



Wellness Benefits at No Extra Cost

- Free Generic Drugs
- Free Next Level Urgent Care
- Free Recuro 24/7 Virtual Acute & Behavioral Health
- Free access to both Spring ISD Health and Wellness Centers

Things to Know

- No PCP Referrals
- Health Care Concierge Service Available
- Nationwide Network available through Cigna
- Lower Deductibles when utilizing the Memorial Hermann Network

Plan Summaries

Plan	HD PLAN			BASIC PLAN			ENHANCED PLAN					
	• Lowest Premiums available	• No PCP Referrals	• Free Generic Drugs	• Lower Annual Deductibles than HD Plan	• No PCP Referrals	• Free Generic Drugs	• Lowest Annual Deductibles available	• No PCP Referrals	• Free Generic Drugs			
Monthly Premiums	< 25k	25k-50k	> 50k	< 25k	25k-50k	> 50k	< 25k	25k-50k	> 50k			
Employee Only	\$112	\$137	\$187	\$142	\$167	\$217	\$310	\$335	\$385			
Employee and Spouse	\$735	\$760	\$810	\$800	\$825	\$875	\$997	\$1,022	\$1,072			
Employee and Child	\$415	\$440	\$490	\$441	\$466	\$516	\$626	\$651	\$701			
Employee and Family	\$992	\$1,017	\$1,067	\$1,041	\$1,066	\$1,116	\$1,357	\$1,382	\$1,432			
Plan Features	Memorial Hermann		CIGNA OAP		Memorial Hermann		CIGNA OAP		Memorial Hermann		CIGNA OAP	
Individual/Family Deductible	\$1,625/\$3,250		\$3,250/\$6,500		\$1,375/\$2,750		\$2,750/\$5,500		\$600/\$1,200		\$1,200/\$2,400	
Type of Coverage	In-Network Coverage				In-Network Coverage				In-Network Coverage			
Coinsurance	You pay 20% after deductible				You pay 20% after deductible				You pay 20% after deductible			
Individual/Family Maximum Out-of-Pocket	\$9,000/\$18,000				\$9,000/\$18,000				\$9,000/\$18,000			
Primary Care Provider (PCP) Required	No				No				No			
Doctor Visits												
Primary Care	20% after deductible			\$40 Copay			\$40 Copay			\$40 Copay		
Specialist	20% after deductible			\$80 Copay			\$80 Copay			\$80 Copay		
Spring ISD Health and Wellness Centers	\$0			\$0			\$0			\$0		
Recuro 24/7 Acute & Behavioral Health	\$0			\$0			\$0			\$0		
Immediate Care												
Next Level Urgent Care	\$0			\$0			\$0			\$0		
Urgent Care	\$50 Copay		\$100 Copay		\$50 Copay		\$100 Copay		\$50 Copay		\$100 Copay	
Emergency Care	20% after Deductible				20% after Deductible				20% after Deductible			
Prescription Drugs												
Drug Deductible	\$250 Brand/Specialty ONLY			\$250 Brand/Specialty ONLY			\$250 Brand/Specialty ONLY			\$250 Brand/Specialty ONLY		
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order			\$0 Retail and Mail Order			\$0 Retail and Mail Order			\$0 Retail and Mail Order		
Preferred Brand	30% Retail / \$175 Mail Order			30% Retail / \$175 Mail Order			30% Retail / \$175 Mail Order			30% Retail / \$175 Mail Order		
Non-Preferred Brand	30% Retail / \$175 Mail Order			30% Retail / \$175 Mail Order			30% Retail / \$175 Mail Order			30% Retail / \$175 Mail Order		
Specialty	50% to a maximum of \$1500 a month			50% to a maximum of \$1500 a month			50% to a maximum of \$1500 a month			50% to a maximum of \$1500 a month		
Out-of-Network Coverage												
Individual/Family Deductible	No Coverage			No Coverage			No Coverage			No Coverage		
Coinsurance)	No Coverage			No Coverage			No Coverage			No Coverage		
Individual/Family Maximum Out-of-Pocket	No Coverage			No Coverage			No Coverage			No Coverage		