	$340.31	38	$378.93	47	$475.34	56	$709.51		
21	$304.12	30	$345.17	39	$383.80	48	$497.23	57	$741.14		
22	$304.12	31	$352.47	40	$388.66	49	$518.83	58	$774.90		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G9E5ADT	Gold	$1250/ Not Covered	$30/$60	80%/Not Covered	$4500/ Not Covered	$400/80%	$150/ Not Covered	$100/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$235.42	23	$307.74	32	$364.06	41	$400.68	50	$549.63	59	$801.05
15	$256.35	24	$307.74	33	$368.67	42	$407.76	51	$573.94	60	$835.21
16	$264.35	25	$308.97	34	$373.60	43	$417.61	52	$600.71	61	$864.75
17	$272.35	26	$315.13	35	$376.06	44	$429.92	53	$627.79	62	$884.14
18	$280.97	27	$322.51	36	$378.52	45	$444.38	54	$657.03	63	$908.45
19	$289.58	28	$334.52	37	$380.98	46	$461.61	55	$686.26	64 +	$923.22
20	$298.51	29	$344.36	38	$383.45	47	$481.00	56	$717.96		
21	$307.74	30	$349.29	39	$388.37	48	$503.16	57	$749.97		
22	$307.74	31	$356.67	40	$393.29	49	$525.01	58	$784.13		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G663ADT	Gold	$1500/ Not Covered	$30/$60	80%/Not Covered	$5000/ Not Covered	$400/80%	80%/ Not Covered	80%/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$231.64	23	$302.79	32	$358.20	41	$394.24	50	$540.79	59	$788.17
15	$252.23	24	$302.79	33	$362.75	42	$401.20	51	$564.71	60	$821.78
16	$260.10	25	$304.00	34	$367.59	43	$410.89	52	$591.05	61	$850.85
17	$267.97	26	$310.06	35	$370.01	44	$423.00	53	$617.70	62	$869.93
18	$276.45	27	$317.33	36	$372.44	45	$437.23	54	$646.46	63	$893.85
19	$284.93	28	$329.14	37	$374.86	46	$454.19	55	$675.23	64 +	$908.37
20	$293.71	29	$338.83	38	$377.28	47	$473.27	56	$706.42		
21	$302.79	30	$343.67	39	$382.13	48	$495.07	57	$737.91		
22	$302.79	31	$350.94	40	$386.97	49	$516.57	58	$771.52		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

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Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G9E3ADT	Gold	$1500/ Not Covered	$30/$60	80%/Not Covered	$6000/ Not Covered	$400/80%	80%/ Not Covered	80%/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$227.13	23	$296.91	32	$351.24	41	$386.57	50	$530.28	59	$772.85
15	$247.32	24	$296.91	33	$355.70	42	$393.40	51	$553.73	60	$805.81
16	$255.04	25	$298.10	34	$360.45	43	$402.90	52	$579.56	61	$834.31
17	$262.76	26	$304.03	35	$362.82	44	$414.78	53	$605.69	62	$853.02
18	$271.08	27	$311.16	36	$365.20	45	$428.73	54	$633.90	63	$876.47
19	$279.39	28	$322.74	37	$367.57	46	$445.36	55	$662.10	64 +	$890.73
20	$288.00	29	$332.24	38	$369.95	47	$464.07	56	$692.69		
21	$296.91	30	$336.99	39	$374.70	48	$485.44	57	$723.56		
22	$296.91	31	$344.12	40	$379.45	49	$506.52	58	$756.52		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G661ADT	Gold	$2000/ Not Covered	90%/90%	90%/Not Covered	$4000/ Not Covered	NA/90%	90%/ Not Covered	90%/Not Covered	70%/70%	80%/80%/70%/60%/60%/ 50%	90%/90%/80%/70%/60%/ 50%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$218.81	23	$286.02	32	$338.37	41	$372.40	50	$510.84	59	$744.52
15	$238.26	24	$286.02	33	$342.66	42	$378.98	51	$533.44	60	$776.27
16	$245.70	25	$287.17	34	$347.23	43	$388.14	52	$558.32	61	$803.73
17	$253.13	26	$292.89	35	$349.52	44	$399.58	53	$583.49	62	$821.75
18	$261.14	27	$299.75	36	$351.81	45	$413.02	54	$610.66	63	$844.34
19	$269.15	28	$310.91	37	$354.10	46	$429.04	55	$637.83	64 +	$858.06
20	$277.44	29	$320.06	38	$356.39	47	$447.06	56	$667.30		
21	$286.02	30	$324.64	39	$360.96	48	$467.65	57	$697.04		
22	$286.02	31	$331.50	40	$365.54	49	$487.96	58	$728.79		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G664ADT	Gold	$2000/ Not Covered	$30/$60	90%/Not Covered	$4000/ Not Covered	$300/90%	$150/ Not Covered	$100/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$234.40	23	$306.40	32	$362.48	41	$398.94	50	$547.24	59	$797.57
15	$255.24	24	$306.40	33	$367.07	42	$405.99	51	$571.45	60	$831.58
16	$263.20	25	$307.63	34	$371.98	43	$415.79	52	$598.10	61	$861.00
17	$271.17	26	$313.76	35	$374.43	44	$428.05	53	$625.07	62	$880.30
18	$279.75	27	$321.11	36	$376.88	45	$442.45	54	$654.17	63	$904.51
19	$288.33	28	$333.06	37	$379.33	46	$459.61	55	$683.28	64 +	$919.20
20	$297.21	29	$342.87	38	$381.78	47	$478.91	56	$714.84		
21	$306.40	30	$347.77	39	$386.68	48	$500.97	57	$746.71		
22	$306.40	31	$355.12	40	$391.59	49	$522.73	58	$780.72		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI Account Number: 271776 Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G660ADT	Gold	$3000/ Not Covered	$30/$60	100%/Not Covered	$3000/ Not Covered	$400/100%	$200/ Not Covered	$150/Not Covered	100%/ 100%	$10/$20/$55/$95/$150/$250	$0/$10/$35/$75/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$241.34	23	$315.48	32	$373.21	41	$410.75	50	$563.44	59	$821.19
15	$262.79	24	$315.48	33	$377.94	42	$418.01	51	$588.36	60	$856.20
16	$270.99	25	$316.74	34	$382.99	43	$428.10	52	$615.81	61	$886.49
17	$279.20	26	$323.05	35	$385.51	44	$440.72	53	$643.57	62	$906.36
18	$288.03	27	$330.62	36	$388.04	45	$455.55	54	$673.54	63	$931.29
19	$296.86	28	$342.92	37	$390.56	46	$473.22	55	$703.51	64 +	$946.44
20	$306.01	29	$353.02	38	$393.08	47	$493.09	56	$736.01		
21	$315.48	30	$358.07	39	$398.13	48	$515.80	57	$768.82		
22	$315.48	31	$365.64	40	$403.18	49	$538.20	58	$803.83		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S643ADT	Silver	$3000/ Not Covered	$50/$80	70%/Not Covered	$8150/ Not Covered	$500/70%	$300/ Not Covered	$200/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$196.39	23	$256.72	32	$303.70	41	$334.25	50	$458.51	59	$668.25
15	$213.85	24	$256.72	33	$307.56	42	$340.16	51	$478.79	60	$696.75
16	$220.53	25	$257.75	34	$311.66	43	$348.37	52	$501.13	61	$721.39
17	$227.20	26	$262.89	35	$313.72	44	$358.64	53	$523.72	62	$737.57
18	$234.39	27	$269.05	36	$315.77	45	$370.71	54	$548.11	63	$757.85
19	$241.58	28	$279.06	37	$317.82	46	$385.09	55	$572.49	64 +	$770.16
20	$249.02	29	$287.27	38	$319.88	47	$401.26	56	$598.94		
21	$256.72	30	$291.38	39	$323.99	48	$419.74	57	$625.64		
22	$256.72	31	$297.54	40	$328.09	49	$437.97	58	$654.13		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S9E3ADT	Silver	$3500/ Not Covered	$40/$70	80%/Not Covered	$7900/ Not Covered	$500/80%	$250/ Not Covered	$150/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$202.81	23	$265.10	32	$313.62	41	$345.17	50	$473.48	59	$690.07
15	$220.83	24	$265.10	33	$317.60	42	$351.26	51	$494.42	60	$719.49
16	$227.73	25	$266.17	34	$321.84	43	$359.75	52	$517.48	61	$744.94
17	$234.62	26	$271.47	35	$323.96	44	$370.35	53	$540.81	62	$761.65
18	$242.04	27	$277.83	36	$326.08	45	$382.81	54	$566.00	63	$782.59
19	$249.46	28	$288.17	37	$328.20	46	$397.66	55	$591.18	64 +	$795.30
20	$257.15	29	$296.65	38	$330.32	47	$414.36	56	$618.49		
21	$265.10	30	$300.89	39	$334.56	48	$433.45	57	$646.06		
22	$265.10	31	$307.26	40	$338.80	49	$452.27	58	$675.49		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI Account Number: 271776 Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

