

Employee Health Benefits 2025-26



Comal ISD

Which Plan is Right for
You?



Questions to Consider

- How much coverage do I need?
- How often do I access health care?
- Are my doctors in-network?
- Do I prefer higher premiums or pay as I go?
- Do I have regular prescriptions?

Benefits for UBC Members

The Cigna Open Access Plus Network provides you with access to healthcare professionals nationwide to address your health concerns. This UBC plans offer a range of coverage options to best meet the needs of you and your family. This provides you a great deal of flexibility and the option to save significantly on your health insurance premiums.

Choice and Control

The Cigna Open Access Plus Network provides access to 17,000 facilities and more than 1,000,000 healthcare professionals

Need Assistance?
help@UBC-Benefits.com

- Cigna Nationwide Network with over 1 million healthcare professionals
- No referral necessary to see a specialist
- Lower Out-of-Pocket maximums
- Select plans offer In- and Out-of-Network benefit



HD/HSA - Medical Plan

Overview

The Comal ISD HD/HSA Plan serves as the primary High Deductible offering, granting employees, and their dependents, the lowest monthly premiums in exchange for higher annual deductibles and out-of-pocket maximums. In fact, this plan is offered at a very low cost to members selecting the Employee Only option. With in-network benefits only, no need for physician referrals, an integrated drug deductible, and the lowest available monthly premiums, this plan provides the greatest monthly savings to plan members, with the benefit of compatibility with a Health Savings Account.

| Covered | Monthly Premium |
|---|---|
| <ul style="list-style-type: none">Employee | <ul style="list-style-type: none">\$40 |
| <ul style="list-style-type: none">Employee + Spouse | <ul style="list-style-type: none">\$505 |
| <ul style="list-style-type: none">Employee + Child(ren) | <ul style="list-style-type: none">\$205 |
| <ul style="list-style-type: none">Employee + Family | <ul style="list-style-type: none">\$700 |



HD/HSA - Plan quick-reference

Refer to plan documents for limitations and additional Information.

HD/HSA - Medical Plan

| Feature | Your Network Costs | Your Out-of-Network Costs |
|---|--|---------------------------|
| Annual Deductible | \$6,750 individual/\$13,500 family | N/A |
| Coinsurance (after the annual deductible is met) | \$0 | N/A |
| Annual Out-of-pocket Maximum | \$8,500 individual \$17,000 family | N/A |
| Physician Services | | |
| Office Visits (non-specialist) | \$0 after deductible | N/A |
| Office Visit (Specialist) | \$0 after deductible | N/A |
| Hearing Exam | Not Covered | N/A |
| Pre-Natal Maternity | \$0 copay; deductible waived | N/A |
| Virtual Health/Behavioral (Recuro) | \$0 per visit | N/A |
| Urgent Care | \$0 after deductible | N/A |
| Prescription Drugs | | |
| Drug Deductible | Integrated with Medical | |
| Generic (30/90 Day Supply) | \$0 after deductible | |
| Brand | Retail -30% after deductible/Mail-order-\$125 copay after deductible | |
| Specialty | 30% up to \$1,500 | |
| International Mail-Order | Brand and Specialty \$0, after deductible | |

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional Information.

HD/HSA - Medical Plan (continued)

| Feature | Your Network Costs | Your Out-of-Network Costs |
|---|------------------------------|---------------------------|
| Maternity Services | | |
| Routine Prenatal Care | \$0 copay; deductible waived | N/A |
| Delivery in Hospital | \$0 after deductible | N/A |
| Diagnostic Procedures | | |
| Diagnostic Lab & X-ray | \$0 after deductible | N/A |
| Preventive Care* | | |
| Adult Physical Exams/ Immunizations | \$0 copay; deductible waived | N/A |
| Well-Child Exams | \$0 copay; deductible waived | N/A |
| Childhood Immunizations | \$0 copay; deductible waived | N/A |
| Gynecological Exams (OB/GYN exam & Papsmear) | \$0 copay; deductible waived | N/A |
| Routine Screening (Mammography) | \$0 copay; deductible waived | N/A |
| Woman's Health | \$0 copay; deductible waived | N/A |
| Routine Digital Rectal Exam | \$0 copay; deductible waived | N/A |
| Prostate- Specific Antigen Test | \$0 copay; deductible waived | N/A |
| Colonoscopy | \$0 copay; deductible waived | N/A |
| Routine Eye Exam | \$0 copay; deductible waived | N/A |
| Newborn Hearing Screening | \$0 copay; deductible waived | N/A |
| Routine Hearing Screening | \$0 copay; deductible waived | N/A |

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional Information.

