

Employee Benefits

Effective January 1, 2022



PLAN HIGHLIGHTS	Blue Cross Blue Shield of Texas - PPO Base Plan	Blue Cross Blue Shield of Texas - PPO Middle Plan	Blue Cross Blue Shield of Texas - PPO Buy-up Plan						
Deductible	In-Network	In-Network	In-Network						
Per Person	\$5,000	\$3,000	\$1,000						
Per Family	\$10,000	\$9,000	\$3,000						
Out of Pocket Max	In-Network	In-Network	In-Network						
Per Person	\$5,000	\$7,350	\$4,000						
Per Family	\$10,000	\$14,700	\$12,000						
Office Visits	Office Visit	Office Visit	Office Visit						
Primary Care Specialists	Subject to Deductible	\$50 copay	\$30 copay						
Preventive Annual Exam	Subject to Deductible 100%	\$100 copay 100%	\$60 copay 100%						
Diagnostic Services	Diagnostic Services	Diagnostic Services	Diagnostic Services						
Lab and X-rays	Subject to Deductible	\$0 copay	\$0 copay						
Hospitalization	Hospitalization	Hospitalization	Hospitalization						
Inpatient	Subject to Deductible	30% Deductible	20% Deductible						
Outpatient - Ambulatory	Subject to Deductible	30% Deductible	20% Deductible						
Additional Services	Additional Services	Additional Services	Additional Services						
Emergency Room MRI, CT, PET Urgent Care	Subject to Deductible Subject to Deductible Subject to Deductible	\$500 copay + 30% to OOP Max Subject to Deductible \$75 copay	\$500 copay + 20% to OOP Max Subject to Deductible \$75 copay						
Prescription	Prescription	Prescription	Prescription						
Tier 1	Subject to Deductible	\$10 copay	\$10 copay						
Tier 2	Subject to Deductible	\$20 copay	\$20 copay						
Tier 3	Subject to Deductible	\$70 copay	\$70 copay						
Rates	Rates Per Pay Period								
	TOTAL	SJRC	EMP	TOTAL	SJRC	EMP	TOTAL	SJRC	EMP
Employee Only	\$173.33	\$130.00	\$43.33	\$242.20	\$181.65	\$60.55	\$285.69	\$214.27	\$71.42
+ Spouse	\$353.59	\$166.05	\$187.54	\$494.08	\$232.02	\$262.06	\$582.80	\$273.69	\$309.11
+ Child(ren)	\$350.13	\$165.36	\$184.77	\$489.23	\$231.05	\$258.18	\$577.08	\$272.54	\$304.54
Family	\$466.27	\$188.59	\$277.68	\$651.51	\$263.51	\$388.00	\$768.50	\$310.83	\$457.68

SJRC Texas contributes 75% towards the Employee Only premium and 20% towards the Dependent premium.

Carrier Contacts		
Medical Benefits - Blue Cross Blue Shield of Texas	www.bcbstx.com	800-521-2227
Dental Benefits - MetLife	www.metlife.com	800-942-0854
Dental Benefits - Blue Cross Blue Shield of Texas	www.bcbstx.com	800-521-2227
Vision Benefits - MetLife	www.metlife.com	800-521-2227
Vision Benefits - Blue Cross Blue Shield of Texas	www.bcbstx.com	800-521-2227
EAP - Lifeworks through MetLife	metlifegc.lifeworks.com	888-319-7819
Aflac	www.aflac.com	800-922-3522

Dental - MetLife and BCBS					
Annual Maximum	\$3,000	Examples	Rates Per Pay Period		
Deductible Individual	\$25		MetLife	BCBS	
Deductible Family	\$75	Cleanings Tooth Extraction Root Canal	Employee Only	\$2.46	\$2.52
Preventive Services	100%		Employee + Spouse	\$12.28	\$12.57
Basic Services	20% after deductible		Employee + Child(ren)	\$19.31	\$19.76
Major Services	50% after deductible		Family	\$32.99	\$33.77
Orthodontia Max Benefit	\$2,000				

SJRC Texas contributes 80% towards the Employee Only premium and 20% towards the Dependent premium.

Vision - MetLife and BCBS					
Exam	once every 12 months	\$10 copay	Employee Only	MetLife	BCBS
Frames	once every 24 months	\$25 copay			
Lenses	once every 12 months	\$25 copay	Employee + Spouse	\$7.17	\$7.22
Contacts (In lieu of frames)	once every 12 months	\$130 allowance	Employee + Child(ren)	\$7.54	\$7.60
			Family	\$11.09	\$11.18

Additional Benefits		
Basic Life and AD&D / Employee	\$25,000	Employer Paid
Voluntary Life-Employee/Spouse/Dependent	See Ease Website for Rates	Employee Paid
Long Term Disability - MetLife		Employer Paid
Legal - MetLife	See Ease Website for Rates	Employee Paid

EAP - Lifeworks through MetLife

Employee Assistance Program (EAP) includes assessments and counseling. Telephone and Web-based Services include Articles, Health Risk Assessment, Work/Life Resources, Training and Wellness, and more!



Account Manager - Andrea "Andie" Davis -
830-625-3000
andrea@miller-miller.com

****PLEASE NOTE**** For illustration purposes only. Please see Summary of Benefits and Coverage/Plan Summaries for complete details of plan features.