

## San Patricio County Medical Plan and Group Dental Plan

# 2026 San Patricio County Employee Benefits Overview



With the San Patricio County Medical Plan, you have a concierge service that can help you find quality healthcare providers and keep your costs as low as possible.

**When you coordinate your care through CACOST and Mishe, 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, surgeries, 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)
- Pharmacy benefits from MaxorPlus / SwyftScripts
- An easy-to-use member app where you can access your digital ID card, view your care history and more

## Group Dental Plan

This optional plan can help with your dental expenses. There are no contracted providers for the Group Dental Plan, so you're able to 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.

<b>Benefit highlights</b>	<b>CACOST Coordinated</b>	<b>Coordinated Care</b>	<b>Uncoordinated <sup>1</sup></b>
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	\$4,000/\$12,000
Annual physical, vaccinations and screenings	<b>FREE</b>	FREE	<b>FREE</b>
Primary care (includes pediatricians)	<b>FREE</b>	\$25 copay	\$25 copay
Specialist	<b>FREE</b>	FREE	\$40 copay
Mental health office visits	<b>FREE</b>	FREE	\$40 copay
Diagnostic test (such as X-rays or bloodwork) when performed in PCP or specialist office or independent facility	<b>FREE</b>	FREE	<b>FREE</b>
Diagnostic test (such as X-rays or bloodwork) when performed in hospital setting	<b>FREE</b> (only if pre-paid by Mishe)	<b>FREE</b>	\$55 copay, then 20% coinsurance
Imaging (such as MRIs and PET scans) when performed in freestanding facility	<b>FREE</b>	<b>FREE</b>	\$275 copay
Imaging (such as MRIs and PET scans) when performed in hospital setting	<b>FREE</b> (only if pre-paid by Mishe)	<b>FREE</b>	\$275 copay, then 20% coinsurance
Outpatient surgery, physician/surgeon fees	<b>FREE</b>	<b>FREE</b>	\$110 copay
Outpatient surgery, facility fees	<b>FREE</b>	<b>FREE</b>	\$330 copay, then 20% coinsurance
Inpatient surgery and/or stay, physician/surgeon fees	<b>FREE</b>	<b>FREE</b>	\$110 copay
Inpatient surgery and/or stay, facility fees	<b>FREE</b>	<b>FREE</b>	\$550 copay, then 20% coinsurance
Chiropractic care, up to 20 visits per year	<b>FREE</b>	<b>FREE</b>	\$40 copay
Urgent care	\$40 copay	\$40 copay	\$40 copay
Ambulance	\$300 copay	\$300 copay	\$300 copay
Emergency room <sup>2</sup>	\$300/\$500 copay	\$300/\$500 copay	\$300/\$500 copay

<b>Prescription coverage by MaxorPlus</b>	<b>Contracted pharmacies<sup>3</sup></b>
Pharmacy deductible	None
Pharmacy out-of-pocket maximum (individual/family)	combined with medical
Generic	<b>30-day supply at retail:</b> <ul style="list-style-type: none"> <li>Walmart/Moore's Pharmacy: \$0 copay</li> <li>All other network pharmacies: \$10 copay</li> </ul> <b>Up to 90-day supply at Walmart or mail order: \$0 copay</b>
Preferred brand	<b>30-day supply at retail or mail order:</b> The greater of \$35 or 50% copay (\$100 max per Rx) <b>Up to 90-day supply at Walmart or mail order:</b> The greater of \$70 or 50% copay (\$200 max per Rx)
Specialty (30-day supply only)	Not covered. Up to a \$670 max, for 30-day supply.

<sup>1</sup> You can choose not to coordinate your care with CACOST and Mishe, but you will owe a copay for that care, and you may receive a balance bill.

<sup>2</sup> If you use the emergency room for non-medical emergencies, you will be charged a \$500 copay.

<sup>3</sup> All CVS and Walgreen Pharmacies are excluded from the network; you will pay 100% of the cost of the drug if you use CVS or Walgreens. GLP-1 drugs must be sourced through SwyftScripts.

**Mishe, 877-228-4298, Monday-Friday 8 am-6 pm CT**

This document provides an overview of the plan offering. Information is not a complete description of benefits.

## 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 Mishe to arrange your care and instead 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
Urgent care locations			
Stat Care-Kingsville 500 E. Caesar Ave	Stat Care-Calallen 4042 River Hill Drive	Stat Care-Corpus Christi Southside 6646 S. Staples St., #122	Stat Care- Corpus Christi-SPID 3817 S. Padre Island Dr.
Stat Care- Rockport 2010 FM 2165	Stat Care-Corpus Christi Rodd Field 7201 The Mansions Dr.	NextCare-Beeville 1402 E. Houston St.	NextCare-Alice 3308 E. Main St.
NextCare-Port Lavaca 603 State Hwy 35 S.			
San Patricio County contracted 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.

## Group Dental Plan option

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

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. Generally not covered items: orthodontia, oral hygiene, implants, splinting (not all inclusive). Claims filing deadline: 1 year from date of service.