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Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S642ADT	Silver	$3500/ Not Covered	$50/$80	70%/Not Covered	$8150/ Not Covered	$500/70%	$250/ Not Covered	$150/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$195.46	23	$255.51	32	$302.27	41	$332.67	50	$456.34	59	$665.09
15	$212.84	24	$255.51	33	$306.10	42	$338.55	51	$476.52	60	$693.45
16	$219.48	25	$256.53	34	$310.19	43	$346.73	52	$498.75	61	$717.98
17	$226.13	26	$261.64	35	$312.23	44	$356.95	53	$521.24	62	$734.08
18	$233.28	27	$267.77	36	$314.28	45	$368.95	54	$545.51	63	$754.26
19	$240.43	28	$277.74	37	$316.32	46	$383.26	55	$569.78	64 +	$766.53
20	$247.84	29	$285.91	38	$318.36	47	$399.36	56	$596.10		
21	$255.51	30	$290.00	39	$322.45	48	$417.76	57	$622.68		
22	$255.51	31	$296.13	40	$326.54	49	$435.90	58	$651.04		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S641ADT	Silver	$4000/ Not Covered	$40/$80	70%/Not Covered	$8150/ Not Covered	$500/70%	$250/ Not Covered	$250/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$194.50	23	$254.25	32	$300.78	41	$331.03	50	$454.09	59	$661.81
15	$211.79	24	$254.25	33	$304.59	42	$336.88	51	$474.17	60	$690.03
16	$218.40	25	$255.27	34	$308.66	43	$345.01	52	$496.29	61	$714.44
17	$225.01	26	$260.35	35	$310.69	44	$355.18	53	$518.67	62	$730.46
18	$232.13	27	$266.45	36	$312.73	45	$367.13	54	$542.82	63	$750.54
19	$239.25	28	$276.37	37	$314.76	46	$381.37	55	$566.97	64 +	$762.75
20	$246.62	29	$284.50	38	$316.79	47	$397.39	56	$593.16		
21	$254.25	30	$288.57	39	$320.86	48	$415.70	57	$619.60		
22	$254.25	31	$294.67	40	$324.93	49	$433.75	58	$647.82		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S9E5ADT	Silver	$6000/ Not Covered	$40/$70	80%/Not Covered	$7350/ Not Covered	$750/80%	$250/ Not Covered	$200/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$192.83	23	$252.07	32	$298.20	41	$328.19	50	$450.19	59	$656.13
15	$209.97	24	$252.07	33	$301.98	42	$333.99	51	$470.11	60	$684.11
16	$216.53	25	$253.08	34	$306.01	43	$342.06	52	$492.04	61	$708.31
17	$223.08	26	$258.12	35	$308.03	44	$352.14	53	$514.22	62	$724.19
18	$230.14	27	$264.17	36	$310.04	45	$363.99	54	$538.17	63	$744.11
19	$237.20	28	$274.00	37	$312.06	46	$378.10	55	$562.11	64 +	$756.21
20	$244.51	29	$282.06	38	$314.08	47	$393.98	56	$588.08		
21	$252.07	30	$286.10	39	$318.11	48	$412.13	57	$614.29		
22	$252.07	31	$292.15	40	$322.14	49	$430.03	58	$642.27		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI | Account Number: 271776 | Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