HSA - Medical Plan (continued)

| Feature | Your Network Costs | Your Out-of-Network Costs |
|--------------------------------------|----------------------|---------------------------|
| Emergency Medical Care | | |
| Urgent Care Provider | \$0 after deductible | N/A |
| Non-Urgent Use of Urgent Care | Not Covered | N/A |
| Emergency Room | \$0 after deductible | N/A |
| Non-Emergency Care in Emergency Room | Not Covered | N/A |
| Emergency Use of Ambulance | \$0 after deductible | N/A |
| Non-Emergency Use of Ambulance | Not Covered | N/A |
| Hospital Care | | |
| Inpatient Coverage | \$0 after deductible | N/A |
| Inpatient Maternity Coverage | \$0 after deductible | N/A |
| Outpatient Hospital | \$0 after deductible | N/A |
| Outpatient Surgery | \$0 after deductible | N/A |
| Mental Health Services | | |
| Inpatient | \$0 after deductible | N/A |
| Mental Health Office Visits | \$0 after deductible | N/A |
| Tele-Therapy (Recuro) | \$0 per visit | N/A |

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional Information.

HSA - Medical Plan (continued)

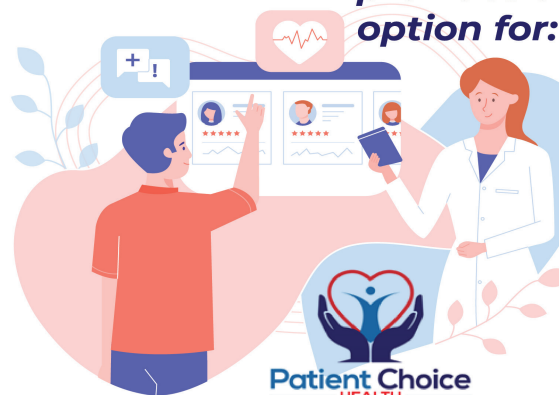
| Feature | Your Network Costs | Your Out-of-Network Costs |
|--|----------------------|---------------------------|
| Substance Abuse | | |
| Inpatient | \$0 after deductible | N/A |
| Residential Treatment Facility | \$0 after deductible | N/A |
| Substance Abuse Office Visits | \$0 after deductible | N/A |
| Additional Services | | |
| Skilled Nursing Facility | \$0 after deductible | N/A |
| Home Health Care | \$0 after deductible | N/A |
| Hospice Care | \$0 after deductible | N/A |
| Private Duty Nursing | \$0 after deductible | N/A |
| Outpatient Short-Term Rehabilitation | \$0 after deductible | N/A |
| Spinal Manipulation Therapy | \$0 after deductible | N/A |
| Autism Behavioral Therapy | \$0 after deductible | N/A |
| Autism Physical/ Occupational/Speech Therapy | \$0 after deductible | N/A |
| Hearing Aids | \$0 after deductible | N/A |
| Durable Medical Equipment | \$0 after deductible | N/A |
| Diabetic Supplies (if not covered by pharmacy) | \$0 after deductible | N/A |
| Prosthetics | \$0 after deductible | N/A |

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional Information.

HSA - Medical Plan (continued)

| Feature | Your Network Costs | Your Out-of-Network Costs |
|--|--|---|
| Additional Services (Continued) | | |
| Orthotics | \$0 after deductible | N/A |
| Women's Contraceptives | \$0 copay; deductible waived | N/A |
| Vision Eyewear | Not Covered | N/A |
| Transplants | \$0 after deductible | N/A |
| Bariatric Surgery | Not Covered | N/A |
| Family Planning | | |
| Infertility Treatment | Not Covered | N/A |
| Comprehensive Infertility Services | Not Covered | N/A |
| Vasectomy | \$0 after deductible | N/A |
| Tubal Ligation | \$0 copay; deductible waived | N/A |
| Patient Choice | | |
| Outpatient Surgery - Patient Choice | \$0 after deductible (when using Patient Choice network) | <p>Patient Choice Network provides a no out-of-pocket option for:</p> <ul style="list-style-type: none"> Outpatient surgeries, such as: <ul style="list-style-type: none"> Shoulder Surgery Knee Surgery Hernia Surgery Complex/major imaging. <ul style="list-style-type: none"> MRI's CAT Scans PET Scans Rehabilitation Therapies <ul style="list-style-type: none"> Physical Therapy Occupational Therapy Cardiac Therapy Speech Therapy <p>No deductible needs to be met and zero co-pay</p> <p>Contact Us: 888.557.8550 UBC@patientchoicehealth.com</p> |
| Lab, X-Ray, High-Tech Imaging - Patient Choice | \$0 after deductible (when using Patient Choice network) | |



*Subject to Affordable Care Act requirements.

