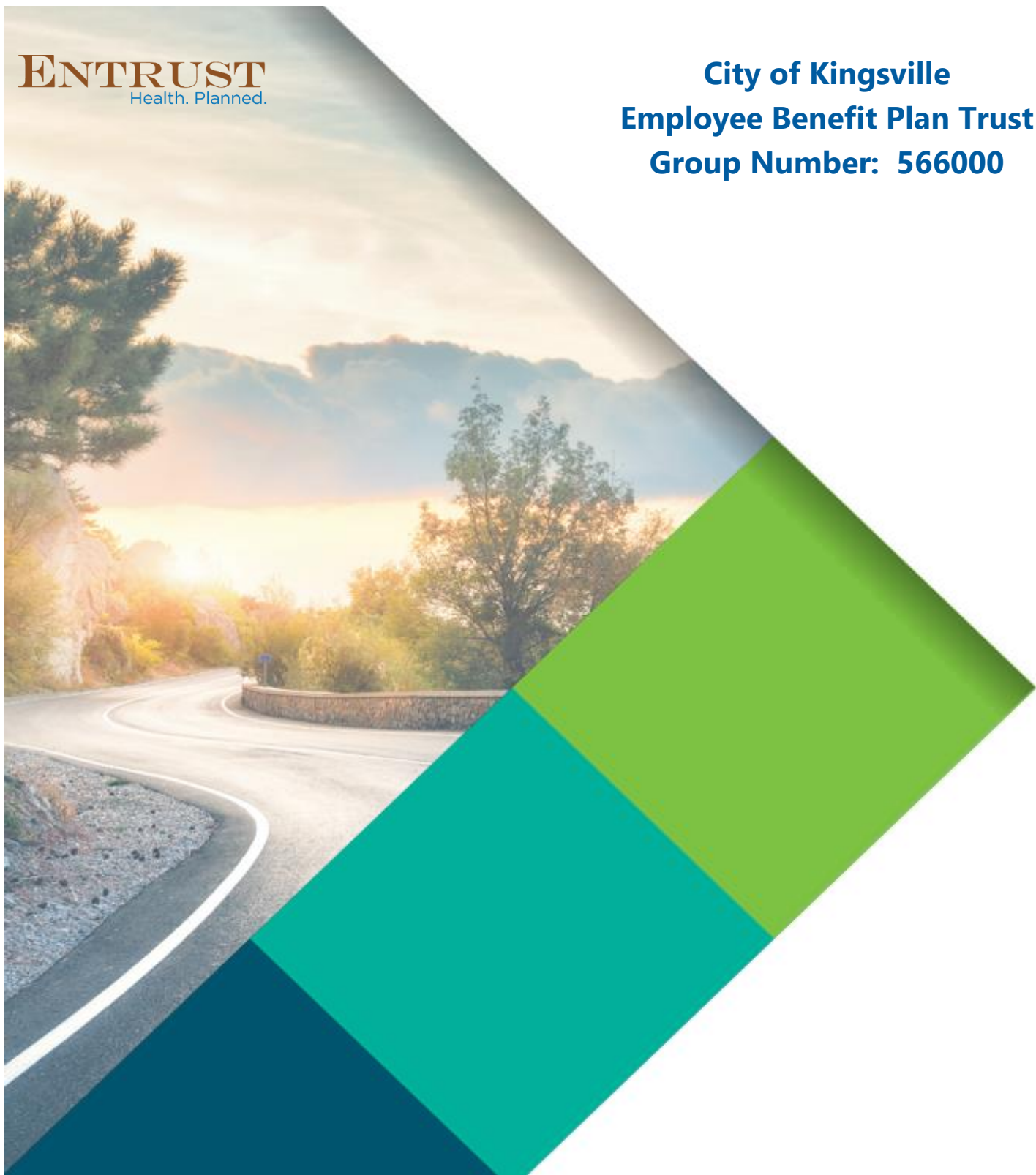




City of Kingsville
Employee Benefit Plan Trust
Group Number: 566000



2020 EMPLOYEE BENEFIT GUIDE
EFFECTIVE 10/1/2020
A NON-GRANDFATHERED PLAN

INSIDE THIS BENEFIT GUIDE

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HOW YOUR PLAN WORKS

CHRISTUS SPOHN PPO NETWORK for those residing in the Christus Spohn Health Network geographic area, this will be your PPO Network. Utilizing the network offers our plan and its participants the contractual right to assign your benefit payments directly to the provider, significant discounts, provider credentialing and access to nationwide Centers of Excellence to handle complicated medical conditions both inside and outside your geographic area. Because of the cost and the fact that printed directories are obsolete almost immediately after printing, the best way to find out who is in the network is by utilizing their website or contacting them toll free. For the Christus Spohn Health Network you may call customer service at (800) 419-3461 or look them up on the web at www.christusspohnhealthnetwork.org.

ALL PROVIDERS OUTSIDE THE CHRISTUS SPOHN PPO NETWORK for all Providers utilized outside the Christus Spohn Health Network area, claims will be reimbursed based on a limited fee schedule of 130% of Medicare for Physicians and 150% of Medicare for Facilities. To prevent any patient balance billing, it is to your financial advantage to utilize a Christus Spohn PPO Network provider.