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Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S640ADT	Silver	$6000/ Not Covered	$40/$80	90%/Not Covered	$8150/ Not Covered	$500/90%	$250/ Not Covered	$200/Not Covered	70%/70%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$191.95	23	$250.91	32	$296.83	41	$326.69	50	$448.13	59	$653.13
15	$209.01	24	$250.91	33	$300.60	42	$332.46	51	$467.95	60	$680.98
16	$215.54	25	$251.92	34	$304.61	43	$340.49	52	$489.78	61	$705.07
17	$222.06	26	$256.94	35	$306.62	44	$350.53	53	$511.86	62	$720.88
18	$229.08	27	$262.96	36	$308.62	45	$362.32	54	$535.70	63	$740.70
19	$236.11	28	$272.74	37	$310.63	46	$376.37	55	$559.54	64 +	$752.73
20	$243.39	29	$280.77	38	$312.64	47	$392.18	56	$585.38		
21	$250.91	30	$284.79	39	$316.65	48	$410.24	57	$611.48		
22	$250.91	31	$290.81	40	$320.67	49	$428.06	58	$639.33		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S644ADT	Silver	$7350/ Not Covered	$30/$60	100%/Not Covered	$7350/ Not Covered	$500/100%	$250/ Not Covered	$200/Not Covered	100%/ 100%	$10/$20/$70/$120/$150/$250	$0/$10/$50/$100/$150/$250

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$198.83	23	$259.91	32	$307.47	41	$338.40	50	$464.19	59	$676.54
15	$216.50	24	$259.91	33	$311.37	42	$344.38	51	$484.73	60	$705.39
16	$223.26	25	$260.95	34	$315.53	43	$352.69	52	$507.34	61	$730.34
17	$230.02	26	$266.14	35	$317.61	44	$363.09	53	$530.21	62	$746.71
18	$237.29	27	$272.38	36	$319.68	45	$375.30	54	$554.90	63	$767.24
19	$244.57	28	$282.52	37	$321.76	46	$389.86	55	$579.59	64 +	$779.73
20	$252.11	29	$290.84	38	$323.84	47	$406.23	56	$606.36		
21	$259.91	30	$294.99	39	$328.00	48	$424.95	57	$633.39		
22	$259.91	31	$301.23	40	$332.16	49	$443.40	58	$662.24		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
B661ADT	Bronze	$7350/ Not Covered	100%/100%	100%/Not Covered	$7350/ Not Covered	NA/100%	100%/ Not Covered	100%/ Not Covered	100%/ 100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$159.70	23	$208.76	32	$246.96	41	$271.81	50	$372.84	59	$543.40
15	$173.90	24	$208.76	33	$250.09	42	$276.61	51	$389.34	60	$566.57
16	$179.32	25	$209.59	34	$253.43	43	$283.29	52	$407.50	61	$586.61
17	$184.75	26	$213.77	35	$255.10	44	$291.64	53	$425.87	62	$599.77
18	$190.60	27	$218.78	36	$256.77	45	$301.45	54	$445.70	63	$616.26
19	$196.44	28	$226.92	37	$258.44	46	$313.14	55	$465.53	64 +	$626.28
20	$202.50	29	$233.60	38	$260.11	47	$326.29	56	$487.04		
21	$208.76	30	$236.94	39	$263.45	48	$341.32	57	$508.75		
22	$208.76	31	$241.95	40	$266.79	49	$356.14	58	$531.92		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI | Account Number: 271776 | Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Blue Advantage Network - HSA Plans