Low - Medical Plan

Overview

The Comal ISD Low Plan is designed to provide members and their families a copay based plan offering for Primary Care and Specialist visits, in exchange for moderate monthly premiums. With in-network benefits only, no need for physician referrals, no drug deductible, free generic drugs, and free virtual medicine through Recuro, this plan provides affordable access to care, with minimal monthly expense.

| Covered | Monthly Premium |
|---|---|
| <ul style="list-style-type: none">Employee | <ul style="list-style-type: none">\$280 |
| <ul style="list-style-type: none">Employee + Spouse | <ul style="list-style-type: none">\$1,125 |
| <ul style="list-style-type: none">Employee + Child(ren) | <ul style="list-style-type: none">\$630 |
| <ul style="list-style-type: none">Employee + Family | <ul style="list-style-type: none">\$1,455 |



Low - Plan quick-reference

Refer to plan documents for limitations and additional Information.

Low - Medical Plan

| Feature | Your Network Costs | Your Out-of-Network Costs |
|---|--|---------------------------|
| Annual Deductible | \$4,750 individual/\$9,500 family | N/A |
| Coinsurance (after the annual deductible is met.) | 30% | N/A |
| Annual Out-of-pocket Maximum | \$8,500 individual \$17,000 family | N/A |
| Physician Services | | |
| Office Visits (non-specialist) | \$50 copay; deductible waived | N/A |
| Office Visit (Specialist) | \$75 copay; deductible waived | N/A |
| Hearing Exam | Not Covered | N/A |
| Pre-Natal Maternity | \$0 copay; deductible waived | N/A |
| Virtual Health/Behavioral (Recuro) | \$0 per visit | N/A |
| Urgent Care | \$75 copay; deductible waived | N/A |
| Prescription Drugs | | |
| Drug Deductible | \$250 (Brand/Specialty Only) | |
| Generic (30/90 Day Supply) | Retail-\$0/Mail-Order-\$0 | |
| Brand | Retail-30%/Mail-Order-\$300 copay | |
| Specialty | 30% up to \$1,500 | |
| International Mail-Order | Brand and Specialty \$0, no deductible | |

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional Information.

Low - Medical Plan (continued)

| Feature | Your Network Costs | Your Out-of-Network Costs |
|---|-------------------------------|---------------------------|
| Maternity Services | | |
| Routine Prenatal Care | \$0 copay; deductible waived | N/A |
| Delivery in Hospital | 30% after deductible | N/A |
| Diagnostic Procedures | | |
| Diagnostic Lab & X-ray | 30% after deductible | N/A |
| Preventive Care* | | |
| Adult Physical Exams/ Immunizations | \$0 copay; deductible waived | N/A |
| Well-Child Exams | \$0 copay; deductible waived | N/A |
| Childhood Immunizations | \$0 copay; deductible waived | N/A |
| Gynecological Exams (OB/GYN exam & Papsmear) | \$0 copay; deductible waived | N/A |
| Routine Screening (Mammography) | \$0 copay; deductible waived | N/A |
| Woman's Health | \$0 copay; deductible waived | N/A |
| Routine Digital Rectal Exam | \$0 copay; deductible waived | N/A |
| Prostate- Specific Antigen Test | \$0 copay; deductible waived | N/A |
| Colonoscopy | \$0 copay; deductible waived | N/A |
| Routine Eye Exam | \$0 copay; deductible waived | N/A |
| Newborn Hearing Screening | \$60 copay; deductible waived | N/A |
| Routine Hearing Screening | \$0 copay; deductible waived | N/A |

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional Information.

Low - Medical Plan (continued)

| Feature | Your Network Costs | Your Out-of-Network Costs |
|--------------------------------------|---|---------------------------|
| Emergency Medical Care | | |
| Urgent Care Provider | \$75 copay; deductible waived | N/A |
| Non-Urgent Use of Urgent Care | Not Covered | N/A |
| Emergency Room | \$300 copay + 30% of balance; deductible waived | N/A |
| Non-Emergency Care in Emergency Room | Not Covered | N/A |
| Emergency Use of Ambulance | 30% after deductible | N/A |
| Non-Emergency Use of Ambulance | Not Covered | N/A |
| Hospital Care | | |
| Inpatient Coverage | 30% after deductible | N/A |
| Inpatient Maternity Coverage | 30% after deductible | N/A |
| Outpatient Hospital | 30% after deductible | N/A |
| Outpatient Surgery | 30% after deductible | N/A |
| Mental Health Services | | |
| Inpatient | 30% after deductible | N/A |
| Mental Health Office Visits | \$50 copay; deductible waived | N/A |
| Tele-Therapy (Recuro) | \$0 per visit | N/A |

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional Information.