IMPORTANT NOTICE ABOUT BALANCE BILLING

When you receive health care services from a network provider, they may refer services related to your treatment to non-network providers which may expose you to expenses not covered by your Plan. When this occurs, the difference between what your Plan allows and what the provider charges or accepts may be different. This “gap” may result in what is called “balance billing”. In an attempt to avoid balance billing, you should inquire whenever possible whether the charges of the provider will be satisfied by the Plan’s Allowable Amount as stated in your SPD/Plan Document in the definitions section. Assistance in determining provider billing amounts and referrals to vendors who will assist with pre-negotiation of services is available by calling Entrust.

PRIOR AUTHORIZATION REVIEW

Your Plan contains a Pre-authorization/Utilization Review requirement. This means that prior to any inpatient hospital admission, you **must** contact Medical Helpline. Medical Helpline will monitor the confinement and make recommendations to help keep the charges realistic. This call must be made at least five (5) business days in advance of services being rendered or within two (2) days after an emergency. The employee, a family member, or your service provider is responsible for notifying Medical Helpline. Your medical plan I.D. Card will indicate on the back the proper number to call.

FOR CLAIMS, ELIGIBILITY AND BENEFIT QUESTIONS

Call Customer Care Department at 800-436-8787 to speak with a Customer Care Representative. They will be able to assist you with your benefit, claims and eligibility information and questions.

ENFORMED+ For claims, eligibility and accumulators, or just to view your ID card, download the Entrust Enformed+ App. Register a member account at: www.enformed.com



ELIGIBILITY

FULL-TIME EMPLOYEES that work at least 30 hours per week are eligible for coverage on the date of hire or Full Time Status.

IMPORTANT STEPS FOR YOUR ENROLLMENT PROCESS: You must complete your enrollment within 31 days of your eligibility date, otherwise you will not be able to enroll in the **City of Kingsville, EBPT** until the next annual open enrollment unless you have a qualifying life event.

ELIGIBLE DEPENDENTS

- Legal spouse
- Any child of an eligible employee up to age 26
- Any child under legal guardianship of the eligible employee up to age 26. Court approved documentation is required.
- Step-children of eligible employee up to age 26
- Dependent child(ren) required to be covered through a Qualified Medical Support Order
- Any child meeting the criteria above who is over the age 26 and legally incapacitated
- All employees must either accept or waive coverage

LIFE EVENTS

- Birth or adoption of a child
- Marriage or divorce
- Death of spouse and/or dependents
- Dependent's loss of eligibility
- Gain/loss of health care coverage of spouse due to employment changes
- Taking an unpaid leave of absence
- You or your spouse become eligible or ineligible for Medicare benefits
- Other such event Plan Administrator determines to be permitted under I.R.S. Section 125 or other applicable guidelines issued by the I.R.S.
- Gain/loss of eligibility for Medicaid/CHIP (60 days to enroll/cancel coverage rather than 31 for all other life events)

The change to your benefit election must be consistent with the change in family status (i.e. birth of child allows the Plan to add a newborn but does not allow you to drop your current coverage). Newborn children of an eligible employee will not be covered from the moment of birth unless enrollment for the child as a dependent is completed within 31 days from the child's date of birth.

	Employee Cost Per Pay Period	Employee Cost Monthly	Employer Cost Monthly
Employee Only	\$39.25	\$78.50	\$769.54
Employee & Spouse	\$73.00	\$146.00	\$1,372.70
Employee & Child(ren)	\$66.00	\$132.00	\$1,244.46
Employee & Family	\$104.50	\$209.00	\$1,930.84

MAJOR MEDICAL PLAN A

COVERED SERVICES		NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Family Monthly Deductible Per Family Unit (Co-Payments Do Not Apply)		\$350	
Coinsurance		100%	
Maximum Out-of-Pocket (Includes Deductible, Coinsurance & Copays)		\$8,550 Individual \$17,100 Family Unit	
Note: The Maximum Out of Pocket for Network and Non-Network Providers is Combined.			
Important Note: The Maximum Out-of-Pocket Expense does not include amounts that may be “Balance Billed” by providers due to charges that exceed the Plan’s Defined Allowable Reimbursement Schedule.			
Lifetime Maximum Benefit		Unlimited	
<i>Note: For Medically Necessary Services rendered by a Contracted or Non-Contracted Provider, the benefits of this Plan will be provided after the deductible has been met until out of pocket amounts are reached each Calendar Year. Thereafter, this Plan will provide benefits at 100% of the Allowable charge for the remainder of the Calendar Year for all covered medical expenses, unless otherwise specified. Any balances of charges not covered by this Plan will be your responsibility to pay.</i>			
PRE-NEGOTIATED/CASH PRICE OPTION If a Plan Participant’s provider agrees to a pre-negotiated/cash price of not more than the Plan’s Allowable Amount, then the Plan will reimburse the Plan Participant or the provider up to the Plan’s Medicare Allowable Amount, not to exceed the amount paid for services. The Plan will reimburse the Plan Participant or provider once a claim and proof of payment are submitted to the Plan. Reimbursement as described in this paragraph is applicable to scheduled inpatient and outpatient procedures and will only occur in the event that the claim is a payable claim under the terms of this Plan Document & Summary Plan Description.			
COVERED SERVICES		NETWORK PROVIDERS	NON- NETWORK PROVIDERS
<i>Subject to Plan exclusions and limitations, the Allowable Amount for Contracted Providers will be the contracted allowable amount; and, the Allowable Amount for Non-Contracted Providers is based on a limited fee schedule</i>			
Physician’s Office Visit Includes all related services performed plus allergy testing and treatment, x-rays, laboratory and in-office surgery.		\$25 copay, then covered at 100% to a maximum of \$200 per visit then 100% after deductible	\$25 copay, then covered at 100% to a maximum of \$200 per visit then 100% after deductible (Subject to Plan Allowable; see page 2 Member may be balance billed)
Preventive Care (Includes screenings, counseling, immunizations, birth control and other preventive care services) For additional information, see the Preventive Care Services section of the Plan Document or https://www.healthcare.gov/what-are-my-preventive-care-benefits/		Covered at 100%	
Convenience Care Clinic Services		\$10 copay, then covered at 100% up to \$100 per visit	

