

A Plan, B Plan and Group Dental Plan
from Centivo

2024 San Patricio County Employee Benefits Overview



A Plan highlights

With the A Plan, when you work with CACOST and Asserta Health to coordinate your care, you'll have almost no out-of-pocket costs for your healthcare after your payroll deductions.

You'll get:

- No deductible
- FREE care including primary care, specialty care, imaging and bloodwork, surgery, hospital stays and more
- Pre-set copays for urgent and emergency care
- The option to coordinate or not coordinate your care (you'll pay more for uncoordinated care)

B Plan highlights

The B Plan provides a very low level of healthcare coverage for those who don't want a full health plan. You'll get:

- No deductible
- Pre-set copays for a limited number of office visits and generic prescriptions

This plan doesn't provide coverage for surgeries, hospitalizations or emergency care.

Group Dental Plan

Optional plan to help with your dental expenses.

How to get coordinated care for the lowest out-of-pocket costs

To qualify for coordinated care:

- Use the Centivo member app to select CACOST as your primary care provider. We call this step activation.
- See CACOST first for all your healthcare needs. Get referrals for specialty care.
- Work with Asserta Health to find quality providers that will accept cash payment directly from your plan.

Choose with confidence

No matter which plan you choose, you'll have access to:

- Dental coverage option.
- Pharmacy benefits from MaxorPlus.
- Asserta Health, a concierge service that can help you find quality healthcare providers and keep your costs as low as possible.
- An easy-to-use member app where you can access your digital ID card, view your care history and more.

Providers you can see

You have access to both contracted and non-contracted healthcare providers. Contracted providers are listed below. If you don't work with Asserta Health to arrange your care and use a non-contracted provider, you might receive a balance bill for the difference between the provider's charge and what your plan pays.

San Patricio County contracted independent lab providers and locations			
Clinical Pathology Laboratories (CPL)			
Main (Corpus Christi): 5826 Esplanade Dr.#103	Bonilla Plaza (Corpus Christi): 2701 Morgan Ave. #500	Saratoga (Corpus Christi): 3829 Saratoga Blvd.	Calallen – Riverside Medical Plaza II: 13725 NW Blvd.
Quest Diagnostics			
Calallen: 14101 NW Blvd. Ste 113	Alameda (Corpus Christi): 3133 S. Alameda St. Ste 500	Rockport: 2319 Hwy 35 N. Ste C	Beeville: 1652 E. Houston St. Ste B
Labcorp			
Calallen: 13725 NW Blvd. Ste 250	Staples (Corpus Christi): 1521 S. Staples St. Ste 103	Portland: 1702 Hwy 181 North Ste B-12	Airline (Corpus Christi): 2222 Airline Rd. Ste B4
San Patricio County contracted urgent care locations: The Doctors Center Urgent Care			
Corpus Christi: 4833 S. Staples St.	Corpus Christi: 4637 South Padre Island Dr.	Corpus Christi: 5536 Saratoga Blvd.	
Northwest Corpus Christi: 11559 Leopard St.	Portland Corpus Christi: 125 Northshore Blvd.		
San Patricio County contacted imaging center locations: Radiology Associates			
Corpus Christi: 5742 Spohn Dr.	Corpus Christi: 1812 S. Alameda	Corpus Christi: 3929 River E. Dr.	Portland: 1776 Billy G. Webb Dr.

Dental plan option: Group Dental Plan

You can choose to enroll in the Group Dental Plan for dental coverage.

There are no contracted dentists as part of the Group Dental Plan – you can visit any dentist of your choosing. If the dentist's charges are above what is considered Usual & Customary, you will be billed for the balance of the cost of any care you receive.

	CENTIVO.	Group Dental Plan
Calendar year deductible (individual/family)		\$50/\$150
Calendar year benefits maximum		\$1,250
Type A services: preventive/diagnostic		100% covered, deductible waived
Type B services: basic restorative care		80% covered
Type C services: major restorative care		50% covered
Additional details		Charges are limited to Usual & Customary fees. General not covered items: orthodontia, oral hygiene, implants, splinting (not all inclusive). Claims filing deadline: 1 year from date of service.

