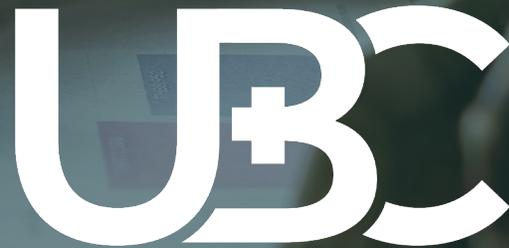


Humble ISD HD Alternative
or Primary Alternative Plan

**WHICH ONE IS
RIGHT FOR YOU?**



UNIVERSAL BENEFITS
CONSORTIUM

CHOOSING YOUR MEDICAL PLAN

Health & Welfare Plan
Prepared for:
Humble ISD 2020/21



PUT THE POWER BACK IN YOUR HANDS

As a District of Innovation, your district is choosing to be flexible with the medical coverage offered to employees. That is why you are being given alternative health solutions for the upcoming plan year.



**YOU CAN CHOOSE THE
MEDICAL **PLAN** AND
FEATURES THAT WORK
BEST FOR YOU AND
YOUR FAMILY.**

■ YOU HAVE 2 NEW MEDICAL PLANS TO CHOOSE FROM:

**HUMBLE ISD/CIGNA
HD Alternative Plan**

**HUMBLE ISD/CIGNA
Primary Alternative Plan**

■ BENEFITS

- Access to **Humble ISD Health & Wellness Clinics** for Non-HSA Members
- Cigna **Nationwide Network** with over 1 million healthcare professionals
- No referral necessary to see a specialist
- No prescription deductible and free generics for the Humble ISD/CIGNA Primary Alternative Plan



HUMBLE ISD/CIGNA HD Alternative Plan

HSA Compatible *versus* TRS ActiveCare HD

PLAN COMPARISON

HUMBLE ISD/CIGNA HD ALTERNATIVE PLAN BENEFITS:

- \$25 copay for access to Health & Wellness Clinics
- No referral necessary to see a specialist
- Free generic drugs after deductible is met

MONTHLY PREMIUM

	HUMBLE ISD/CIGNA HD ALTERNATIVE	TRS ACTIVECARE HD
Employee	\$35.00	\$71.00
Employee + Child(ren)	\$305.00	\$364.00
Employee + Spouse	\$650.00	\$734.00
Employee + Family	\$790.00	\$937.00

PLAN FEATURES

COVERAGE TYPE	HUMBLE ISD/CIGNA HD ALTERNATIVE		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
INDV/FAM DEDUCTIBLE	\$2,800/\$5,600	\$5,500/\$11,000	\$2,800/\$5,600	\$5,500/\$11,000
COINSURANCE	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
INDV/FAM MAX OUT-OF-POCKET	\$6,500/\$13,000	\$20,000/\$40,000	\$6,900/\$13,800	\$20,250/\$40,500
NETWORK	Nationwide		Nationwide	
PRIMARY CARE PROVIDER (PCP) REQUIRED	No		No	

DOCTORS VISITS

	HUMBLE ISD/CIGNA HD ALTERNATIVE		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PRIMARY CARE	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
SPECIALIST	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
HUMBLE ISD HEALTH & WELLNESS CLINICS	\$25 Copay/100% after Deductible is met		Not Covered	

IMMEDIATE CARE

	HUMBLE ISD/CIGNA HD ALTERNATIVE		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
URGENT CARE	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
EMERGENCY CARE	20% After Deductible		20% After Deductible	

PRESCRIPTION DRUGS

	HUMBLE ISD/CIGNA HD ALTERNATIVE		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DRUG DEDUCTIBLE	Integrated with Medical		Integrated with Medical	
GENERIC (30 DAY/90 DAY SUPPLY)	Plan Pays 100% after Deductible		20% After Deductible	
PREFERRED BRAND	30%/MAIL \$90 after Deductible		25% After Deductible	
NON-PREFERRED BRAND	30%/MAIL \$90 after Deductible		50% After Deductible	
SPECIALTY	50% up to max of \$1,500		20% After Deductible	

HUMBLE ISD/CIGNA Primary Alternative Plan

versus TRS ActiveCare Primary

PLAN COMPARISON

HUMBLE ISD/CIGNA PRIMARY ALTERNATIVE PLAN BENEFITS:

- Free Access to Humble ISD Health & Wellness Clinics
- No referral necessary to see a specialist
- No prescription deductible and free generics

MONTHLY PREMIUM	HUMBLE ISD/CIGNA PRIMARY ALTERNATIVE	TRS ACTIVECARE PRIMARY
Employee	\$45.00	\$60.00
Employee + Child(ren)	\$275.00	\$344.00
Employee + Spouse	\$620.00	\$703.00
Employee + Family	\$800.00	\$900.00

