

Basic or Enhanced Plan
**WHICH ONE IS
RIGHT FOR YOU?**



UNIVERSAL BENEFITS
CONSORTIUM

CHOOSING YOUR MEDICAL PLAN

Health & Welfare Plan
Prepared for:
Uvalde ISD - 2021/22



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.

When looking at medical plan options, you'll want to consider a few questions:

- Are your current doctors in network under the plan?
- How much healthcare coverage do you need?
- Will the plan pay for regular care expenses?



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

■ YOU HAVE 2 MEDICAL PLANS TO CHOOSE FROM:

UBC/CIGNA Basic Plan

UBC/CIGNA Enhanced Plan

■ BENEFITS

For UBC Members

- Cigna **Nationwide Network** with over 1 million healthcare professionals
- No referral necessary to see a specialist
- Lower Out-of-Pocket maximums
- In- and Out- of Network Benefits
- Free Tele-medicine through WellVia



UBC/CIGNA Basic Plan

versus TRS ActiveCare HD

PLAN COMPARISON

UBC/CIGNA BASIC PLAN BENEFITS:

- No referral necessary to see a specialist
- Lower out-of-pocket maximums
- Lower cost prescription drugs

MONTHLY PREMIUM

	UBC/CIGNA BASIC	TRS ACTIVECARE HD
Employee	\$62	\$104
Employee + Child(ren)	\$386	\$447
Employee + Spouse	\$826	\$884
Employee + Family	\$1,045	\$1,120

PLAN FEATURES

COVERAGE TYPE	UBC/CIGNA BASIC		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
INDV/FAM DEDUCTIBLE	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$5,500/\$11,000
COINSURANCE	20% After Deductible	40% After Deductible	30% After Deductible	50% After Deductible
INDV/FAM MAX OUT-OF-POCKET	\$6,650/\$13,300	\$12,700/\$25,400	\$7,000/\$14,000	\$20,250/\$40,500
NETWORK	Nationwide		Nationwide	
PRIMARY CARE PROVIDER (PCP) REQUIRED	No		No	

DOCTORS VISITS

	UBC/CIGNA BASIC		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PRIMARY CARE	20% After Deductible	40% After Deductible	30% After Deductible	50% After Deductible
SPECIALIST	20% After Deductible	40% After Deductible	30% After Deductible	50% After Deductible
VIRTUAL HEALTH	\$0 Per Consultation		\$30 Per Consultation	

IMMEDIATE CARE

	UBC/CIGNA BASIC		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
URGENT CARE	20% After Deductible	40% After Deductible	30% After Deductible	50% After Deductible
EMERGENCY CARE	20% After Deductible	40% After Deductible	30% After Deductible	

PRESCRIPTION DRUGS

	UBC/CIGNA BASIC		TRS ACTIVECARE HD
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
DRUG DEDUCTIBLE	Integrated with Medical		Integrated with Medical
GENERIC (30 DAY/90 DAY SUPPLY)	20% After Deductible	40% After Deductible	20% After Deductible
PREFERRED BRAND	20% After Deductible	40% After Deductible	25% After Deductible
NON-PREFERRED BRAND	20% After Deductible	40% After Deductible	50% After Deductible
SPECIALTY	20% After Deductible	40% After Deductible	20% After Deductible

UBC/CIGNA Enhanced Plan

versus TRS ActiveCare Primary+

PLAN COMPARISON

UBC/CIGNA ENHANCED PLAN BENEFITS:

- No referral necessary to see a specialist
- No prescription deductible and lower cost perscriptions
- Significantly lower out-of-pocket maximums

MONTHLY PREMIUM

	UBC/CIGNA ENHANCED	TRS ACTIVECARE PRIMARY+
Employee	\$185	\$217
Employee + Child(ren)	\$511	\$554
Employee + Spouse	\$997	\$1,009
Employee + Family	\$1,307	\$1,350

PLAN FEATURES

COVERAGE TYPE	UBC/CIGNA ENHANCED		TRS ACTIVECARE PRIMARY+
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
INDV/FAM DEDUCTIBLE	\$1,500/\$3,000	\$4,000/\$8,000	\$1,200/\$3,600
COINSURANCE	10% After Deductible	40% After Deductible	20% After Deductible
INDV/FAM MAX OUT-OF-POCKET	\$5,000/\$10,000	\$8,000/\$16,000	\$6,900/\$13,800
NETWORK	Nationwide		Only Statewide
PRIMARY CARE PROVIDER (PCP) REQUIRED	No		Yes/Referral req. for specialist