Your benefit highlights	A Plan		B Plan
	Coordinated*	Uncoordinated**	Contracted and non-contracted providers*****
Primary care doctor selection required	Yes	No	No
Primary care referrals to specialists required	Yes, with some exceptions***	No	No
Deductible (individual/family)	None	None	None
Out-of-pocket maximum (individual/family)	\$4,000/\$12,000	\$4,000/\$12,000	N/A
Annual physical, vaccinations and screenings	FREE	FREE	FREE
Primary care (includes pediatricians)	FREE	\$25 copay	\$50 copay*****
Specialist	FREE	\$40 copay	\$50 copay*****
Mental health office visits	FREE	\$40 copay	Not covered
Diagnostic test (such as X-rays or bloodwork) when performed in PCP or specialist office or independent facility	FREE	FREE	\$50 copay***** (Lab services performed in a free-standing facility only)
Diagnostic test (such as X-rays or bloodwork) when performed in hospital setting	FREE (only if pre-paid by Asserta)	\$55 copay, then 20% coinsurance	Not covered
Imaging (such as MRIs and PET scans) when performed in freestanding facility	FREE	\$275 copay	Not covered
Imaging (such as MRIs and PET scans) when performed in hospital setting	FREE (only if pre-paid by Asserta)	\$275 copay, then 20% coinsurance	Not covered
Outpatient surgery: • Physician/surgeon fees • Facility fees	• FREE • FREE	• \$110 copay • \$330 copay, then 20% coinsurance	Not covered
Inpatient surgery and/or stay • Physician/surgeon fees • Facility fees	• FREE • FREE	• \$110 copay • \$550 copay, then 20% coinsurance	Not covered
Urgent care	\$40 copay	\$40 copay	\$50 copay*****
Emergency room*****	\$220 copay	\$220 copay	Not covered
Prescription coverage by MaxorPlus	Contracted pharmacies+		Contracted pharmacies
Pharmacy deductible	None		None
Pharmacy out-of-pocket maximum (individual/family)	\$4,000/\$12,000 (combined with medical)		N/A
Generic – Tier 1	30-day supply at retail: Walmart/Moore’s Pharmacy: \$0 copay All other network pharmacies: \$10 copay Up to 90-day supply at Walmart or mail order: \$0 copay		Retail: \$5 copay (30-day supply max per Rx; limited to 12 Rx’s per year)
Preferred brand – Tier 2	30-day supply at retail or mail order: The greater of \$35 or 50% (up to a max of \$100 per Rx) Up to 90-day supply at Walmart or mail order: The greater of \$70 or 50% (up to a max of \$200 per Rx)		100% of discounted price
Non-preferred brand – Tier 3	30-day supply at retail or mail order: The greater of \$35 or 50% (up to a max of \$100 per Rx) Up to 90-day supply at Walmart or mail order: The greater of \$70 or 50% (up to a max of \$200 per Rx)		100% of discounted price
Specialty (30-day supply only) – Tier 4	25% of cost of Rx (Specialty drugs must be purchased through Maxor Specialty Pharmacy)		100% of discounted price

* See page 1 for how to qualify for coordinated care. ** You can choose not to coordinate your care with CACOST and Asserta Health — but you will owe a copay for that care, and you may receive a balance bill if you use a non-contracted healthcare provider (a bill for the difference between the provider’s charge and what the A Plan pays for healthcare services). *** No referral needed for OB/GYN, mental health, urgent, emergency or chiropractic care, lab work, physical, occupational or speech therapy. ***** If you use the emergency room for non-medical emergencies, you will be charged a \$440 copay. ***** Limit of 5 total office or diagnostic visits per calendar year. ***** If you see a non-contracted provider, you might receive a balance bill for the difference between the provider’s charge and what your plan pays. + All CVS and Walgreen Pharmacies are excluded from the network; you will pay 100% of the cost of the drug if you use a CVS or Walgreens Pharmacy.