PLAN FEATURES	HUMBLE ISD/CIGNA PRIMARY ALTERNATIVE		TRS ACTIVECARE PRIMARY
	IN-NETWORK	OUT-OF-NETWORK	
COVERAGE TYPE			IN-NETWORK ONLY
INDV/FAM DEDUCTIBLE	\$2,500/\$5,000	\$5,000/\$9,000	\$2,500/\$5,000
COINSURANCE	20% After Deductible	40% After Deductible	30% After Deductible
INDV/FAM MAX OUT-OF-POCKET	\$8,000/\$16,000	\$20,000/\$40,000	\$8,150/\$16,300
NETWORK	Nationwide		Only Statewide
PRIMARY CARE PROVIDER (PCP) REQUIRED	No		Yes/Referral req. for specialist

DOCTORS VISITS	HUMBLE ISD/CIGNA PRIMARY ALTERNATIVE		TRS ACTIVECARE PRIMARY
	IN-NETWORK	OUT-OF-NETWORK	
			IN-NETWORK ONLY
PRIMARY CARE	\$30 Copay	40% After Deductible	\$30 Copay
SPECIALIST	\$70 Copay	40% After Deductible	\$70 copay/Referral Required
HUMBLE ISD HEALTH & WELLNESS CLINICS	100%, No Deductible		Not Covered

IMMEDIATE CARE	HUMBLE ISD/CIGNA PRIMARY ALTERNATIVE		TRS ACTIVECARE PRIMARY
	IN-NETWORK	OUT-OF-NETWORK	
			IN-NETWORK ONLY
URGENT CARE	\$50 Copay	40% After Deductible	\$50 Copay
EMERGENCY CARE	20% After Deductible		30% After Deductible

PRESCRIPTION DRUGS	HUMBLE ISD/CIGNA PRIMARY ALTERNATIVE		TRS ACTIVECARE PRIMARY
	IN-NETWORK	OUT-OF-NETWORK	
			IN-NETWORK ONLY
DRUG DEDUCTIBLE	None		Integrated with Medical
GENERIC (30 DAY/90 DAY SUPPLY)	Plan Pays 100%		\$15/\$45 Copay
PREFERRED BRAND	30%/MAIL \$90		30% After Deductible
NON-PREFERRED BRAND	30%/MAIL \$90		50% After Deductible
SPECIALTY	50% up to max of \$1,500		30% After Deductible

PLAN COST COMPARISON

Please Note: Only the Humble ISD/Cigna Plans have access to the Humble ISD Health and Wellness Clinics

	HUMBLE ISD/ CIGNA HD ALTERNATIVE	TRS ACTIVECARE HD	HUMBLE ISD/CIGNA PRIMARY ALTERNATIVE	TRS ACTIVECARE PRIMARY
EMPLOYEE ONLY				
MONTHLY PREMIUM	\$35	\$71	\$45	\$60
TOTAL ANNUAL PREMIUM	\$420	\$852	\$540	\$720
ANNUAL DEDUCTIBLE	\$2,800	\$2,800	\$2,500	\$2,500
OUT OF POCKET MAX (INCLUDES DEDUCTIBLES, COPAYS, AND COINSURANCE)	\$6,500	\$6,900	\$8,000	\$8,150
IF COMBINED PREMIUM, ANNUAL DEDUCTIBLE, AND OUT OF POCKET MAX IS MET	\$6,920	\$7,752	\$8,540	\$8,870
EMPLOYEE + CHILD(REN)				
MONTHLY PREMIUM	\$305	\$364	\$275	\$344
TOTAL ANNUAL PREMIUM	\$3,660	\$4,368	\$3,300	\$4,128
ANNUAL DEDUCTIBLE	\$5,600	\$5,600	\$5,000	\$5,000
OUT OF POCKET MAX (INCLUDES DEDUCTIBLES, COPAYS, AND COINSURANCE)	\$13,000	\$13,800	\$16,000	\$16,300
IF COMBINED PREMIUM, ANNUAL DEDUCTIBLE, AND OUT OF POCKET MAX IS MET	\$16,660	\$18,168	\$19,300	\$20,428
EMPLOYEE + SPOUSE				
MONTHLY PREMIUM	\$650	\$734	\$620	\$703
TOTAL ANNUAL PREMIUM	\$7,800	\$8,808	\$7,440	\$8,436
ANNUAL DEDUCTIBLE	\$5,600	\$5,600	\$5,000	\$5,000
OUT OF POCKET MAX (INCLUDES DEDUCTIBLES, COPAYS, AND COINSURANCE)	\$13,000	\$13,800	\$16,000	\$16,300
IF COMBINED PREMIUM, ANNUAL DEDUCTIBLE, AND OUT OF POCKET MAX IS MET	\$20,800	\$22,608	\$23,440	\$24,736
EMPLOYEE + FAMILY				
MONTHLY PREMIUM	\$790	\$937	\$800	\$900
TOTAL ANNUAL PREMIUM	\$9,480	\$11,244	\$9,600	\$10,800
ANNUAL DEDUCTIBLE	\$5,600	\$5,600	\$5,000	\$5,000
OUT OF POCKET MAX (INCLUDES DEDUCTIBLES, COPAYS, AND COINSURANCE)	\$13,000	\$13,800	\$16,000	\$16,300
IF COMBINED PREMIUM, ANNUAL DEDUCTIBLE, AND OUT OF POCKET MAX IS MET	\$22,480	\$25,044	\$25,600	\$27,100