Low - Medical Plan (continued)

| Feature | Your Network Costs | Your Out-of-Network Costs |
|--|-------------------------------|---------------------------|
| Substance Abuse | | |
| Inpatient | 30% after deductible | N/A |
| Residential Treatment Facility | 30% after deductible | N/A |
| Substance Abuse Office Visits | \$50 copay; deductible waived | N/A |
| Additional Services | | |
| Skilled Nursing Facility | 30% after deductible | N/A |
| Home Health Care | 30% after deductible | N/A |
| Hospice Care | 30% after deductible | N/A |
| Private Duty Nursing | 30% after deductible | N/A |
| Outpatient Short-Term Rehabilitation | \$50 copay, deductible waived | N/A |
| Spinal Manipulation Therapy | \$50 copay, deductible waived | N/A |
| Autism Behavioral Therapy | \$50 copay, deductible waived | N/A |
| Autism Physical/ Occupational/Speech Therapy | \$50 copay, deductible waived | N/A |
| Hearing Aids | 30% after deductible | N/A |
| Durable Medical Equipment | 30% after deductible | N/A |
| Diabetic Supplies (if not covered by pharmacy) | 30% after deductible | N/A |
| Prosthetics | 30% after deductible | N/A |

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional Information.

Low - Medical Plan (continued)

| Feature | Your Network Costs | Your Out-of-Network Costs |
|--|---|---|
| Additional Services (Continued) | | |
| Orthotics | 30% after deductible | N/A |
| Women's Contraceptives | \$0 copay; deductible waived | N/A |
| Vision Eyewear | Not Covered | N/A |
| Transplants | 30% after deductible | N/A |
| Bariatric Surgery | Not Covered | N/A |
| Family Planning | | |
| Infertility Treatment | Not Covered | N/A |
| Comprehensive Infertility Services | Not Covered | N/A |
| Vasectomy | 30% after deductible | N/A |
| Tubal Ligation | \$0 copay; deductible waived | N/A |
| Patient Choice | | |
| Outpatient Surgery - Patient Choice | \$0 (when using Patient Choice Network) | Patient Choice Network provides a no out-of-pocket option for: <ul style="list-style-type: none"> Outpatient surgeries, such as: <ul style="list-style-type: none"> Shoulder Surgery Knee Surgery Hernia Surgery Complex/major imaging. <ul style="list-style-type: none"> MRI's CAT Scans PET Scans Rehabilitation Therapies <ul style="list-style-type: none"> Physical Therapy Occupational Therapy Cardiac Therapy Speech Therapy No deductible needs to be met and zero co-pay Contact Us: 888.557.8550 UBC@patientchoicehealth.com |
| Lab, X-Ray, High-Tech Imaging - Patient Choice | \$0 (when using Patient Choice Network) | |



*Subject to Affordable Care Act requirements.

Mid - Medical Plan

Overview

The Comal ISD Mid Plan provides an additional copay based plan offering, with lower annual deductibles and out-of-pocket maximums, in exchange for slightly higher monthly premiums. Providing in-network benefits only, no need for physician referrals, no drug deductible, free generic drugs, and free virtual medicine through Recuro, this plan provides the same affordable access to care, with annual cost savings potential.

| Covered | Monthly Premium |
|---|---|
| <ul style="list-style-type: none">Employee | <ul style="list-style-type: none">\$460 |
| <ul style="list-style-type: none">Employee + Spouse | <ul style="list-style-type: none">\$1,530 |
| <ul style="list-style-type: none">Employee + Child(ren) | <ul style="list-style-type: none">\$880 |
| <ul style="list-style-type: none">Employee + Family | <ul style="list-style-type: none">\$1,945 |



Mid - Plan quick-reference

Refer to plan documents for limitations and additional Information.

Mid - Medical Plan

| Feature | Your Network Costs | Your Out-of-Network Costs |
|--|--|---------------------------|
| Annual Deductible | \$3,500 individual/\$7,000 family | N/A |
| Coinsurance (after the annual deductible is met.) | 30% | N/A |
| Annual Out-of-Pocket Maximum | \$8,500 individual \$17,000 family | N/A |
| Physician Services | | |
| Office Visits (non-specialist) | \$50 copay; deductible waived | N/A |
| Office Visit (Specialist) | \$75 copay; deductible waived | N/A |
| Hearing Exam | Not Covered | N/A |
| Pre-Natal Maternity | \$0 copay; deductible waived | N/A |
| Virtual Health/Behavioral (Recuro) | \$0 per visit | N/A |
| Urgent Care | \$75 copay; deductible waived | N/A |
| Prescription Drugs | | |
| Drug Deductible | \$250 (Brand/Specialty Only) | |
| Generic (30/90 Day Supply) | Retail-\$0/Mail-Order-\$0 | |
| Brand | Retail-30%/Mail-Order-\$300 copay | |
| Specialty | 30% up to \$1,500 | |
| International Mail-Order | Brand and Specialty \$0, no deductible | |

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional Information.