COVERED SERVICES	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Urgent Care Clinic and Physician Services Freestanding Facility and Hospital	\$35 Copay then covered at 100%	\$35 Copay then covered at 100% <i>(Subject to Plan Allowable; see page 2 Member may be balance billed)</i>
Stat Care Urgent Care Clinic and Physician Services	\$35 Copay then covered at 100%	
Castaneda Quick Care	\$35 Copay then covered at 100%	
Outpatient Laboratory Quest and Lab Corp	Covered at 100%	
Outpatient Diagnostic Testing, Laboratory, and/or Radiology Hospital and Freestanding Facility Excludes Quest and Lab Corp (Prior- Authorization is Required for PET Scans)	\$15 Copay, then covered at 100% to a maximum benefit of \$150 per visit then deductible and coinsurance apply	\$15 Copay, then covered at 100% to a maximum benefit of \$150 per visit then deductible and coinsurance apply <i>(Subject to Plan Allowable; see page 2 Member may be balance billed)</i>
Emergency Room Facility Charges Physician Charges Emergency Services/Accidental Injury	\$250 Copay, then covered at 100% (copay waived if admitted as inpatient)	\$250 Copay, then covered at 100% (copay waived if admitted as inpatient) <i>(Subject to Plan Allowable; see page 2 Member may be balance billed)</i>
<i>Note: Non-Network Emergency Services rendered for an Emergency Medical Condition by a Contracted provider will be payable at the Contracted level of benefits if choice of Hospital was beyond the control of the plan participant.</i>		
Surgery ➤ Inpatient Hospital ➤ Outpatient Hospital ➤ Ambulatory Surgical Facility <i>(Includes surgeon, assistant surgeon and anesthesiologist services)</i>	Covered at 100% after deductible	Covered at 100% after deductible <i>(Subject to Plan Allowable; see page 2 Member may be balance billed)</i>
Hospital Service - Inpatient/Outpatient Daily Room and Board limited to the charges up to the semi-private room rate, unless the hospital only has private rooms available, then it will be the private room rate. <i>Intensive Care Unit limited to the Hospital's ICU charge.</i>	Covered at 100% after deductible	Covered at 100% after deductible <i>(Subject to Plan Allowable; see page 2 Member may be balance billed)</i>
Direct Contract Facilities Facility and Physician Charges Note: ER Physician Charges subject to \$250 copay unless admitted as Inpatient.	Covered at 100%	
Skilled Nursing Facility - Inpatient Services Limited to 30 days per Calendar Year unless otherwise stated in a separate provider Agreement. <i>Subject to Prior Authorization and/or Case Management.</i>	Covered at 100% after deductible	Covered at 100% after deductible <i>(Subject to Plan Allowable; see page 2 Member may be balance billed)</i>

COVERED SERVICES	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Home Health Care Limited to 100 Visits Per Calendar Year	Covered at 100% after deductible	Covered at 100% after deductible (Subject to Plan Allowable; see page 2 Member may be balance billed)
Hospice Care	Covered at 100% after deductible	Covered at 100% after deductible (Subject to Plan Allowable; see page 2 Member may be balance billed)
Durable Medical Equipment	Covered at 100% after deductible	Covered at 100% after deductible (Subject to Plan Allowable; see page 2 Member may be balance billed)
Prosthetics/Orthotics Excluding orthopedic shoes or other devices for support of the feet.	Covered at 100% after deductible	Covered at 100% after deductible (Subject to Plan Allowable; see page 2 Member may be balance billed)
Outpatient Physical Therapy	Covered at 100% after deductible	Covered at 100% after deductible (Subject to Plan Allowable; see page 2 Member may be balance billed)
Outpatient Occupational Therapy	Covered at 100% after deductible	Covered at 100% after deductible (Subject to Plan Allowable; see page 2 Member may be balance billed)
Outpatient Speech Therapy	Covered at 100% after deductible	Covered at 100% after deductible (Subject to Plan Allowable; see page 2 Member may be balance billed)
Maternity Services (Employee and Spouses Only)	Benefits will be the same as those stated under each covered services category.	Benefits will be the same as those stated under each covered services category. (Subject to Plan Allowable; see page 2 Member may be balance billed)
Outpatient Chemotherapy/Radiation/IV Therapy Hospital, Freestanding Facility or Physician's Office	Covered at 100% after deductible	Covered at 100% after deductible (Subject to Plan Allowable; see page 2 Member may be balance billed)
Mental Health/Substance Abuse	Benefits will be the same as those stated under each covered services category.	Benefits will be the same as those stated under each covered services category. (Subject to Plan Allowable; see page 2 Member may be balance billed)
Chiropractic/Spinal Manipulation Services	Covered at 50% up to a maximum of \$500 per Calendar Year	Covered at 50% up to a maximum of \$500 per Calendar Year (Subject to Plan Allowable; see page 2 Member may be balance billed)
Ambulance Services	Covered at 100% after deductible	Covered at 100% after deductible (Subject to Plan Allowable; see page 2 Member may be balance billed)
Dialysis Services	Covered at 100% after deductible	Covered at 100% after deductible (Subject to Plan Allowable; see page 2 Member may be balance billed)

