

GEORGETOWN ISD CIGNA HD PLAN

versus TRS ActiveCare HD

PLAN COMPARISON

GEORGETOWN ISD CIGNA HD PLAN BENEFITS:

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

MONTHLY PREMIUM		
	GISD CIGNA HD	TRS ACTIVECARE HD
Employee	\$0	\$51
Employee + Child(ren)	\$333	\$394
Employee + Spouse	\$768	\$831
Employee + Family	\$997	\$1,067

PLAN FEATURES	GISD CIGNA HD		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
COVERAGE TYPE				
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	GISD CIGNA HD		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	GISD CIGNA HD		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	GISD CIGNA HD		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

GEORGETOWN ISD CIGNA ENHANCED PLUS PLAN

versus TRS ActiveCare Primary+

PLAN COMPARISON

GEORGETOWN ISD CIGNA ENHANCED PLUS PLAN BENEFITS:

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

MONTHLY PREMIUM

	GISD CIGNA ENHANCED PLUS	TRS ACTIVECARE PRIMARY+
Employee	\$122	\$164
Employee + Child(ren)	\$458	\$501
Employee + Spouse	\$919	\$956
Employee + Family	\$1,259	\$1,297

PLAN FEATURES

	GISD CIGNA ENHANCED PLUS		TRS ACTIVECARE PRIMARY+
COVERAGE TYPE	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

	GISD CIGNA ENHANCED PLUS		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

	GISD CIGNA ENHANCED PLUS		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

	GISD CIGNA ENHANCED PLUS		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

	GISD CIGNA HD	TRS ACTIVECARE HD	GISD CIGNA ENHANCED PLUS	TRS ACTIVECARE PRIMARY+
EMPLOYEE ONLY				
MONTHLY PREMIUM	\$0	\$51	\$122	\$164
TOTAL ANNUAL PREMIUM	\$0	\$612	\$1,464	\$1,968
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	\$6,650	\$7,612	\$6,464	\$8,868
EMPLOYEE + CHILD(REN)				
MONTHLY PREMIUM	\$333	\$394	\$458	\$501
TOTAL ANNUAL PREMIUM	\$3,996	\$4,728	\$5,496	\$6,012
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	\$17,296	\$18,728	\$15,496	\$19,812
EMPLOYEE + SPOUSE				
MONTHLY PREMIUM	\$768	\$831	\$919	\$956
TOTAL ANNUAL PREMIUM	\$9,216	\$9,972	\$11,028	\$11,472
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	\$22,516	\$23,972	\$21,028	\$25,272
EMPLOYEE + FAMILY				
MONTHLY PREMIUM	\$997	\$1,067	\$1,259	\$1,297
TOTAL ANNUAL PREMIUM	\$11,964	\$12,804	\$15,108	\$15,564
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	\$25,264	\$26,804	\$25,108	\$29,364