Mid - Medical Plan (continued)

| Feature | Your Network Costs | Your Out-of-Network Costs |
|---|-------------------------------|---------------------------|
| Maternity Services | | |
| Routine Prenatal Care | \$0 copay; deductible waived | N/A |
| Delivery in Hospital | 30% after deductible | N/A |
| Diagnostic Procedures | | |
| Diagnostic Lab & X-ray | 30% after deductible | N/A |
| Preventive Care* | | |
| Adult Physical Exams/ Immunizations | \$0 copay; deductible waived | N/A |
| Well-Child Exams | \$0 copay; deductible waived | N/A |
| Childhood Immunizations | \$0 copay; deductible waived | N/A |
| Gynecological Exams (OB/GYN exam & Papsmear) | \$0 copay; deductible waived | N/A |
| Routine Screening (Mammography) | \$0 copay; deductible waived | N/A |
| Woman's Health | \$0 copay; deductible waived | N/A |
| Routine Digital Rectal Exam | \$0 copay; deductible waived | N/A |
| Prostate- Specific Antigen Test | \$0 copay; deductible waived | N/A |
| Colonoscopy | \$0 copay; deductible waived | N/A |
| Routine Eye Exam | \$0 copay; deductible waived | N/A |
| Newborn Hearing Screening | \$90 copay; deductible waived | N/A |
| Routine Hearing Screening | \$0 copay; deductible waived | N/A |

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional Information.

Mid - Medical Plan (continued)

| Feature | Your Network Costs | Your Out-of-Network Costs |
|--------------------------------------|---|---------------------------|
| Emergency Medical Care | | |
| Urgent Care Provider | \$75 copay; deductible waived | N/A |
| Non-Urgent Use of Urgent Care | Not Covered | N/A |
| Emergency Room | \$300 copay + 30% of balance; deductible waived | N/A |
| Non-Emergency Care in Emergency Room | Not Covered | N/A |
| Emergency Use of Ambulance | 30% after deductible | N/A |
| Non-Emergency Use of Ambulance | Not Covered | N/A |
| Hospital Care | | |
| Inpatient Coverage | 30% after deductible | N/A |
| Inpatient Maternity Coverage | 30% after deductible | N/A |
| Outpatient Hospital | 30% after deductible | N/A |
| Outpatient Surgery | 30% after deductible | N/A |
| Mental Health Services | | |
| Inpatient | 30% after deductible | N/A |
| Mental Health Office Visits | \$50 copay; deductible waived | N/A |
| Tele-Therapy (Recuro) | \$0 per visit | N/A |

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional Information.

Mid - Medical Plan (continued)

| Feature | Your Network Costs | Your Out-of-Network Costs |
|--|-------------------------------|---------------------------|
| Substance Abuse | | |
| Inpatient | 30% after deductible | N/A |
| Residential Treatment Facility | 30% after deductible | N/A |
| Substance Abuse Office Visits | \$50 copay; deductible waived | N/A |
| Additional Services | | |
| Skilled Nursing Facility | 30% after deductible | N/A |
| Home Health Care | 30% after deductible | N/A |
| Hospice Care | 30% after deductible | N/A |
| Private Duty Nursing | 30% after deductible | N/A |
| Outpatient Short-Term Rehabilitation | 30% after deductible | N/A |
| Spinal Manipulation Therapy | 30% after deductible | N/A |
| Autism Behavioral Therapy | \$50 copay, deductible waived | N/A |
| Autism Physical/ Occupational/Speech Therapy | \$50 copay, deductible waived | N/A |
| Hearing Aids | 30% after deductible | N/A |
| Durable Medical Equipment | 30% after deductible | N/A |
| Diabetic Supplies (if not covered by pharmacy) | 30% after deductible | N/A |
| Prosthetics | 30% after deductible | N/A |

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional Information.

Mid - Medical Plan (continued)

| Feature | Your Network Costs | Your out-of-network costs |
|--|---|---|
| Additional Services (Continued) | | |
| Orthotics | 30% after deductible | N/A |
| Women's Contraceptives | \$0 copay; deductible waived | N/A |
| Vision Eyewear | Not Covered | N/A |
| Transplants | 30% after deductible | N/A |
| Bariatric Surgery | Not Covered | N/A |
| Family Planning | | |
| Infertility Treatment | Not Covered | N/A |
| Comprehensive Infertility Services | Not Covered | N/A |
| Vasectomy | 30% after deductible | N/A |
| Tubal Ligation | \$0 copay; deductible waived | N/A |
| Patient Choice | | |
| Outpatient Surgery - Patient Choice | \$0 (when using Patient Choice Network) | Patient Choice Network provides a no out-of-pocket option for: <ul style="list-style-type: none"> Outpatient surgeries, such as: <ul style="list-style-type: none"> Shoulder Surgery Knee Surgery Hernia Surgery Complex/major imaging. <ul style="list-style-type: none"> MRI's CAT Scans PET Scans Rehabilitation Therapies <ul style="list-style-type: none"> Physical Therapy Occupational Therapy Cardiac Therapy Speech Therapy No deductible needs to be met and zero co-pay Contact Us: 888.557.8550 UBC@patientchoicehealth.com |
| Lab, X-Ray, High-Tech Imaging - Patient Choice | \$0 (when using Patient Choice Network) | |



*Subject to Affordable Care Act requirements.