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G9E1ADT	Gold	$3000/ Not Covered	100%/100%	100%/Not Covered	$3000/ Not Covered	NA/100%	100%/ Not Covered	100%/ Not Covered	100%/ 100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$216.79	23	$283.39	32	$335.25	41	$368.97	50	$506.13	59	$737.66
15	$236.06	24	$283.39	33	$339.50	42	$375.49	51	$528.52	60	$769.12
16	$243.43	25	$284.52	34	$344.03	43	$384.56	52	$553.18	61	$796.32
17	$250.80	26	$290.19	35	$346.30	44	$395.89	53	$578.11	62	$814.18
18	$258.73	27	$296.99	36	$348.57	45	$409.21	54	$605.04	63	$836.56
19	$266.67	28	$308.04	37	$350.84	46	$425.08	55	$631.96	64 +	$850.17
20	$274.89	29	$317.11	38	$353.10	47	$442.94	56	$661.15		
21	$283.39	30	$321.65	39	$357.64	48	$463.34	57	$690.62		
22	$283.39	31	$328.45	40	$362.17	49	$483.46	58	$722.08		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*
This HSA option requires a mandatory employer contribution of $125-$400.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
G666ADT	Gold	$4000/ Not Covered	100%/100%	100%/Not Covered	$4000/ Not Covered	NA/100%	100%/ Not Covered	100%/ Not Covered	100%/ 100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$199.06	23	$260.21	32	$307.83	41	$338.80	50	$464.74	59	$677.34
15	$216.76	24	$260.21	33	$311.74	42	$344.78	51	$485.30	60	$706.22
16	$223.52	25	$261.25	34	$315.90	43	$353.11	52	$507.94	61	$731.20
17	$230.29	26	$266.46	35	$317.98	44	$363.52	53	$530.84	62	$747.59
18	$237.58	27	$272.70	36	$320.06	45	$375.75	54	$555.56	63	$768.15
19	$244.86	28	$282.85	37	$322.14	46	$390.32	55	$580.28	64 +	$780.63
20	$252.41	29	$291.18	38	$324.23	47	$406.71	56	$607.08		
21	$260.21	30	$295.34	39	$328.39	48	$425.45	57	$634.14		
22	$260.21	31	$301.59	40	$332.55	49	$443.92	58	$663.02		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*
This HSA option requires a mandatory employer contribution of $350-$850.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
S9E1ADT	Silver	$5000/ Not Covered	100%/100%	100%/Not Covered	$5000/ Not Covered	NA/100%	100%/ Not Covered	100%/ Not Covered	100%/ 100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$187.36	23	$244.91	32	$289.73	41	$318.88	50	$437.42	59	$637.51
15	$204.01	24	$244.91	33	$293.41	42	$324.51	51	$456.77	60	$664.70
16	$210.38	25	$245.89	34	$297.33	43	$332.35	52	$478.07	61	$688.21
17	$216.75	26	$250.79	35	$299.29	44	$342.15	53	$499.63	62	$703.64
18	$223.61	27	$256.67	36	$301.24	45	$353.66	54	$522.89	63	$722.99
19	$230.46	28	$266.22	37	$303.20	46	$367.37	55	$546.16	64 +	$734.73
20	$237.57	29	$274.06	38	$305.16	47	$382.80	56	$571.39		
21	$244.91	30	$277.98	39	$309.08	48	$400.43	57	$596.86		
22	$244.91	31	$283.86	40	$313.00	49	$417.82	58	$624.04		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*
This HSA option requires a mandatory employer contribution of $0-$255.

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI Account Number: 271776 Renewal Effective Date: 07/01/2020

The following benefit plans are ACA Metallic plans as defined by the Affordable Care Act.

07/01/2020 Renewal Rates

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
B9E1ADT	Bronze	$6350/ Not Covered	70%/70%	70%/Not Covered	$6750/ Not Covered	$650/70%	70%/ Not Covered	70%/Not Covered	70%/70%	80%/80%/70%/60%/60%/ 50%	90%/90%/80%/70%/60%/ 50%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$160.50	23	$209.80	32	$248.20	41	$273.16	50	$374.71	59	$546.12
15	$174.77	24	$209.80	33	$251.35	42	$277.99	51	$391.28	60	$569.41
16	$180.22	25	$210.64	34	$254.70	43	$284.70	52	$409.54	61	$589.55
17	$185.68	26	$214.84	35	$256.38	44	$293.10	53	$428.00	62	$602.77
18	$191.55	27	$219.87	36	$258.06	45	$302.96	54	$447.93	63	$619.34
19	$197.43	28	$228.06	37	$259.74	46	$314.71	55	$467.86	64 +	$629.40
20	$203.51	29	$234.77	38	$261.42	47	$327.92	56	$489.47		
21	$209.80	30	$238.13	39	$264.77	48	$343.03	57	$511.29		
22	$209.80	31	$243.16	40	$268.13	49	$357.93	58	$534.58		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*
This HSA option requires a mandatory employer contribution of $0.

Plan #	PlanType	Ded In/Out	Office Visit/ Specialist	Coins % In/Out	OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped Dental In/Out	Non-Preferred Rx	Preferred Rx
B660ADT	Bronze	$6750/ Not Covered	100%/100%	100%/Not Covered	$6750/ Not Covered	$650/100%	100%/ Not Covered	100%/ Not Covered	100%/ 100%	100%	100%

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
< 15	$165.08	23	$215.79	32	$255.28	41	$280.96	50	$385.40	59	$561.70
15	$179.75	24	$215.79	33	$258.51	42	$285.92	51	$402.45	60	$585.65
16	$185.36	25	$216.65	34	$261.97	43	$292.83	52	$421.22	61	$606.37
17	$190.97	26	$220.97	35	$263.69	44	$301.46	53	$440.21	62	$619.96
18	$197.01	27	$226.15	36	$265.42	45	$311.60	54	$460.71	63	$637.01
19	$203.06	28	$234.56	37	$267.15	46	$323.68	55	$481.21	64 +	$647.37
20	$209.31	29	$241.47	38	$268.87	47	$337.28	56	$503.43		
21	$215.79	30	$244.92	39	$272.33	48	$352.81	57	$525.88		
22	$215.79	31	$250.10	40	$275.78	49	$368.14	58	$549.83		

**Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.*
This HSA option requires a mandatory employer contribution of $0.

An In-Vitro benefit option is available for all PPO and HMO plans. There is an additional charge for the In-Vitro benefits and it is not included in the rates shown in the above tables. If a group provides multiple benefit plans and chooses to elect In-Vitro benefits, they must elect In-Vitro with all the plans selected.

Section 7: 07/01/2020 Current and Renewal Dental Plan Summary

No dental plans are associated with this account.