COVERED SERVICES	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Routine Vision Benefits Note: One vision exam per Calendar Year	Covered at 50% up to a maximum of \$50 per Calendar Year (not subject to the Non-Network allowable amount)	
Brand Name Prescription Drugs	After the \$10,000 maximum benefit is reached, Plan Participant must pay for Brand Name and Specialty Medication prescriptions and file a claim with Entrust. Claims will be covered at 75% coinsurance (deductible waived).	
All Other Covered Services	Covered at 100% after deductible	Covered at 100% after deductible <i>(Subject to Plan Allowable; see page 2 Member may be balance billed)</i>

PRESCRIPTION DRUG SERVICES

Southern Scripts will be the Prescription Benefit Manager for your Rx Program. You will see their logo and information on your ID Card. You can go to any pharmacy of your choice, however; you will notice greater discounts by utilizing a pharmacy in the Southern Scripts First Choice Network.

COVERED SERVICES	30-Day Supply	90 Day Supply/Mail Order
Generic Drugs	\$15 copay	\$45 copay
Preferred/Non-Preferred Brand Name Drugs	35% copay	
ACA Required Preventive Medications	\$0 Copay	
Specialty Drugs (Specialty Network)	35% copay	

There is an annual maximum of \$10,000 for Brand Name Drugs per plan participant through the Prescription Card Program. Once the \$10,000 limit has been reached, Plan Participant must pay for the Brand Name or Specialty prescriptions and submit claims to Entrust. The receipts submitted will be considered at 75% coinsurance (deductible waived).

Note: *If a brand name drug is dispensed, for any reason, other than a physician’s RX (DAW), when a generic equivalent is available, the co-pay will be the Brand Name Co-pay plus the difference in cost between the Brand Name drug and the Generic equivalent. If no Generic is available, the Brand co-pay will apply.*

Exclusions:
“Me-Too” Drugs
 Chemically similar drugs that share the same mechanism of action to a less expensive existing approved chemical entity (i.e. Prilosec & Nexium).

Non-Essential
 Medications in a dosage form that increased the cost for treatment, when other less expensive dosage forms are available (i.e. topical patches & creams).



VALUE ADDED

PPO NETWORK



The Christus Spohn Health Network offers a broad PPO Network of healthcare physicians for your Plan. Contact Christus Spohn Health Network to learn more about this network or to find a participating provider.

www.christusspohnhealthnetwork.org 1-800-419-3461



When utilizing one of the Facilities in the Houston Methodist Health System. Please present your ID card which will prompt the Provider to call for Benefits.

For assistance please contact Customer Care at 1-800-436-8787.



When utilizing one of the Facilities in the University Health System in San Antonio Please present your ID card which will prompt the Provider to call for Benefits.

For assistance please contact Customer Care at 1-800-436-8787.

TELEHEALTH SERVICES



Telehealth services from wherever you are with a nationwide network of board-certified physicians. You can connect directly to physicians via phone, email, and video for consultations, simple diagnosis and prescriptions 24 hours per day. Expanded online services enable you to competitively shop the price of your medications, in addition to interfacing with a highly responsible mobile app. Contact Healthiest You to learn more about these services.

www.healthiestyou.com 1-866-703-1259

EAP SERVICES



Interface EAP is an additional benefit provided to you by your Employer at no cost. It is completely confidential – no claims to file and no identifiable information to be shared. Even your claim administrator, Entrust, will not receive any information on your use of this benefit. Free Counseling Services, Legal Services, Financial Services, Online Work/Life and Wellness Resources

Under no other circumstances will Interface EAP release information about your case, or even verify contact with the service, to any other party. This includes spouses, other family members, or anyone from your employer.

www.4eap.com 1-800-324-4327

MEDICAL HELPLINE



In an effort to increase benefits and assist you in your medical needs, we have 24-hour access to "Ask-a-Nurse" 7 days a week. Whether you have a serious emergency or would just like to have a medical professional's advice regarding your daily health care needs, just contact Medical Helpline. The best thing about it is the cost - It's FREE!



Your Plan contains a Pre-authorization/Utilization Review requirement. This means that prior to any inpatient hospital admission, you must contact Medical Helpline. Medical Helpline will monitor the confinement and make recommendations to help keep the charges realistic. This call must be made at least five (5) business days in advance of services being rendered or within two (2) days after an emergency. The employee, a family member, or your service provider is responsible for notifying Medical Helpline. Your medical plan I.D. Card will indicate on the back the proper number to call. 1-877-463-3435

FREQUENTLY ASKED QUESTIONS



IS MY COVERAGE PORTABLE?

Yes, COBRA is a federal law that enables you to continue coverage in the event of termination of employment or any other qualifying event. When purchasing COBRA coverage, your employer does not contribute towards the cost of coverage.

COBRA	MEDICAL
Employee Only	\$865.00
Employee & Spouse	\$1,549.07
Employee & Child(ren)	\$1,403.99
Employee & Family	\$2,182.64

WHAT IS THE ACA?

This is the Affordable Care Act, also known as the Patient Protection and Affordable Care Act of 2010. This law was passed in March of 2010 and its major provisions, the individual mandate and the employer mandate, became effective in January 2014 and 2015, respectively.

