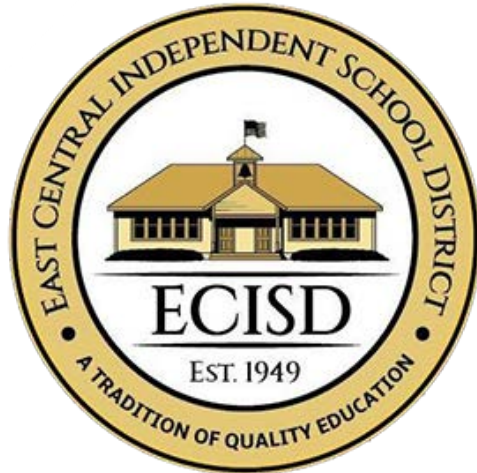


# 2024-25 UBC Rate Sheet



## Plan Summary

### Monthly Premiums

Employee Only	\$140	\$115 with PHA
Employee & Spouse	\$897	\$847 with PHA
Employee & Child(ren)	\$451	\$426 with PHA
Employee & Family	\$1,172	\$1,122 with PHA

### Plan Features

Individual / Family Deductible	\$1,500/\$3,000	\$3,000/\$6,000
Coinsurance	20% after deductible	
Individual / Family Maximum Out-of-Pocket	\$9,000/\$18,000	

### Doctor Visits

Primary Care	20% after deductible	
Specialist	20% after deductible	
Recuro 24/7 Virtual Acute & Behavioral	\$0	
ECISD Health & Wellness Center	\$0	

### Immediate Care

Urgent Care	\$50 Copay	\$100 Copay
Emergency Care	\$250 Copay then 20% after deductible	

### Prescription Drugs

Drug Deductible	\$250 Brand / Specialty Only	
Generics (30 Day Supply/90 Day Supply)	\$0 Retail and Mail Order	
Preferred Brand	30% Retail / \$175 Mail Order	
Non-Preferred Brand	30% Retail / \$175 Mail Order	
Specialty	50% after Deductible to a Max of \$2,500	
International Mail Order	\$0 Brand / Specialty (No Deductible)	

### Out-of-Network Coverage

Individual / Family Deductible	\$6,000/\$12,000
Coinsurance	40% after deductible
Individual / Family Maximum Out-of-Pocket	Unlimited

		HD		BASIC		ENHANCED			
		<ul style="list-style-type: none"> <li>Lowest Premiums available</li> <li>No PCP Referrals</li> <li>Free Generic Drugs</li> </ul>		<ul style="list-style-type: none"> <li>Lower Annual Deductibles than HD Plan</li> <li>No PCP Referrals</li> <li>Free Generic Drugs</li> </ul>		<ul style="list-style-type: none"> <li>Lowest Annual Deductibles available</li> <li>No PCP Referrals</li> <li>Free Generic Drugs</li> </ul>			
Monthly Premiums									
Plan Features		Baptist		CIGNA OAP		Baptist		CIGNA OAP	
Individual / Family Deductible		\$1,500/\$3,000		\$3,000/\$6,000		\$1,250/\$2,500		\$2,500/\$5,000	
Coinsurance		20% after deductible		20% after deductible		20% after deductible		20% after deductible	
Individual / Family Maximum Out-of-Pocket		\$9,000/\$18,000		\$9,000/\$18,000		\$9,000/\$18,000		\$9,000/\$18,000	
Doctor Visits		Baptist		CIGNA OAP		Baptist		CIGNA OAP	
Primary Care		20% after deductible		20% after deductible		20% after deductible		20% after deductible	
Specialist		20% after deductible		20% after deductible		20% after deductible		20% after deductible	
Recuro 24/7 Virtual Acute & Behavioral		\$0		\$0		\$0		\$0	
ECISD Health & Wellness Center		\$0		\$0		\$0		\$0	
Immediate Care		Baptist		CIGNA OAP		Baptist		CIGNA OAP	
Urgent Care		\$50 Copay		\$100 Copay		\$50 Copay		\$100 Copay	
Emergency Care		\$250 Copay then 20% after deductible		\$250 Copay then 20% after deductible		\$250 Copay then 20% after deductible		\$250 Copay then 20% after deductible	
Prescription Drugs		Baptist		CIGNA OAP		Baptist		CIGNA OAP	
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% after Deductible to a Max of \$2,500		50% up to a max of \$2,500		50% up to a max of \$2,500		50% up to a max of \$2,500	
International Mail Order		\$0 Brand / Specialty (No Deductible)		\$0 Brand / Specialty (No Deductible)		\$0 Brand / Specialty (No Deductible)		\$0 Brand / Specialty (No Deductible)	
Out-of-Network Coverage		Baptist		CIGNA OAP		Baptist		CIGNA OAP	
Individual / Family Deductible		\$6,000/\$12,000		\$5,000/\$8,000		\$3,000/\$6,000		\$3,000/\$6,000	
Coinsurance		40% after deductible		40% after deductible		40% after deductible		40% after deductible	
Individual / Family Maximum Out-of-Pocket		Unlimited		Unlimited		Unlimited		Unlimited	

## Things to Know

ECISD is offering a PHA discount starting on 9/1/24 for employees who enroll in coverage and complete a PHA by 5/31/24

- \$25 credit - Employee only & Employee/Child
- \$50 credit - Employee/Spouse & Employee/Family

## Wellness Benefits at No Extra Cost

- Free Generic Drugs
- Free Recuro 24/7 Virtual Acute & Behavioral Health
- Free access to ECISD Health and Wellness Center

## Additional Services

### Patient Choice Program

- Free Major Imaging and Outpatient Surgeries
- Concierge Healthcare Navigation

### International Pharmacy (Can-Path)

- Free Mail Order Prescriptions