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI Account Number: 271776 Renewal Effective Date: 07/01/2020

Section 8: 07/01/2020 Dental Plan Options

					Coinsurance		
Plan #	Plan Type	Deductible In/Out *2	Annual Benefit Max	Out-of-Network Reimb.	In Network	Out of Network	Orthodontia Lifetime Max
Contributory Group							
High Allocation							
DTXHR01	Passive	$25/$25	$3000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$2000
DTXHR02	Passive	$50/$50	$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$2000
DTXHR03	Passive	$50/$50	$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$1500
DTXHR04	Passive	$50/$50	$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$1000
DTXHM09	Passive	$50/$50	$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	N/A
DTXHM11*3	Passive	$25/$25	$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	N/A
DTXHR20	Passive	$50/$50	$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
DTXHM27	Passive	$50/$50	$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	$1500
Contributory Group							
Low Allocation							
DTXLR05	Passive	$50/$50	$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
DTXLR06	Passive	$50/$50	$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
DTXLR07	Passive	$75/$75	$1000	90th R&C	90%/70%/50%/NA	90%/70%/50%/NA	N/A
DTXLM08	Passive	$50/$50	$1500	MAC	100%/80%/50%/50%	100%/80%/50%/50%	$1000
DTXLM10	Passive	$75/$75	$1000	MAC	90%/70%/50%/NA	90%/70%/50%/NA	N/A
DTXLR28*4	Passive	$50/$50	$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$1000
Voluntary Group							
High Allocation							
DTXHR12*1	Passive	$50/$50	$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$1500
DTXHM13*1	Passive	$50/$50	$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	N/A
DTXHM15*3	Passive	$25/$25	$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	N/A
DTXHR21*1	Passive	$50/$50	$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$1000
DTXHR22*1	Passive	$50/$50	$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
DTXHM29*1	Passive	$50/$50	$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	$1500
Voluntary Group							
Low Allocation							
DTXLR23*1	Passive	$50/$50	$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A
DTXLM24*1	Passive	$50/$50	$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	$1000
DTXLR30*1*4	Passive	$50/$50	$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	$1000

Coinsurance Type - I : Exams/Cleanings/X-Rays (both High & Low Coverage).
Coinsurance Type - II : Fillings/Non-Surgical Perio/Non-Surgical Extractions (both High & Low), Endo/Perio/Oral Surgery (High).
Coinsurance Type - III: Inlays/Onlays/Crowns/Dentures (both High & Low), Endo/Perio/Oral Surgery (Low).
Coinsurance Type - IV: Ortho (both High & Low Coverage).
R&C: Reasonable & Customary, MAC: Maximum Allowable Charge.
Contributory Group = (> 75% Participation AND >50% Employer Contribution), Voluntary Group = (>25% Participation AND <50% Employer Contribution).
*1 Waiting Period 12 month applicable for Surgical Perio/Major Restorative/Prosthodontics/Misc Rest & Prosth Services.
*2 Waived Deductible applies to all Class I services and plans include 3x Family Deductible Limit.
*3 Only Basic Restorative Services are covered.
*4 Prev/Diag svcs do not count toward annual max.

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI Account Number: 271776 Renewal Effective Date: 07/01/2020

Rates Are Contingent Upon:

1. A twelve month effective period beginning from the renewal effective date.
2. Retirees are not eligible for coverage.

Participation/Contribution Rules:

1. Dental Contributory Group plans require a minimum of 75% or more participation and 50% or more contribution to the employee rate.
2. Voluntary Dental requires a minimum of 25% participation.

Allowable Combinations (for Accounts that have 10+ Subscribers):

Contributory Group:

Any Contributory Group High Plan:
- DTXHR01, DTXHR02, DTXHR03, DTXHR04, DTXHM09, DTXHM11, DTXHR20, DTXHM27

Can be paired with any Contributory Group Low Plan:
- DTXLR05, DTXLR06, DTXLR07, DTXLM08, DTXLM10, DTXLR28

DTXHM11can be paired with any other Contributory Group High/Low Plan above.

There are two High Contributory Plans that can be paired:

- DTXHM27 and DTXHR03

Voluntary Group:

Any Voluntary Group High Plan:
- DTXHR12, DTXHM13, DTXHM15, DTXHR21, DTXHR22, DTXHM29

Can be paired with any Voluntary Group Low Plan:
- DTXLR23, DTXLM24, DTXLR30

DTXHM15 can be paired with any Voluntary Group High/Low Plan above.

There are two High Voluntary Plans that can be paired:

- DTXHM29 and DTXHR12

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI Account Number: 271776 Renewal Effective Date: 07/01/2020

Composite Rates

Plan	PlanType	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Dental Cost*	Estimated Taxes and Fees
Contributory Group							
High Allocation							
DTXHR01	Passive	$49.45	$98.90	$121.15	$195.33	$98.90	$1.98
DTXHR02	Passive	$46.66	$93.32	$114.32	$184.31	$93.32	$1.86
DTXHR03	Passive	$45.10	$90.20	$110.50	$178.15	$90.20	$1.80
DTXHR04	Passive	$41.41	$82.82	$101.45	$163.57	$82.82	$1.66
DTXHM09	Passive	$33.78	$67.56	$82.76	$133.43	$67.56	$1.36
DTXHM11	Passive	$13.74	$27.48	$33.66	$54.27	$27.48	$0.54
DTXHR20	Passive	$42.87	$85.74	$105.03	$169.34	$85.74	$1.72
DTXHM27	Passive	$40.18	$80.36	$98.44	$158.71	$80.36	$1.60
Contributory Group							
Low Allocation							
DTXLR05	Passive	$38.77	$77.54	$94.99	$153.14	$77.54	$1.56
DTXLR06	Passive	$36.42	$72.84	$89.23	$143.86	$72.84	$1.46
DTXLR07	Passive	$31.73	$63.46	$77.74	$125.33	$63.46	$1.26
DTXLM08	Passive	$31.51	$63.02	$77.20	$124.46	$63.02	$1.26
DTXLM10	Passive	$25.00	$50.00	$61.25	$98.75	$50.00	$1.00
DTXLR28	Passive	$38.03	$76.06	$93.17	$150.22	$76.06	$1.52
Voluntary Group							
High Allocation							
DTXHR12	Passive	$47.22	$94.44	$115.69	$186.52	$94.44	$1.88
DTXHM13	Passive	$36.22	$72.44	$88.74	$143.07	$72.44	$1.44
DTXHM15	Passive	$15.12	$30.24	$37.04	$59.72	$30.24	$0.60
DTXHR21	Passive	$44.38	$88.76	$108.73	$175.30	$88.76	$1.78
DTXHR22	Passive	$45.98	$91.96	$112.65	$181.62	$91.96	$1.84
DTXHM29	Passive	$41.99	$83.98	$102.88	$165.86	$83.98	$1.68
Voluntary Group							
Low Allocation							
DTXLR23	Passive	$39.34	$78.68	$96.38	$155.39	$78.68	$1.58
DTXLM24	Passive	$32.63	$65.26	$79.94	$128.89	$65.26	$1.30
DTXLR30	Passive	$40.94	$81.88	$100.30	$161.71	$81.88	$1.64

