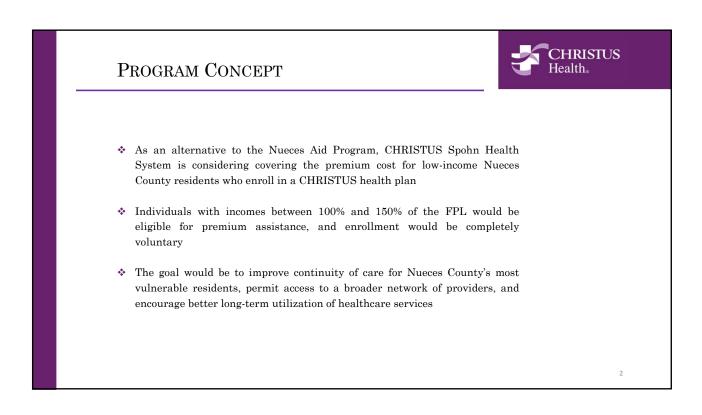
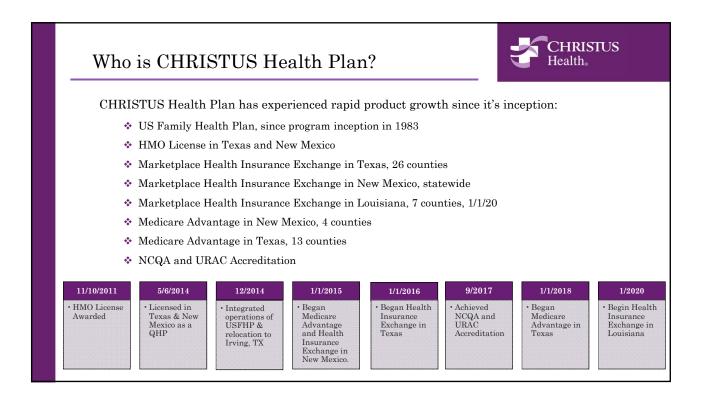
CHRISTUS Health。

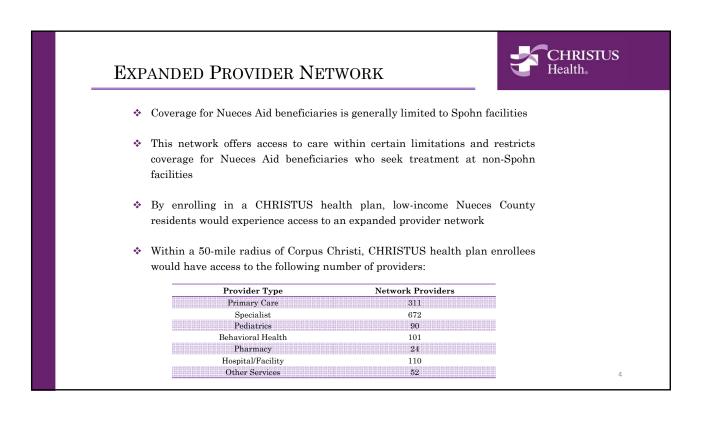
## INCREASING HEALTH INSURANCE COVERAGE FOR NUECES COUNTY'S MOST VULNERABLE RESIDENTS





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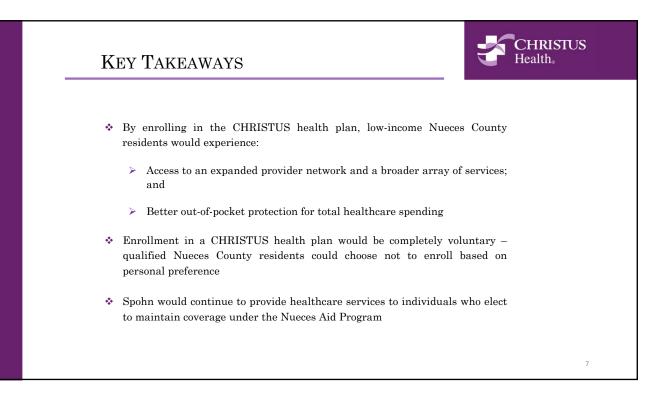
## BROADER ARRAY OF SERVICES

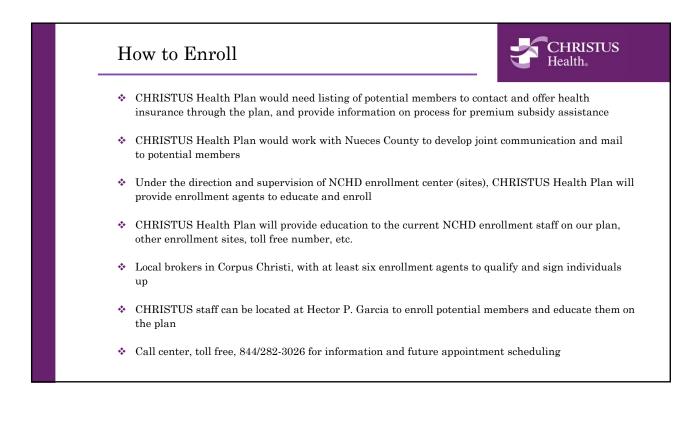


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- In addition to the essential health benefits covered under the Nueces Aid Program, CHRISTUS health plan enrollees would gain coverage for additional healthcare services, including chiropractic care, hearing aids, and routine eye care
- Coverage for mental health, behavioral health, and substance abuse services would be greater because of two Nueces Aid Program limitations:
  - > Alcohol and drug abuse services are not covered unless provided in an acute care hospital and the admission is medically necessary for a physical condition other than the substance abuse
  - > Psychologists' services are only covered if performed under the supervision of a physician and billed by a physician or hospital. Outpatient psychiatric services provided by a nurse or other mental health worker are not covered
- $\checkmark$  The CHRISTUS plan would address behavioral health services in a more comprehensive manner

