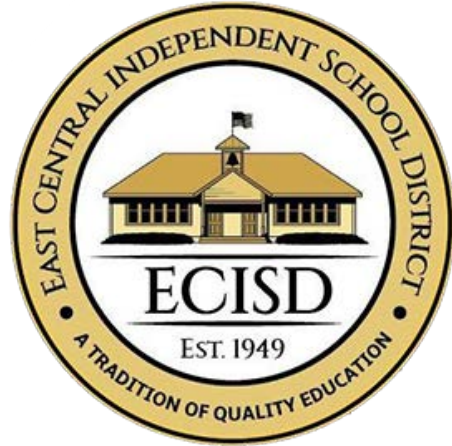


2023-24 UBC Rate Sheet



Wellness Benefits at No Extra Cost

- Free Generic Drugs
- Free Recuro 24/7 Virtual Acute & Behavioral Health
- Free access to ECISD Health and Wellness Center
- Free Health Care Concierge

Things to Know

Personal Health Assessment (PHA) Incentive

ECISD is offering a PHA discount starting on 9/1/23 for employees who enroll in coverage by and complete a PHA by July 31, 2023.

\$25 credit - Employee only & Employee/Child
 \$50 credit - Employee/Spouse & Employee/Family

Plan Summaries

	HD PLAN		BASIC PLAN		ENHANCED PLAN	
	<ul style="list-style-type: none"> • Lowest Premiums available • No PCP Referrals • Free Generic Drugs 		<ul style="list-style-type: none"> • Lower Annual Deductibles than HD Plan • No PCP Referrals • Free Generic Drugs 		<ul style="list-style-type: none"> • Lowest Annual Deductibles available • No PCP Referrals • Free Generic Drugs 	
Monthly Premiums						
Employee Only	\$105	\$80 with PHA	\$125	\$100 with PHA	\$302	\$277 with PHA
Employee and Spouse	\$812	\$762 with PHA	\$831	\$781 with PHA	\$1,144	\$1,094 with PHA
Employee and Child	\$396	\$371 with PHA	\$410	\$385 with PHA	\$670	\$620 with PHA
Employee and Family	\$1,072	\$1,022 with PHA	\$1,117	\$1,067 with PHA	\$1,545	\$1,495 with PHA
Plan Features	Baptist	CIGNA OAP	Baptist	CIGNA OAP	Baptist	CIGNA OAP
Individual/Family Deductible	\$1,500/\$3,000	\$3,000/\$6,000	\$1,250/\$2,500	\$2,500/\$5,000	\$600/\$1,200	\$1,200/\$2,400
Type of Coverage	In-Network Coverage		In-Network Coverage		In-Network Coverage	
Coinsurance	You pay 20% after deductible		You pay 20% after deductible		You pay 20% after deductible	
Individual/Family Maximum Out-of-Pocket	\$9,000/\$18,000		\$9,000/\$18,000		\$9,000/\$18,000	
Primary Care Provider (PCP) Required	No		No		No	
Doctor Visits						
Primary Care	20% after deductible		20% after deductible		20% after deductible	
Specialist	20% after deductible		20% after deductible		20% after deductible	
ECISD Health and Wellness Center	\$0		\$0		\$0	
Recuro 24/7 Acute & Behavioral Health	\$0		\$0		\$0	
Immediate Care	Baptist	CIGNA OAP	Baptist	CIGNA OAP	Baptist	CIGNA OAP
Urgent Care	\$50 Copay	\$100 Copay	\$50 Copay	\$100 Copay	\$50 Copay	\$100 Copay
Emergency Care	\$250 Copay then 20% after deductible		\$250 Copay then 20% after deductible		\$250 Copay then 20% after deductible	
Recuro 24/7 Acute & Behavioral Health	\$0		\$0		\$0	
Prescription Drugs						
Drug Deductible	\$250 Brand / Specialty Only		\$250 Brand / Specialty Only		\$250 Brand / Specialty Only	
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order		\$0 Retail and Mail Order		\$0 Retail and Mail Order	
Preferred Brand	30% Retail / \$175 Mail Order		30% Retail / \$175 Mail Order		30% Retail / \$175 Mail Order	
Non-Preferred Brand	30% Retail / \$175 Mail Order		30% Retail / \$175 Mail Order		30% Retail / \$175 Mail Order	
Specialty	50% to a maximum of \$1500 a month		50% to a maximum of \$1500 a month		50% to a maximum of \$1500 a month	
Out-of-Network Coverage						
Individual/Family Deductible	\$6,000/\$12,000		\$5,000/\$8,000		\$3,000/\$6,000	
Coinsurance	You pay 40% after deductible		You pay 40% after deductible		You pay 40% after deductible	
Individual/Family Maximum Out-of-Pocket	Unlimited		Unlimited		Unlimited	