WHAT IS THE HEALTH INSURANCE EXCHANGE?

The Health Insurance Exchange, also known as the Health Insurance Marketplace, is a way for individuals and families to shop multiple companies for health insurance on the internet or with phone assistance. For more information, see your employer's exchange notice.

HOW DO I RESEARCH THE QUALITY OF MY PROVIDERS?

There are many different websites that you may visit as a plan participant to see the quality of your providers. Below is a listing of just a few: The Leap Frog Group www.leapfroggroup.org, Health Grades www.healthgrades.com, MPIRICA www.mpirica.com and Vitals www.vitals.com

WHAT IS THE MAXIMUM OUT OF POCKET ACCORDING TO THE AFFORDABLE CARE ACT?

The 2021 maximum out-of-pocket amount is \$8,550 for an individual and \$17,150 for a family. This includes amounts you spend on deductibles, coinsurance, and co-pays. This amount does not include the amount you pay for premiums, balance billed amounts, or services this plan does not cover. Your plan is designed not to exceed the maximum out-of-pocket

DO I HAVE ACCESS TO AN ONLINE WEBSITE SO I CAN VIEW MY CLAIM ACTIVITY AND HAVE ACCESS TO MY PLAN DOCUMENT?

Yes, you have a claim dashboard available anytime 24/7 to privately access your claim activity, ID Cards and Plan Documents by going to www.enformed.com on any personal device. Download the mobile app, just search Entrust Enformed+ Mobile in the app store.



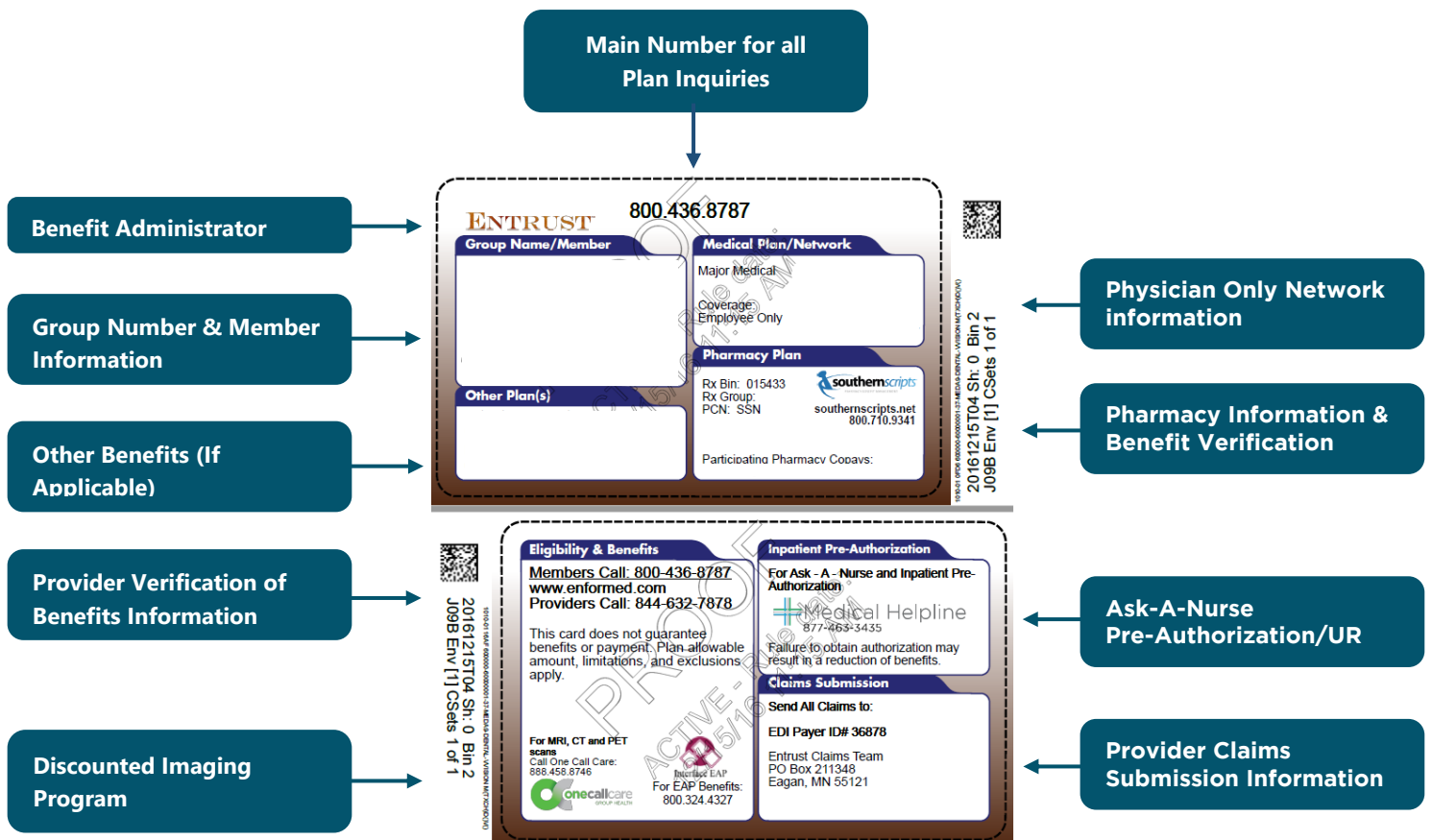
DOES THIS PLAN USE A NETWORK?