		-POCKET PROT		Health <sub>®</sub>
<ul> <li>Und</li> </ul>	er the Nueces Aid	Program, co-insurance i	s "the cost the recipient	is asked to pay
out-o	of-pocket and may	differ based on the pa	atient's benefit option a	nd the type of
serv	ice provided"			
<ul> <li>The</li> </ul>	Nueces Aid Program	m includes the following	income relationship for o	co-insurance:
	FPL %	NCHD Payment %	Patient Co-Insurance	
	101 - 110%	90%	10%	
	111 - 120%	80%	20%	
	121 - 130%	70%	30%	
	131 - 138%	60%	40%	
	139 - 150%	50%	50%	
	Jueces Aid Program	-	overall out-of-pocket lim neficiaries could be respo	
meani In cor respon	ntrast, the maximu nsible is \$600 durin	um amount for which a ng the policy year for in-r	CHRISTUS health plan	





## SUMMARY COMPARISON OF CHRISTUS HEALTH PLAN (SILVER LD) AND NUECES AID PROGRAM BENEFITS



Deductibles and Out-of-Pocket Limits	CHRISTUS Health Plan (Silver LD)	Nueces Aid Program
Overall Deductible - Individual	\$125, medical and pharmacy combined	No deductible; 10% - 50% co-insurance
Overall Deductible - Family	\$250, medical and pharmacy combined	No deductible; 10% - 50% co-insurance
Overall Out-of-Pocket Limit - Individual	\$600, medical and pharmacy combined	No overall out-of-pocket limit; 10% - 50% co-insurance
Overall Out-of-Pocket Limit - Family	\$1,200, medical and pharmacy combined	No overall out-of-pocket limit; 10% - 50% co-insurance
Covered Services	CHRISTUS Health Plan (Silver LD)	Nueces Aid Program
Primary Care Office Visit	\$10 co-payment per visit, deductible does not apply	\$5 co-payment per visit; 10% - 50% co-insurance
Specialist Office Visit	\$35 co-payment per visit, deductible does not apply	\$5 co-payment per visit; 10% - 50% co-insurance
Other Practitioner Office Visit	\$35 co-payment per visit, deductible does not apply	\$5 co-payment per visit; 10% - 50% co-insurance
Chiropractic Services	\$30 co-payment per visit, deductible applies	Not covered
Autism Spectrum Disorder	\$10 co-payment per visit, deductible does not apply	(Unclear if covered)
Preventive Care, Screenings, and Immunizations	No charge	10% - 50% co-insurance, if covered
Diagnostic Test (Blood Work)	35% co-insurance, deductible applies	10% - 50% co-insurance
Diagnostic Test (X-Ray)	\$30 co-payment per visit, deductible does not apply	10% - 50% co-insurance
Imaging (CT, PET, MRI)	\$250 co-payment per visit, deductible applies	10% - 50% co-insurance
Generic Drugs	\$5 co-payment per prescription, deductible does not apply	\$7 co-payment; 10% - 50% co-insurance
Preferred Drugs	\$60 co-payment per prescription, deductible applies	\$7 co-payment; 10% - 50% co-insurance
Non-Preferred Drugs	\$95 co-payment per prescription, deductible applies	\$7 co-payment; 10% - 50% co-insurance
Specialty Drugs	45% co-insurance, deductible applies	10% - 50% co-insurance
Outpatient Facility Fee	30% co-insurance, deductible applies	10% - 50% co-insurance

## SUMMARY COMPARISON OF CHRISTUS HEALTH PLAN (SILVER LD) AND NUECES AID PROGRAM BENEFITS



Covered Services	CHRISTUS Health Plan (Silver LD)	Nueces Aid Program
Outpatient Physician Surgeon Fee	30% co-insurance, deductible applies	10% - 50% co-insurance
Emergency Room Services	\$700 co-payment per visit, deductible applies	\$10 - \$50 co-payment; 10% - 50% co-insurance
Emergency Transportation	35% co-insurance, deductible applies	10% - 50% co-insurance
Urgent Care	\$35 co-payment per visit, deductible does not apply	10% - 50% co-insurance
Inpatient Facility Fee	\$700 co-payment per stay, deductible applies	10% - 50% co-insurance
Inpatient Physician Surgeon	No charge after deductible	10% - 50% co-insurance
Mental Health, Behavioral Health and Substance Abuse OP Services	\$30 co-payment per visit, deductible does not apply	10% - 50% co-insurance, if covered
Mental Health, Behavioral Health and Substance Abuse IP Services	\$600 co-payment per stay, deductible applies	10% - 50% co-insurance, if covered
Prenatal and Postnatal Care	\$35 co-payment per visit, deductible does not apply	10% - 50% co-insurance
Delivery and Inpatient Services	\$600 co-payment per stay, deductible applies	10% - 50% co-insurance
Home Health Care	30% co-insurance, deductible applies	10% - 50% co-insurance
Rehabilitation Services	\$30 co-payment per visit, deductible applies	10% - 50% co-insurance
Habilitation Services	\$30 co-payment per visit, deductible applies	10% - 50% co-insurance
Skilled Nursing Facility	35% co-insurance, deductible applies	10% - 50% co-insurance
Durable Medical Equipment	35% co-insurance, deductible applies	10% - 50% co-insurance
Hospice Service	35% co-insurance, deductible applies	(Unclear if covered)
Children's Eye Exam	No charge (1 exam per year limit)	Not covered
Children's Glasses	No charge (1 pair per year limit)	Not covered
Children's Dental Check-Up	No charge	\$7 co-payment

