



2018 Lubbock Chamber of Commerce Transitional Plans

FirstCare Health Plans offers plans that are easy to use and understand. You'll find our offering combines value, choice, and convenient access to the providers you know and trust. To learn more, go to www.firstcare.com/LCC, call 1-800-884-4901, or email us at cservice@firstcare.com.

Plan/Benefits	Plan A HMO Select Plus	Plan AC HMO* Covenant Focus	Plan B PPO	Plan C HMO Select Plus	Plan D HMO Select Plus	Plan E HMO Select Plus	Plan EC HMO* Covenant Focus	Plan F PPO
Medical Deductible (Single / Family)	\$1,500/ \$4,500	\$1,500/ \$4,500	\$2,000/ \$6,000	\$3,000/ \$6,000	\$15,000/ \$30,000	\$3,000/ \$6,000	\$3,000/ \$6,000	\$5,000/ \$10,000
Prescription Drug Deductible	\$50	\$50	\$50	Integrated with Medical Deductible	\$50	\$50	\$50	\$50
Annual Maximum	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Preventive Care	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Primary Care Visit	\$30	\$30	\$30	10% ¹	\$30	\$35	\$35	\$35
Specialty Care Visit	\$55	\$55	\$55	10% ¹	\$55	\$70	\$70	\$70
Inpatient Services	\$300 per day, not to exceed \$1,500 per stay ¹	\$300 per day, not to exceed \$1,500 per stay ¹	20% ¹	\$300 per day, not to exceed \$1,500 per stay ¹	\$1,500 per day, not to exceed \$6,000 per stay	30% ¹	30% ¹	30% ¹
Outpatient Services	10% ¹	10% ¹	20% ¹	10% ¹	0% ¹	30% ¹	30% ¹	30% ¹
Emergency Room	10% ¹	10% ¹	20% ¹	10% ¹	0% ¹	30% ¹	30% ¹	30% ¹
Urgent Care	\$50	\$50	\$50	10% ¹	\$50	\$50	\$50	\$50
Routine Lab/X-ray	No Cost	No Cost	No Cost	10% ¹	No Cost	No Cost	No Cost	No Cost
Prescription Drugs:								
• Tier I	\$10	\$10	\$10	10% ¹	\$10	\$10	\$10	\$10
• Tier II	\$35	\$35	\$35	10% ¹	\$35	\$35	\$35	\$35
• Tier III	\$65	\$65	\$65	10% ¹	\$65	\$65	\$65	\$65
• Tier IV	20%	20%	20%	--	20%	20%	20%	20%
Prescription Drug (Tier IV) OOP Maximum	\$4,000	\$4,000	\$4,000	N/A	\$4,000	\$4,000	\$4,000	\$4,000
Out-of-Pocket Maximum (Single / Family)	\$3,000/ \$9,000	\$3,000/ \$6,000	\$4,000/ \$10,000	\$5,000/ \$10,000 ²	\$15,000/ \$30,000 ²	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000

*Covenant Plans are not available as dual-option plans, except with each other.

¹After Deductible

²Includes Medical Deductible

NOTE: This chart only summarizes covered benefits. Please refer to the plan documents for coverage details including exclusions and limitations.