High - Medical Plan

Overview

The Comal ISD High Plan provides the richest medical benefits, in exchange for the higher monthly premiums. Combining the best aspects from all other plan offerings, this plan provides copays for Primary Care and Specialists, no need for physician referrals, zero drug deductible, free generic drugs, and free virtual medicine through Recuro. This plan also provides: in- and out-of-network benefits, the most generous coinsurance percentage of all comparable plans, and the lowest annual deductibles and out-of-pocket maximums available.

| Covered | Monthly Premium |
|-------------------------|-----------------|
| • Employee | • \$770 |
| • Employee + Spouse | • \$2,220 |
| • Employee + Child(ren) | • \$1,360 |
| • Employee + Family | • \$2,785 |



High - Plan quick-reference

Refer to plan documents for limitations and additional Information.

High - Medical Plan

| Feature | Your Network Costs | Your Out-of-Network Costs |
|--|--|-------------------------------------|
| Annual Deductible | \$2,500 individual/\$5,000 family | \$7,500 individual/\$15,000 family |
| Coinsurance (after the annual deductible is met.) | 20% | 50% |
| Annual Out-of-Pocket Maximum | \$6,500 individual/\$13,000 family | \$20,000 individual/\$40,000 family |
| Physician Services | | |
| Office Visits (non-specialist) | \$50 copay; deductible waived | 50% after deductible |
| Office Visit (Specialist) | \$75 copay; deductible waived | 50% after deductible |
| Hearing Exam | Not Covered | Not Covered |
| Pre-Natal Maternity | \$0 copay; deductible waived | 50% after deductible |
| Virtual Health/Behavioral (Recuro) | \$0 per visit | \$0; deductible waived |
| Urgent Care | \$75 copay; deductible waived | 50% after deductible |
| Prescription Drugs | | |
| Drug Deductible | \$250 (Brand/Specialty Only) | |
| Generic (30/90 Day Supply) | Retail-\$0/Mail-Order-\$0 | |
| Brand | Retail-30%/Mail-Order-\$300 copay | |
| Specialty | 30% up to \$1,500 | |
| International Mail-Order | Brand and Specialty \$0, no deductible | |

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional Information.

High - Medical Plan (continued)

| Feature | Your Network Costs | Your Out-of-Network Costs |
|--|-------------------------------|---------------------------|
| Maternity Services | | |
| Routine Prenatal Care | \$0 copay; deductible waived | 50% after deductible |
| Delivery in Hospital | 20% after deductible | 50% after deductible |
| Diagnostic Procedures | | |
| Diagnostic Lab & X-ray | 20% after deductible | 50% after deductible |
| Preventive Care* | | |
| Adult Physical Exams/ Immunizations | \$0 copay; deductible waived | 50% after deductible |
| Well-Child Exams | \$0 copay; deductible waived | 50% after deductible |
| Childhood Immunizations | \$0 copay; deductible waived | \$0; deductible waived |
| Gynecological Exams (OB/GYN exam & Pap smear) | \$0 copay; deductible waived | 50% after deductible |
| Routine Screening (Mammography) | \$0 copay; deductible waived | 50% after deductible |
| Woman's Health | \$0 copay; deductible waived | 50% after deductible |
| Routine Digital Rectal Exam | \$0 copay; deductible waived | 50% after deductible |
| Prostate- Specific Antigen Test | \$0 copay; deductible waived | 50% after deductible |
| Colonoscopy | \$0 copay; deductible waived | 50% after deductible |
| Routine Eye Exam | \$0 copay; deductible waived | 50% after deductible |
| Newborn Hearing Screening | \$60 copay; deductible waived | 50% after deductible |
| Routine Hearing Screening | \$0 copay; deductible waived | 50% after deductible |

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional Information.