* Total Monthly Dental Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Dental Group Size: A

Small Group Business

Account Name: BRUSH COUNTRY GROUNDWATER CONSERVATION DISTRI Account Number: 271776 Renewal Effective Date: 07/01/2020

Age Rates

Plan	PlanType	Monthly Dental Cost (Under 21 Yrs.)	Monthly Dental Cost (21 Yrs. & Above)	Total Monthly Dental Cost*	Estimated Taxes and Fees
Contributory Group					
High Allocation					
DTXHR01	Passive	$46.87	$49.45	$98.90	$1.98
DTXHR02	Passive	$46.25	$46.66	$93.32	$1.86
DTXHR03	Passive	$44.04	$45.10	$90.20	$1.80
DTXHR04	Passive	$41.34	$41.41	$82.82	$1.66
DTXHM09	Passive	$30.67	$33.78	$67.56	$1.36
DTXHM11	Passive	$17.52	$13.74	$27.48	$0.54
DTXHR20	Passive	$37.84	$42.87	$85.74	$1.72
DTXHM27	Passive	$40.38	$40.18	$80.36	$1.60
Contributory Group					
Low Allocation					
DTXLR05	Passive	$33.75	$38.77	$77.54	$1.56
DTXLR06	Passive	$33.21	$36.42	$72.84	$1.46
DTXLR07	Passive	$28.57	$31.73	$63.46	$1.26
DTXLM08	Passive	$32.59	$31.51	$63.02	$1.26
DTXLM10	Passive	$23.60	$25.00	$50.00	$1.00
DTXLR28	Passive	$38.71	$38.03	$76.06	$1.52
Voluntary Group					
High Allocation					
DTXHR12	Passive	$48.33	$47.22	$94.44	$1.88
DTXHM13	Passive	$33.64	$36.22	$72.44	$1.44
DTXHM15	Passive	$19.27	$15.12	$30.24	$0.60
DTXHR21	Passive	$45.73	$44.38	$88.76	$1.78
DTXHR22	Passive	$41.51	$45.98	$91.96	$1.84
DTXHM29	Passive	$44.30	$41.99	$83.98	$1.68
Voluntary Group					
Low Allocation					
DTXLR23	Passive	$37.19	$39.34	$78.68	$1.58
DTXLM24	Passive	$36.15	$32.63	$65.26	$1.30
DTXLR30	Passive	$42.51	$40.94	$81.88	$1.64

* Total Monthly Dental Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

Please note: In the 'Renewing Plan Rates' illustrated in Section 7, the 'Total Monthly Dental Cost' column captures only those members who are presently enrolled in the dental plan. For the 'Dental Plan Options' listed in Section 8, 'Total Monthly Dental Cost' includes all members now purchasing dental coverage.

Note: Due to system rounding, the group's total premium amount based on composite rates may vary slightly in comparison with the group's total premium amount based on member age rates.

Dental Group Size: A

Section 9: Important Information

Affordable Care Act Information

Notwithstanding anything in the renewal or proposal to the contrary, BCBS reserves the right to revise or withdraw our renewal or to change our charge for the cost of coverage (premium or other amounts) at any time before or during the contract period if any local, state or federal legislation, regulation, rule or guidance (or amendment or clarification thereto) is enacted or becomes effective/implemented, which would require BCBS to pay, submit or forward, on its own behalf or on the Employer Group's behalf, any additional tax, surcharge, fee, or other amount (all of which may be estimated, allocated or pro-rated amounts).

NOTICE: AFFORDABLE CARE ACT (ACA) FEES

ACA established a number of taxes and fees that affect our customers and their benefit plans. Two of those fees are: (1) the Annual Fee on Health Insurers or "Health Insurer Fee"; and (2) the Transitional Reinsurance Program Contribution Fee or "Reinsurance Fee." Both the Reinsurance Fee and Health Insurer Fee began in 2014.

Section 9010(a) of ACA requires that "covered entities" providing health insurance ("health insurers") pay an annual fee to the federal government, commonly referred to as the Health Insurer Fee. The amount of this fee for a given calendar year is determined by the federal government and involves a formula based in part on a health insurer's net premiums written with respect to health insurance on certain health risk during the preceding calendar year. This fee helps fund premium tax credits and cost-sharing subsidies offered to certain individuals who purchase coverage on health insurance exchanges.

In addition, ACA Section 1341 provides for the establishment of a temporary reinsurance program(s) (for a three (3) year period (2014-2016)) which is funded by Reinsurance Fees collected from health insurance issuers and self-funded group health plans. Federal and state governments provide information as to how these fees are calculated. Federal regulations establish a flat, per member, per month fee. The temporary reinsurance programs funded by these Reinsurance Fees help to stabilize premiums in the individual market.

Your premium already accounts for the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSTX) products/services.

IMPORTANT DENTAL BENEFITS INFORMATION FOR SMALL GROUPS

Beginning with plan years on or after January 1, 2014, the Affordable Care Act (ACA) required coverage in the small group market to include - at the minimum - a core set of benefits known as essential health benefits (EHBs). One of the categories of EHBs requires coverage for certain pediatric dental services. Once your group health plan became subject to the 2014 market reforms, your plan was required to provide this coverage.