Christus Spohn Health Network will be your PPO Network. Utilizing the network offers our plan and its participants the contractual right to assign your benefit payments directly to the provider. For the Christus Spohn Health Network you may call customer service at (800) 419-3461 or look them up on the web at www.christusspohnhealthnetwork.org

BENEFIT ID CARD SAMPLE

- Your Plan ID card includes important information for your provider about accessing your benefits, payment terms and claims submitted on your behalf.
- When you receive your ID card, it is important to verify that your personal information is accurate. If there are any errors, please notify Entrust immediately at:
(800) 436-8787 x2 or contact your Account Executive.
- Your social security number will not appear on your ID card but may be used in submission of claims. In place of your social security number, you will be issued a unique member ID number. This serves to protect your personal health information even further while keeping you in compliance with HIPAA privacy provisions.
- Whenever seeking service, you should always show your ID card even with your current physicians or pharmacy. Since this ID card is new, make sure to give it to your provider at your next visit.
- Destroy your old cards immediately! These are no longer needed with your new benefit plan.
- Should you have any questions or concerns regarding your ID card (once received), or need additional cards for your dependents, please contact us directly at:
(800) 436-8787 or contact your HR department.

BELOW IS A SAMPLE COPY OF THE ENTRUST BENEFIT ID CARD
ID CARD BELOW IS JUST A SAMPLE & NOT A REPRESENTATION OF YOUR PLANS ACTUAL ID CARD

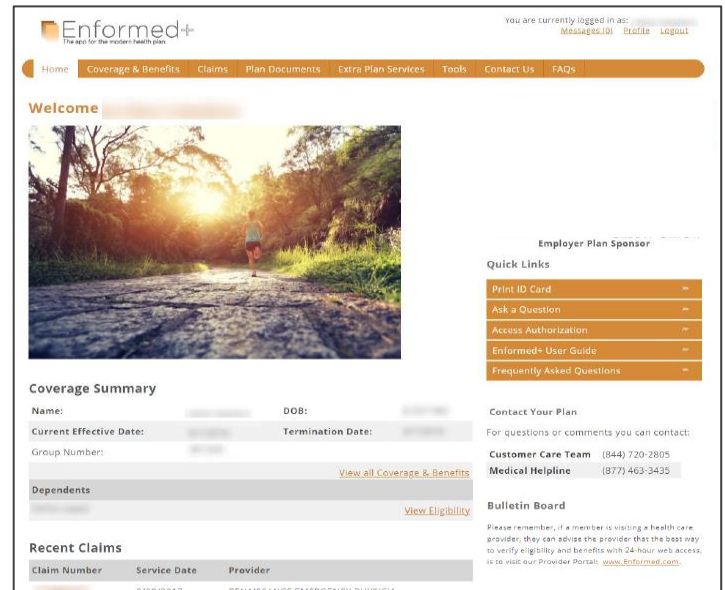




- Register an account
- Download the Mobile App
- View ID Cards
- Check your Claims
- See your Plan Document
- View your coverage and Benefits
- Extra Plan Services
- Ask a Question

MEMBER PORTAL

Your Personalized Plan Dashboard!



MOBILE SOLUTIONS

The Enformed Mobile App for Apple and Android phones provides members with secure 24/7 access to important plan information right at your fingertips, anywhere, anytime. Conveniently Access your personal health dashboard to view ID Cards, recently paid claims, accumulator information, extra plan services, tools and much more! Register an account at www.enformed.com or download the Mobile App by searching for "entrust enformed mobile" in the app store.





Getting the Most out of Your Pharmacy Benefits

Southern Scripts is your pharmacy benefit manager offering you multiple ways to save on your prescription drugs. Check your plan for pharmacy cost-share information.



**SAVE
60-75%**

when you request generic medication over brand name drugs. Look for a **firstchoice** Pharmacy for cost savings: www.southernscripts.net/members.php

firstchoice and Retail:

Present your member ID card when filling a prescription at any major retail chain or independent pharmacy across the country. If your pharmacy is not yet in Southern Scripts' network, have your pharmacist call the number on your ID card to enroll. Visit our pharmacy locator tool to find a pharmacy: www.southernscripts.net/members.php. Our preferred network, **firstchoice** will help you reduce your prescription costs by providing the best discounts.

Mail-Order:

To find a mail order pharmacy, call 800.710.9341 or visit our website:

www.southernscripts.net/members.php



Specialty Pharmacy:

Certain medications used to treat serious or complex health conditions are provided by top quality specialty pharmacies. Use the pharmacy locator tool at www.southernscripts.net/members.php to find specialty pharmacies in your area, or call Southern Scripts to find the right option for you.

Pharmacy Locator	
Zip Code	<input type="text"/>
Pin	<input type="text" value="015422"/>
Group Code	<input type="text"/>
Search Results	<input type="text" value="15"/>

Variable Copay™ Program:

The Variable Copay™ Program is designed to combat the rising cost on high cost medications. The Variable Copay™ Program uses coupons provided by the manufacturer to greatly reduce costs for eligible medications. Certain medications including Humira, Enbrel, and Prolia are eligible for savings. Your copay may be drastically reduced at **CRx** preferred pharmacy & our **Variable Copay** network for variable copay medications.