High - Medical Plan (continued)

| Feature | Your Network Costs | Your Out-of-Network Costs |
|--------------------------------------|---|---|
| Emergency Medical Care | | |
| Urgent Care Provider | \$75 copay; deductible waived | 50% after deductible |
| Non-Urgent Use of Urgent Care | Not Covered | Not Covered |
| Emergency Room | \$300 copay + 20% of balance; deductible waived | \$300 copay + 20% of balance; deductible waived |
| Non-Emergency Care in Emergency Room | Not Covered | Not Covered |
| Emergency Use of Ambulance | 20% after deductible | 20% after deductible |
| Non-Emergency Use of Ambulance | Not Covered | Not Covered |
| Hospital Care | | |
| Inpatient Coverage | 20% after deductible | 50% after deductible |
| Inpatient Maternity Coverage | 20% after deductible | 50% after deductible |
| Outpatient Hospital | 20% after deductible | 50% after deductible |
| Outpatient Surgery | 20% after deductible | 50% after deductible |
| Mental Health Services | | |
| Inpatient | 20% after deductible | 50% after deductible |
| Mental Health Office Visits | \$50 copay; deductible waived | 50% after deductible |
| Tele-Therapy (Recuro) | \$0 per visit | N/A |

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional Information.

High - Medical Plan (continued)

| Feature | Your Network Costs | Your Out-of-Network Costs |
|--|-------------------------------|---------------------------|
| Substance Abuse | | |
| Inpatient | 20% after deductible | 50% after deductible |
| Residential Treatment Facility | 20% after deductible | 50% after deductible |
| Substance Abuse Office Visits | \$50 copay; deductible waived | 50% after deductible |
| Additional Services | | |
| Skilled Nursing Facility | 20% after deductible | 50% after deductible |
| Home Health Care | 20% after deductible | 50% after deductible |
| Hospice Care | 20% after deductible | 50% after deductible |
| Private Duty Nursing | 20% after deductible | 50% after deductible |
| Outpatient Short-Term Rehabilitation | \$50 copay, deductible waived | 50% after deductible |
| Spinal Manipulation Therapy | \$50 copay, deductible waived | 50% after deductible |
| Autism Behavioral Therapy | \$50 copay, deductible waived | 50% after deductible |
| Autism Physical/ Occupational/Speech Therapy | \$50 copay, deductible waived | 50% after deductible |
| Hearing Aids | 20% after deductible | 50% after deductible |
| Durable Medical Equipment | 20% after deductible | 50% after deductible |
| Diabetic Supplies (if not covered by pharmacy) | 20% after deductible | 50% after deductible |
| Prosthetics | 20% after deductible | 50% after deductible |

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional Information.

High - Medical Plan (continued)

| Feature | Your Network Costs | Your Out-of-Network Costs |
|--|---|---|
| Additional Services (Continued) | | |
| Orthotics | 20% after deductible | 50% after deductible |
| Women's Contraceptives | \$0 copay; deductible waived | 50% after deductible |
| Vision Eyewear | Not Covered | Not Covered |
| Transplants | 20% after deductible | 50% after deductible |
| Bariatric Surgery | Not Covered | Not Covered |
| Family Planning | | |
| Infertility Treatment | Not Covered | Not Covered |
| Comprehensive Infertility Services | Not Covered | Not Covered |
| Vasectomy | 20% after deductible | 50% after deductible |
| Tubal Ligation | \$0 copay; deductible waived | 50% after deductible |
| Patient Choice | | |
| Outpatient Surgery - Patient Choice | \$0 (when using Patient Choice Network) | Patient Choice Network provides a no out-of-pocket option for: <ul style="list-style-type: none"> Outpatient surgeries, such as: <ul style="list-style-type: none"> Shoulder Surgery Knee Surgery Hernia Surgery Complex/major imaging. <ul style="list-style-type: none"> MRI's CAT Scans PET Scans Rehabilitation Therapies <ul style="list-style-type: none"> Physical Therapy Occupational Therapy Cardiac Therapy Speech Therapy No deductible needs to be met and zero co-pay Contact Us: 888.557.8550 UBC@patientchoicehealth.com |
| Lab, X-Ray, High-Tech Imaging - Patient Choice | \$0 (when using Patient Choice Network) | |



*Subject to Affordable Care Act requirements.

FINDING A DOCTOR IN OUR DIRECTORY IS EASY



Is your doctor or hospital in your plan's Cigna network? Cigna's online directory makes it easy to find who (or what) you're looking for.

SEARCH YOUR PLAN'S NETWORK IN FOUR SIMPLE STEPS



Step 1

Go to [Cigna.com](https://www.cigna.com), and click on "Find a Doctor" at the top of the screen. Then, under "How are you Covered?" select "Employer or School."



Step 2

Change the geographic location to the city/state or zip code you want to search. Select the search type and enter a name, specialty or other search term. Click on one of our suggestions or the magnifying glass icon to see your results.



Step 3

Answer any clarifying questions, and then verify where you live (as that will determine the networks available).



