LAGUNA MADRE WATER DISTRICT
2021-2022 OPEN ENROLLMENT

BCBS MEDICAL WITH 70% DEPENDENT COVERAGE

IN NETWORK BENEFITS

In Network: CO-PAYS: $30 Primary Care Physician; $60 Specialist; ER Copay $500
PRESCRIPTIONS: $10/$20/$50/$70/$120 Mail Order: $0/$10/$30/$50/$150/$300
DEDUCTIBLE: IN NETWORK $500 INDIVIDUAL / $1,000 FAMILY
ER: Facility 100% after $500 Copay
Coinsurance 100% OUT OF POCKET MAX: $1,500 Indiv./$4,500 Family

OUT OF NETWORK BENEFITS

Out of Network: CO-PAYS: N/A Primary Care Physician; N/A Specialist. ER Copay $500
PRESCRIPTIONS: 50% OF ALLOWABLE Mail Order: $10/$20/$70/$120/$150/$250+ 50%
DEDUCTIBLE: OUT OF NETWORK $1,000 INDIVIDUAL $2,000 FAMILY
ER: Facility 50% after $500 Copay
Coinsurance 50% OUT OF POCKET MAX: UNILIMITED

	Total Monthly Premium	Employer Monthly		Employer + 70% Dependent Monthly Total	Employee Monthly	Employee Semi-Monthly
Emp. Only	$ 609.61	$ 609.61	$ -	$ 609.61	$ -	$ -
Emp. & Spouse	$ 1,097.30	$ 609.61	$ 341.38	$ 950.99	$ 237.75	$ 118.88
Emp. & Children	$ 1,402.10	$ 609.61	$ 554.74	$ 1,164.35	$ 146.31	$ 73.16
Emp. & Family	$ 1,889.79	$ 609.61	$ 896.13	$ 1,505.74	$ 384.05	$ 192.03

DENTAL-METLIFE

IN NETWORK-Preventive: 100% Diagnostic- 80% Major- 50%
Deductible: $50 Indiv./$150 Family Annual Max.: $2,000
Orthodontics: 50% $2,000 Lifetime Max. up to age 19

OUT OF NETWORK-Preventive: 100% Diagnostic- 80% Major- 50%
Deductible: $50 Indiv./$150 Family Annual Max.: $2,000
Orthodontics: 50% $2,000 Lifetime Max. up to age 19

	Total Monthly Premium	Employer Monthly	Employee Monthly	Employee Semi-Monthly
Emp. Only	$ 18.79	$ 18.79	$ -	$ -
Emp. & Spouse	$ 38.84	$ 18.79	$ 20.05	$ 10.03
Emp. & Children	$ 46.51	$ 18.79	$ 27.72	$ 13.86
Emp. & Family	$ 71.69	$ 18.79	$ 52.90	$ 26.45

VISION-UNUM

IN NETWORK-Vision Exam, Single: 10.00 Copay Bifocal & Trifocal lens $25.00
Materials: 25.00 Copay
Exam, Lenses & Frames: Once Every 12 months
$150 Retail Frame Allowance-$150 Contact Lens Allowance- Medically necessary covered in full.

OUT OF NETWORK-Vision Exam: 10.00 Copay up to $35 Bifocal up to $25 -Trifocal up to $40
Materials: 25 Copay
Exam, Lenses & Frames: Once Every 12 months
Up to $50 Retail Frame Allowance- up to $100 Contact Lens Allowance- Medically necessary up to $120

	Total Monthly Premium	Employer Monthly	Employee Monthly	Employee Semi-Monthly
Emp. Only	$ 5.64	$ 5.64	$ -	$ -
Emp. & Spouse	$ 11.28	$ 5.64	$ 5.64	$ 2.82
Emp. & Children	$ 12.34	$ 5.64	$ 6.70	$ 3.35
Emp. & Family	$ 19.40	$ 5.64	$ 13.76	$ 6.88