With the 2016 ACA metallic medical plan renewal, pediatric dental services and rates are embedded and the pediatric Dental Attestation form is no longer required at the time of renewal.

BlueCross BlueShield of Texas

Summary of Benefits & Coverage Notice

Notice to Policyholder

The Affordable Care Act requires group health plans and/or insurance issuers to create and distribute a Summary of Benefits and Coverage (or alternate format permitted by the Affordable Care Act) (the "SBC"), to participants and beneficiaries in certain specified situations as required by Section 2715 of the Public Health Service Act (42 USC 300gg-15) and SBC regulations (45 CFR 147.200), as supplemented and amended from time to time (the "SBC Requirements"). This Notice is to inform you that effective for Policy Years for which you, as Policyholder, hold an open enrollment period on or after September 23, 2012, Blue Cross and Blue Shield of Texas (BCBSTX) will provide certain SBC services as follows. For participants and beneficiaries who join other than through an open enrollment period BCBSTX will provide the following SBC services as of the first day of your first plan year that is on or after September 23, 2012. Policyholder will promptly provide BCBSTX with such policy year date.

SBC Creation

BCBSTX will create the SBC and provide it to you, as Policyholder

SBC Review and Distribution

The Policyholder shall carefully review the SBC and if it is satisfactory, the Policyholder will distribute it to participants and beneficiaries at the time and in a manner consistent with the SBC Requirements. If not satisfactory, Policyholder will promptly notify BCBSTX.

Accordingly, your policy is being issued or renewed, as the case may be, subject to the above responsibilities and to additional SBC terms and conditions, including but not limited to:

- Policyholder is responsible for synthesizing information from its various insurers and administrative service providers it uses for its group health plan (or providing multiple partial SBCs if permitted by law).
- Nothing in the Policy relieves the Policyholder or its group health plan of their respective legal and regulatory obligations with respect to the SBC.
- BCBSTX has no responsibility for or obligations with respect to the SBCs except as specified in the Policy.
- Policyholder is responsible for furnishing to BCBSTX in a timely manner all information necessary for the timely creations and distribution of SBCs, including but not limited to names and addresses for: (i) any person currently enrolled in any plan administered or insured by BCBSTX, and (ii) any person the employer tells us is eligible or may become eligible. Policyholder's failure to furnish such information, to agree to an implementation plan or to promptly review/approve SBCs may substantially delay and/or jeopardize BCBSTX's preparation of the SBC and the Plan is relieved of its SBC obligations.
- BCBSTX's SBC operations will not be considered to be in breach of the Policy to the extent BCBSTX has worked diligently and in good faith to provide the SBC services, based on a reasonable interpretation of then-current SBC-related ACA provisions and Guidance, in a manner consistent with the SBC Requirements.
- BCBSTX may, but is not required to, monitor Policyholder's performance of its SBC obligations, audit the Policyholder with respect to the SBC, request and receive information, documents and assurances from Policyholder with respect to the SBC, provide its own SBC (or SBC corrections) to participants and beneficiaries, communicate with participants and beneficiaries regarding the SBC, respond to SBC-related inquiries from participants and beneficiaries, and/or take steps to avoid or correct potential violations of applicable laws or regulations.). Policyholder will notify the Plan of any actual or potential non-compliance with the SBC Requirements.
- Policyholder will indemnify and hold BCBSTX harmless with respect to the SBC.

These changes are binding on your Policy and/or you will receive a formal Policy amendment for your files once it has been approved by the Texas Department of Insurance.

BlueCross BlueShield of Texas

How to Provide SBCs to Members

Health insurers and group health plans are required to provide consumers with a Summary of Benefits and Coverage (SBC). Brokers and Group Administrators can use the SBC Tool to search, download and email standard plan SBCs. See the instructions below to create an SBC.

Reminder – always create a new SBC for each request to ensure the most current material is being distributed.

To create an SBC, you can access the Standard Plan SBC Tool in three ways:

1. Visit this link directly: https://ben-sum-mgr.rrd.com//secure/login/?custName=HCSC
2. Find the link at Blue Access for Employers℠(BAE℠)
   a. Click the "Account Summary" on the left to expand
   b. Select "Health Plans"
   c. Click "Display" and select "View Standard Plan SBC Tool"
   d. Log in to the Tool by following the steps below
3. Or, find the link at Blue Access for Producers℠(BAP℠)
   a. Click "Products & Forms" on the left
   b. Click "Summary of Benefits and Coverage" on the right
   c. Select the "View Standard Plan SBC Tool"
   d. Log in to the Tool by following the steps below

Log in to the Standard Plan SBC Tool with these credentials:

- Customer Name = HCSC
- Username = HCSCgenID
- Password = BlueSBC2017! (Don't forget the exclamation point "!" at the end.)

Note: Group SBCs is preselected, so just click "Next Step".

Find and create an SBC:

a. Select the appropriate "Plan Year" (required)
b. Select the desired state for "Corporate Entity" (required)
c. Enter the plan ID in ALL CAPS in the "Plan Name" section
d. Select Language **Note:** Leave all other fields blank
e. Click "Search" (Searching without the plan name will give you all available SBCs)
f. Select your plan, scroll to the bottom of the page and click "Next Step"
g. Plan Effective Date defaults to Jan 01, if another date is needed, edit date range, then click "Generate Proof" to review your SBC
   - If needed, click "Make Changes" to return to the Customize SBC screen
   - If no changes, click "Generate Final Copy"
h. For the final SBC, there are two options for distribution:
   - For a single recipient - email directly from the system (remember to change the default email address to your recipient's before sending)
   - For multiple recipients - download and email

To generate a different SBC, if needed, click "Create Another".

When finished, log out by clicking the red X at the top of the browser window.

Note: If a group wants to make a plan change, an updated SBC can be created using the same process.