Your medication(s) may be eligible for variable copay savings. Please contact a CRx Customer Care Associate at 1.800.710.9341 or visit: www.southernscripts.net/members.php



After your plan effective date, register at www.southernscripts.net/members.php to manage your pharmacy plan online – you'll have instant access to your benefits, price-check tools, and more.



Live Customer Service: 1.800.710.9341
Weekdays: 6:30 am - 8 pm (CST),
Sat. 8 am-5 pm (CST) & Sun. 8 am-4 pm (CST)
Plus 24/7 Emergency Service
southernscripts.net/members



Your healthcare just got a whole lot easier!



Download the App Today!



Along With Our Amazing App, HealthiestYou Offers:



24x7 UNLIMITED DOCTOR ACCESS

Are you sick? Call HealthiestYou first! Our physician network can diagnose, treat, and prescribe with no consult fees, anytime, anywhere. Really!



PRESCRIPTION SAVINGS

Need a prescription? Our geo-based prescription search engine can save you up to 85% on your prescription and will often beat your co-pay.



SHOP & PRICE PROCEDURES

Do you need an MRI or an Ultrasound? Our app puts you in the driver's seat by providing a vehicle to search and price procedures in your direct area. Happy shopping!



LOCATE PROVIDERS

Need to search for a doctor, dentist, or other provider? Our app knows best and will easily lead you through the process. You can even research your doctor first!



HEALTH MANAGEMENT CONTENT

Are you stressed? Let HealthiestYou guide you to improved health and happiness with relevant health content delivered at the time of need.



SYNC YOUR MEDICAL BENEFITS

Our app provides you a one stop shop to view your medical plan deductible in real time. Easily shop and book in-network and out-of-network providers for medical, dental, vision, and specialists.

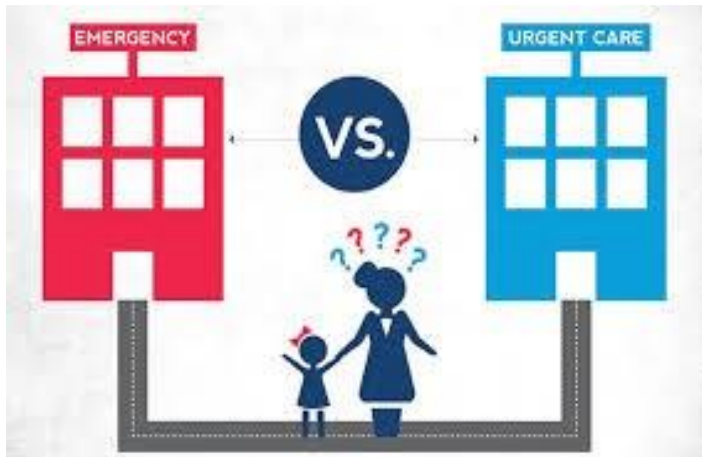
Connect with a Doctor 24x7 to
Diagnose, Treat & Prescribe FOR FREE!

866.703.1259

Set up your account on our member
portal online at

member.healthiestyou.com

MEDICAL URGENT CARE / EMERGENCY CARE



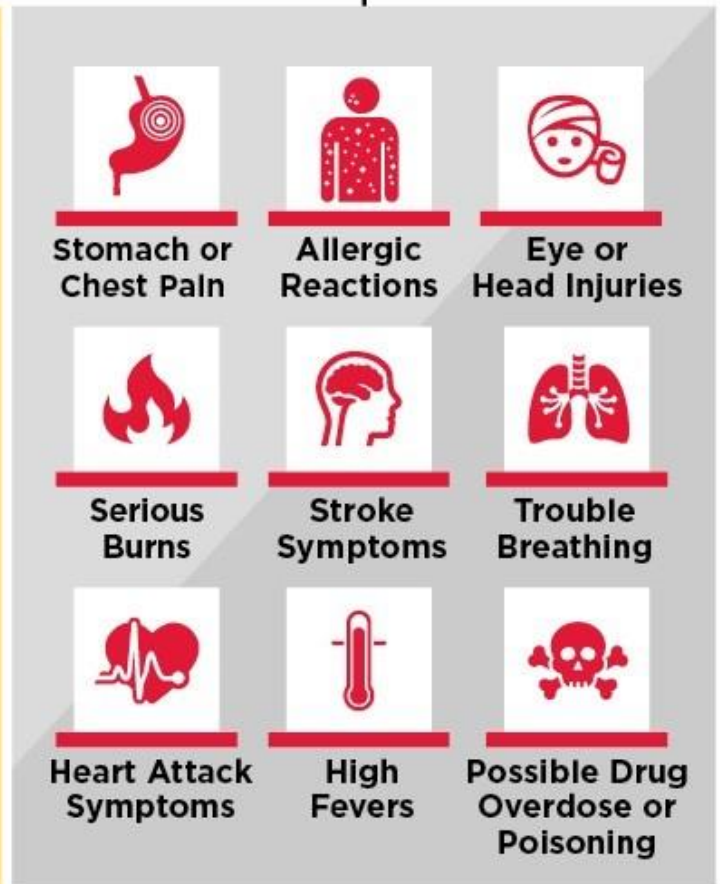
If a medical condition is **life or limb - threatening**, or involves severe wounds or amputations, patients should go to the ER.

If the medical condition is **non-life-threatening**, Urgent Care can be a less costly and faster alternative to the ER

When to Visit Urgent Care



When to Visit Emergency Room





MEDICATION ASSISTANCE PROGRAM

Struggling to pay your prescriptions?

We can help!



