



Plan Summary

Wellness Benefits at No Extra Cost

- Free Generic Drugs with Primary Plan
- Free Preventative Care
- Access to Humble ISD Health & Wellness Clinics

Things to Know

- No PCP Referrals
- Free Next Level Urgent Care with Primary Plan
- Nationwide Network available through Cigna
- Lower annual deductible when utilizing Memorial Herman Network

Monthly Premiums

Employee Only	\$35
Employee and Spouse	\$650
Employee and Child	\$305
Employee and Family	\$790

Plan Features

Type of Coverage	Individual Family Deductible
Coinsurance	Individual/Family Maximum Out-of-Pocket
Network	Primary Care Provider (PCP) Required

Doctor Visits

Primary Care	20% after deductible
Specialist	20% after deductible
Humble ISD Health & Wellness Clinics	\$25 Copay/100% after deductible

Immediate Care

Urgent Care	20% after deductible
Next Level Urgent Care	\$40 Copay
Emergency Care	20% after deductible

Prescription Drugs

Drug Deductible	Integrated with Medical
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order, after deductible
Preferred Brand	30% Retail / \$125 Mail Order, after deductible
Non-Preferred Brand	30% Retail / \$125 Mail Order, after deductible
Specialty	50% to a maximum of \$1500 a month, after deductible

Basic HD

- Lowest Premiums (EE / EE & Fm)
- Lowest Out-of-Pocket Maximums Available
- Memorial Hermann and Cigna Open Access Plus Network
- No PCP referrals
- Free Generic Drugs (after deductible)

Employee Only	\$35
Employee and Spouse	\$650
Employee and Child	\$305
Employee and Family	\$790

Memorial Hermann	Cigna
In-Network Coverage	
\$1,400/\$2,800	\$2,800/\$5,600
You pay 20% after deductible	
\$6,500/\$13,000	
Memorial Hermann Network Only	Cigna OAP Nationwide Network
No	

Memorial Hermann	Cigna
20% after deductible	\$30 Copay
20% after deductible	\$70 Copay
\$25 Copay/100% after deductible	\$0

Memorial Hermann	Cigna
20% after deductible	\$80 Copay then 20% after deductible
\$40 Copay	
20% after deductible	\$500 Copay then 20% after deductible

Memorial Hermann	Cigna
Integrated with Medical	
\$0 Retail and Mail Order, after deductible	
30% Retail / \$125 Mail Order, after deductible	
30% Retail / \$125 Mail Order, after deductible	
50% to a maximum of \$1500 a month, after deductible	

Primary

- Lowest Premiums (EE & Sp / EE&Ch)
- Memorial Hermann and Cigna Open Access Plus Network
- No PCP referrals
- No Drug Deductible
- Free Generic Drugs

Employee Only	\$45
Employee and Spouse	\$620
Employee and Child	\$275
Employee and Family	\$800

Memorial Hermann	Cigna
In-Network Coverage	
\$1,250/\$2,500	\$2,500/\$5,000
You pay 20% after deductible	
\$8,000/\$16,000	
Memorial Hermann Network Only	Cigna OAP Nationwide Network
No	

Memorial Hermann	Cigna
\$20 Copay	\$30 Copay
\$50 Copay	\$70 Copay
\$0	

Memorial Hermann	Cigna
\$50 Copay	\$100 Copay
\$0	
20% after deductible	\$500 Copay then 20% after deductible

Memorial Hermann	Cigna
None	
\$0 Retail and Mail Order	
30% Retail / \$125 Mail Order	
30% Retail / \$125 Mail Order	
50% to a maximum of \$1500 a month	