Technical Assistance: If you need assistance while using the SBC Tool, please call 855-756-4448.

BlueCross BlueShield of Texas

IMPORTANT INFORMATION REGARDING YOUR BLUE CROSS AND BLUE SHIELD OF TEXAS HEALTH BENEFIT PLAN

Texas law permits insured group contracts to be modified at the time of coverage renewal if the modification is effective uniformly among all small or large employer groups covered by the benefit plan. The following items have been approved by the Texas Department of Insurance that will be amended into your health benefit coverage on your contract anniversary/renewal date on and after January 1, 2013.

These modifications will have no impact on your rates.

The Pharmacy and Medical Benefits section of your Benefit Booklet (for PPO plans), and Pharmacy Benefits section on your Certificate of Coverage (for HMO plans) will be changed as follows:

*Benefit language will be modified in the **"Pharmacy Benefits - - Limitations and Exclusions"** section of your HMO Certificate of Coverage to exclude "Drugs injected, ingested or applied in a Physician's office or during confinement while a patient in a Hospital, or other acute care institution or facility, including take-home drugs; and drugs dispensed by a nursing home or custodial or chronic care institution or facility."*

*Benefit language will be modified in the **"Covered Medical Services - - Medical-Surgical Expenses"** section of your PPO Benefit Booklet to include "Drugs that have not been approved by the FDA for self-administration when injected, ingested or* applied in a Physician's or Professional Other Provider's office".

*Benefit language will be modified in the **"Pharmacy Benefits - - Limitations and Exclusions"** section of your PPO Benefit Booklet to exclude "Drugs injected, ingested or applied in a Physician's or authorized Health Care Practitioner's office or during confinement while a patient is in a Hospital, or other acute care institution or facility, including take-home drugs; and drugs dispensed by a nursing home or custodial or chronic care institution or facility."*

*Benefit language will be added in the **"Definitions - - Covered Oral Surgery"** section of your PPO Benefit Booklet to include "removal of complete bony impacted teeth".*

*Benefit language will be added in the **"Covered Services and Benefits - - Dental Surgical Procedures"** section of your HMO Certificate of Coverage to include "removal of complete bony impacted teeth".*

If you have any questions, please contact your Marketing Service Representative.

BlueCross BlueShield of Texas

Important Notices

I. Initial Notice About Special Enrollment Rights in Your Group Health Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about a very important provisions in the plan. You have the right to enroll in the plan under its "special enrollment provision" without being considered a late enrollee if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Section I of this notice may not apply to certain self-insured, non-federal governmental plans. Contact your employer or plan administrator for more information.

A. SPECIAL ENROLLMENT PROVISIONS

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program)
If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or move out of the prior plan's HMO service area, or after the employer stops contributing toward the other coverage).

Loss of Coverage For Medicaid or a State Children's Health Insurance Program
If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption
If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

II. Additional Notices

Other federal laws require we notify you of additional provisions of your plan.

NOTICES OF RIGHT TO DESIGNATE A PRIMARY CARE PROVIDER (FOR NON-GRANDFATHERED HEALTH PLANS ONLY)

For plans that require or allow for the designation of primary care providers by participants or beneficiaries:
If the plan generally requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

For plans that require or allow for the designation of a primary care provider for a child:
For children, you may designate a pediatrician as the primary care provider.

For plans that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider:
You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in pediatrics, obstetrics or gynecology, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

BlueCross BlueShield of Texas

IRS Announces Inflation Adjustments for 2020 HDHPs and HSAs

The IRS has announced the inflation adjustments for 2020 High Deductible Health Plans (HDHP) and Health Savings Accounts (HSA). These adjustments include maximum HSA contributions, minimum deductible amount and maximum out-of-pocket limits. The following adjustments apply to the calendar year 2020.

Contributions to an HSA

For the calendar year 2020, the annual limitation on contributions to an HSA under §223(b)(2)(A) for an individual with self-only coverage under a HDHP is **$3,550.** The annual limitation on contributions to an HSA under §223(b)(2)(B) for an individual with family coverage under an HDHP is **$7,100.**

Additional Contribution Amount (Individuals Age 55 and Older)

The catch-up contribution limit to an HSA under §223(b)(3)(B), is $1,000. There is no change from 2019.

High Deductible Health Plans

An HDHP is defined under §223(c)(2)(A) as a health plan with an annual deductible that is not less than $1,400 for self-only coverage or $2,800 for family coverage. The annual out-of-pocket expenses (deductibles, copayments, and other amounts, but not premiums) do not exceed $6,900 for self-only coverage or $13,800 for family coverage.

	2020	2019
Minimum Individual Deductible	$1,400	$1,350
Minimum Family Deductible	$2,800	$2,700
Maximum Individual OOP	$6,900	$6,750
Maximum Family OOP	$13,800	$13,500
Maximum Individual Contribution	$3,550	$3,500
Maximum Family Contribution	$7,100	$7,000
Minimum Individual Embedded Deductible	$2,800*	$2,700
Minimum Family Embedded Deductible	$2,800	$2,700

**According to IRS guidance, an individual deductible (an embedded deductible) provided under a family HDHP must be at least the family minimum for the year ($2,800 in 2020). Due to system limitations, groups with an embedded deductible family HDHP may not offer an employee-only HDHP with a deductible less than the family minimum ($2,800) unless separate benefit agreements are established for employee-only and family HDHP coverage. The IRS individual minimum is $1,400 for 2020.*

***Please note that the HDHP limits on out of pocket expenses and the maximum out of pocket limits under the Affordable Care Act ("ACA") are NOT the same. The maximum out of pocket limits for 2020 are $8,150 for self-only coverage, $16,300 for other than self-only coverage.*

IRS revenue procedure: https://www.irs.gov/irb/2019-22_IRB#REV-PROC-2019-25