Assistance covers most maintenance medications



Toll Free: 1.866.524.1408



cbhec-medications@tamhsc.edu

Program Locations

Kingsville

Kleberg County Courthouse
700 E. Kleberg Ave.
Kingsville, TX 78363
361-592-3590 (Phone)

Falfurrias

Blumer Building
217 East Miller Street
Falfurrias, TX 78355
361-667-3350 (Phone) 361-325-9065 (Fax)

Corpus Christi

Amistad Community Health Center
1533 S. Brownlee Street
Corpus Christi, TX 78404
361-886-3014 (Phone) 361-886-3013 (Fax)

Hector P. Garcia Memorial Family Health Center
2606 Hospital Blvd.
Corpus Christi, TX 78405
361-902-4230 (Phone) 361-902-4296 (Fax)

Texas A&M Healthy South Texas

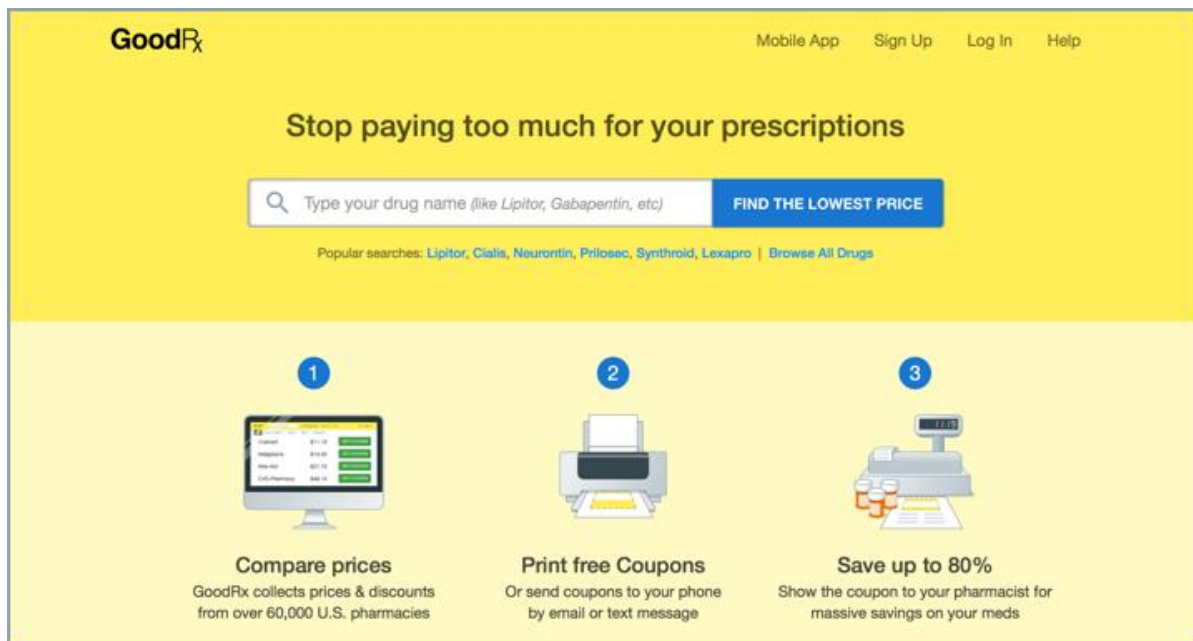
PRESCRIPTION DRUG DISCOUNT / COUPON PROGRAM



GoodRx



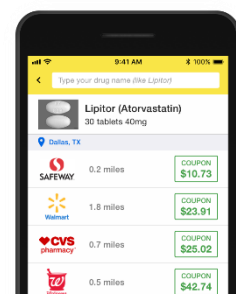
Don't let cost be the reason you don't take your medication. When you create your free account with GoodRx, you can now have access to discounted drugs. With online access or mobile, these savings are quick and easy. GoodRx will compare prescription drug prices and offer coupons, discounts and savings tips for pharmacies near you.



Once you have an account with GoodRx, they will send you a drug savings card that is usable on most prescription drugs at any U.S. Pharmacy with up to 80% savings. Print coupons online or provide the pharmacy your coupon from your mobile app. Should you run into any trouble with a GoodRx discount, contact GoodRx at **(855)-268-2822**.



www.goodrx.com



Flu season is here.

Receive the shot. Prevent the flu.
Get protected today at a participating pharmacy near you.

✓ **Call pharmacy for availability and appointment (if needed)**

Need assistance locating a participating pharmacy?
See below section entitled **Pharmacy Locator**

✓ **Bring your prescription card and valid photo ID**

✓ **No cost to you: 100% covered by your plan**



Pharmacy Locator

Utilize the Network Pharmacy Locator

Members will need to enter the following information on the website below:

 southernscripts.net/members

Zip Code:	<input type="text"/>
Bin:	<input type="text" value="015433"/>
Group Code:	<input type="text"/>
Search Radius:	<input type="text" value="15"/>
<input type="button" value="Search"/>	

1. Enter your ZIP code
2. The Southern Scripts Bin Number is 015433
3. Enter your Group Code found on your insurance/prescription card
4. Select your search radius based on your ZIP code

 Participating pharmacies that administer flu vaccinations are identified by the syringe icon on the Network Pharmacy Locator page.

24/7/365 Customer Support

Should you have any questions regarding your prescription plan structure and coverage, our dedicated customer service team is here to help – 24 hours a day, 7 days a week.



(800) 710-9341



support@southernscripts.net



southernscripts.net

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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