

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



UNIVERSAL BENEFITS
CONSORTIUM

CHOOSING YOUR MEDICAL PLAN

Health & Welfare Plan
Prepared for:
Waxahachie 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 | \$129 | \$184 |
| Employee + Child(ren) | \$472 | \$527 |
| Employee + Spouse | \$924 | \$964 |
| Employee + Family | \$1,160 | \$1,200 |

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 | \$242 | \$297 |
| Employee + Child(ren) | \$579 | \$634 |
| Employee + Spouse | \$1,039 | \$1,089 |
| Employee + Family | \$1,390 | \$1,430 |

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 | \$129 | \$184 | \$242 | \$297 |
| TOTAL ANNUAL PREMIUM | \$1,548 | \$2,208 | \$2,904 | \$3,564 |
| 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 | \$8,198 | \$9,208 | \$7,904 | \$10,464 |
| EMPLOYEE + CHILD(REN) | | | | |
| MONTHLY PREMIUM | \$472 | \$527 | \$579 | \$634 |
| TOTAL ANNUAL PREMIUM | \$5,664 | \$6,324 | \$6,948 | \$7,608 |
| 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 | \$18,964 | \$20,324 | \$16,948 | \$21,408 |
| EMPLOYEE + SPOUSE | | | | |
| MONTHLY PREMIUM | \$924 | \$964 | \$1,039 | \$1,089 |
| TOTAL ANNUAL PREMIUM | \$11,088 | \$11,568 | \$12,468 | \$13,068 |
| 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 | \$24,388 | \$25,568 | \$22,468 | \$26,868 |
| EMPLOYEE + FAMILY | | | | |
| MONTHLY PREMIUM | \$1,160 | \$1,200 | \$1,390 | \$1,430 |
| TOTAL ANNUAL PREMIUM | \$13,920 | \$14,400 | \$16,680 | \$17,160 |
| 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 | \$27,220 | \$28,400 | \$26,680 | \$30,960 |