Asserta Health Concierge | 877-228-4298 | Weekdays 8 am – 6 pm CT

San Patricio County

Group Dental Plan

January 1, 2024

CENTIVO – THIRD PARTY ADMINISTRATORS

PROCEDURE	BENEFIT DESCRIPTION	BENEFIT
CALENDAR YEAR DEDUCTIBLE		\$50 per Individual \$150 per Family
TYPE A	PREVENTIVE/DIAGNOSTIC Prophylaxis/Perio Prophy-2/Yr, Fluoride -1/Yr-<19yrs, Oral Exams2/Yr, Bitewings- 2series/Yr, Panoramic/Complete Series-1/36mo,X-rays, Sealants <14	100% Deductible Waived
TYPE B	BASIC RESTORATIVE CARE Restorative: Amalgams, Silicate Cement, Acrylic or Composite Endodontics: including Root Canals Periodontics: Evaluation, Surgical, Scaling/Root Planing, Full Mouth Debridement Prothodontics, Removable-Adjustments, Repairs, Rebasing & Relining: including Denture Adjustments-Repair-Rebase-Reline, Oral Surgery, Extractions, Anesthesia, TMJ Trmt Emergency Palliative Treatment	80%
TYPE C	MAJOR RESTORATIVE CARE Restorative: Gold Foil/Inlay restorations, Porcelain Inlay, Crowns, Complete Dentures-Partial Dentures- Fixed Bridges-Bridge Pontics(installed over 5 yrs prior), Recement Inlays/Onlays/Crowns, Retainers	50%
MAXIMUM BENEFITS Per CALENDAR YEAR Preventative, Diagnostic, Basic, and Major (Types A, B, and C)		\$1,250

General Not Covered Items: Orthodontia, Oral Hygiene, Implants, Splinting (not all inclusive)

Claims Filing Deadline = 1 year from date of service

Do you need an expensive surgery or diagnostic test to improve your quality of life?

We can help you SAVE MONEY!



Asserta Health is simply a **better and smarter** way to pay for healthcare.

Q: Who is Asserta Health?

Asserta Health is a healthcare "Concierge Service" that helps members of our medical plan lower out-of-pocket costs by choosing high-quality providers who offer affordable cash prices.

Q: When should I contact Asserta Health?

Whenever one of your medical providers recommend a major diagnostic exam or surgery that can be planned in advance, contact Asserta Health Concierge Service first.

Q: Why should I contact Asserta Health?

Your health plan has partnered with Asserta Health Concierge Service to help YOU and your plan save money. The good news — ALL Out-of-Pocket costs are waived when you use Asserta Health.

Q: How does the program work?

When you contact Asserta Health, your concierge will ask you questions to understand the type of procedure you need and will help you choose a high-value provider. They will then try to negotiate a cash price for your procedure that is less than your medical plan's typical cost. When you, your provider, and your plan agree on the cash rate, Asserta Health will then walk you through the steps you need to take to get the procedure scheduled, make sure any required pre-certification is complete and prepare to pay the full cash price when you receive care.

How do I take advantage of this program?



STEP 1

When your doctor recommends a procedure, surgery or high cost diagnostic test...



STEP 2

Call Asserta Health at and tell us about your situation.



STEP 3

Your dedicated concierge will work with you to identify high value providers, pay cash for your care, and support you through the entire process.



STEP 4

If you work with Asserta Health and receive care from the identified providers, your out-pocket costs are eliminated.

Want to *save money*
when you need
expensive health
care services?



We are here to help!

- Need a Procedure, Surgery or Expensive Test?
- Are you having a baby?
- Do you want help navigating expensive care?
- Do you want to eliminate your Out-of-Pocket Costs?
- Do you want to avoid the hassle of bills and payment issues after you receive care?

All you have to do is CALL ASSERTA HEALTH!

**As soon as you
know you need
expensive care...**

Call Asserta Health and
receive a dedicated
concierge who will
support you throughout
the entire process by:

- ✓ Identifying high value providers who participate in the program
- ✓ Negotiating reduced prices within plan parameters
- ✓ Paying for your services in full when they are received
- ✓ Assisting you after you receive services with any issues or concerns **ELIMINATING** your out-of-pocket costs!