DOCTORS VISITS

	UBC/CIGNA ENHANCED		TRS ACTIVECARE PRIMARY+
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
PRIMARY CARE	\$35 Copay	40% After Deductible	\$30 Copay
SPECIALIST	\$35 Copay	40% After Deductible	\$70 copay/Referral Required
VIRTUAL HEALTH	\$0 Per Consultation		\$0 Per Consultation

IMMEDIATE CARE

	UBC/CIGNA ENHANCED		TRS ACTIVECARE PRIMARY+
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
URGENT CARE	\$75 Copay	40% After Deductible	\$50 Copay
EMERGENCY CARE	\$150 Copay	40% After Deductible	20% After Deductible

PRESCRIPTION DRUGS

	UBC/CIGNA ENHANCED		TRS ACTIVECARE PRIMARY+
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
DRUG DEDUCTIBLE	None		\$200 Brand Deductible
GENERIC (30 DAY/90 DAY SUPPLY)	\$10 Copay	40% After Deductible	\$15/\$45 Copay
PREFERRED BRAND	\$30 Copay	40% After Deductible	25% After Deductible
NON-PREFERRED BRAND	\$50 Copay	40% After Deductible	50% After Deductible
SPECIALTY	50% up to max of \$1,500	40% After Deductible	20% After Deductible

PLAN COST COMPARISON

	UBC/CIGNA BASIC	TRS ACTIVECARE HD	UBC/CIGNA ENHANCED	TRS ACTIVECARE PRIMARY+
EMPLOYEE ONLY				
MONTHLY PREMIUM	\$62	\$104	\$185	\$217
TOTAL ANNUAL PREMIUM	\$744	\$1,248	\$2,220	\$2,604
ANNUAL DEDUCTIBLE	\$3,000	\$3,000	\$1,500	\$1,200
OUT OF POCKET MAX (INCLUDES DEDUCTIBLES, COPAYS, AND COINSURANCE)	\$6,650	\$7,000	\$5,000	\$6,900
IF COMBINED PREMIUM, ANNUAL DEDUCTIBLE, AND OUT OF POCKET MAX IS MET	\$7,394	\$8,248	\$7,220	\$9,504
EMPLOYEE + CHILD(REN)				
MONTHLY PREMIUM	\$386	\$447	\$511	\$554
TOTAL ANNUAL PREMIUM	\$4,632	\$5,364	\$6,132	\$6,648
ANNUAL DEDUCTIBLE	\$6,000	\$6,000	\$3,000	\$3,600
OUT OF POCKET MAX (INCLUDES DEDUCTIBLES, COPAYS, AND COINSURANCE)	\$13,300	\$14,000	\$10,000	\$13,800
IF COMBINED PREMIUM, ANNUAL DEDUCTIBLE, AND OUT OF POCKET MAX IS MET	\$17,932	\$19,364	\$16,132	\$20,448
EMPLOYEE + SPOUSE				
MONTHLY PREMIUM	\$826	\$884	\$977	\$1,009
TOTAL ANNUAL PREMIUM	\$9,912	\$10,608	\$11,724	\$12,108
ANNUAL DEDUCTIBLE	\$6,000	\$6,000	\$3,000	\$3,600
OUT OF POCKET MAX (INCLUDES DEDUCTIBLES, COPAYS, AND COINSURANCE)	\$13,300	\$14,000	\$10,000	\$13,800
IF COMBINED PREMIUM, ANNUAL DEDUCTIBLE, AND OUT OF POCKET MAX IS MET	\$23,212	\$24,608	\$21,724	\$25,908
EMPLOYEE + FAMILY				
MONTHLY PREMIUM	\$1,045	\$1,120	\$1,307	\$1,350
TOTAL ANNUAL PREMIUM	\$12,540	\$13,440	\$15,684	\$16,200
ANNUAL DEDUCTIBLE	\$6,000	\$6,000	\$3,000	\$3,600
OUT OF POCKET MAX (INCLUDES DEDUCTIBLES, COPAYS, AND COINSURANCE)	\$13,300	\$14,000	\$10,000	\$13,800
IF COMBINED PREMIUM, ANNUAL DEDUCTIBLE, AND OUT OF POCKET MAX IS MET	\$25,840	\$27,440	\$25,684	\$30,000