Step 4

Optional: Select one of the plans offered by your employer during open enrollment. **(OAP) Network Open Access Plus**

That's it! You can also refine your search results by distance, years in practice, specialty, languages spoken and more.

Search first. Then choose Cigna.

There are so many things to love about Cigna. Our directory search is just the beginning.

After you enroll, you'll have access to [myCigna.com](https://mycigna.com) – your one-stop source for managing your health plan, anytime, just about anywhere. On [myCigna.com](https://mycigna.com), you can estimate your health care costs, manage and track claims, learn how to live a healthier life and more.

Questions? Call **1-800-Cigna24**

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

Providers and facilities that participate in the Cigna network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, see your plan documents.

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Welcome to LucyRx

We're glad you're here.

Prescription care should work as it was intended—clear, affordable, and centered around you. That's why LucyRx exists: to help you get the medicine you need, with the clarity and support you deserve.

Whether it's a one-time prescription or something more complex, you're not alone—we're here to help.





Who We Are

LucyRx is your prescription care partner. We're independent, experienced, and built to make getting your medicine easier—from everyday needs to complex care.

We deliver better results through a nationwide pharmacy network, flexible plan designs, and convenient 90-day options—whether through home delivery or retail.

Behind the scenes, our proprietary, AI-powered analytics platform—LucyIQ™—helps your benefit work smarter, supporting the right care at the right cost, every time.

We serve more than 1,200 organizations across the country. But what matters most is you—and helping make your health journey easier, every step of the way.





Getting Started with Your LucyRx Benefit

Here's how to start using your benefit and access support:

- 1 Check your ID card**
Look for the LucyRx logo on the insurance card you received from Allegiance to confirm your prescription coverage. If you're unsure, ask your employer or contact our 24/7 Prescription Care team.
- 2 Show your card at the pharmacy**
When filling a prescription, show your insurance card at the pharmacy so they can process your coverage correctly.
- 3 Register online**
Visit www.lucyrx.com/members to create your digital account and view your plan details.
- 4 Download the app**
Use the LucyRx app (available in the App Store and Google Play) to manage your prescriptions anytime, anywhere.



We're proud to be on your care team.
Let's make this easier—together.



Access Your Care, Anywhere

With LucyRx, managing your prescriptions is just a tap away.
Use our mobile app or online portal to:



Track and refill prescriptions



Get refill reminders and alerts



Compare medication prices



Access your digital ID card



Locate in-network pharmacies



Check medication status or coverage



View your medication history

Your health information is always private and secure. You focus on your health—we'll take care of the rest.



How to Register for Your Digital Account

1. Visit www.lucyrx.com/members
2. Click "Let's Go to My Benefits" and follow the prompts to select "Register Now"
3. Enter the details on your insurance card and create your username and password
4. Log in via desktop, mobile, or the LucyRx app

If you're experiencing a medical emergency, call 911 or go to the nearest emergency room.

For all other medication or benefit questions, our 24/7 Prescription Care team is here to help.



We're Here When You Need Us

Have a question about your prescriptions? Need help finding a pharmacy or checking coverage? Our U.S.-based team is available 24/7—in 200+ languages—to get you the answers you need.

Call us anytime at 877-860-8846 or visit www.lucyrx.com/members

When you reach out, you'll talk to a trained specialist who can:

- ✓ Explain your LucyRx benefit
- ✓ Check coverage and medication details
- ✓ Help you find lower-cost options
- ✓ Resolve refill or delivery issues
- ✓ Connect you with a pharmacist if needed



At LucyRx, we don't just answer calls—we solve problems.



90-Day Convenience, Your Way

With LucyRx, you have options for getting a 90-day supply of your eligible maintenance medications—wherever it works best for you:

Your Local Pharmacy

Get your 90-day supply filled at one of over 60,000 pharmacies nationwide. Prefer Walmart, H-E-B, or Target? You can stick with the places you already shop.

Home Delivery

Want your medications shipped to your door? Use Walgreens Mail Service for home delivery—plus refill reminders, tracking, and copay tools included.

Getting Started:



Online:

Visit [walgreensmailservice.com](https://www.walgreensmailservice.com) to register. Once you're set up, you'll receive instructions for placing your first order.



By phone:

Call 877-787-3047. Have your insurance info ready.



Specialty Medications Made Simple

Some medicines are more complex.

If you're taking a specialty drug for a condition such as cancer, arthritis, or multiple sclerosis—LucyRx is here to help.

We don't just send your prescription to a pharmacy and hope for the best. We've built a smarter way to support you—with the care, service, and savings you need.

Personalized Support for Your Treatment

No two conditions—or members—are the same. Our Care Guides take the time to understand your situation and match you with the right pharmacy, support, or savings program.

Here's how it works:

LucyRx Care Guides Who Help You One-on-One

1

Our LucyRx Care Guides are trained nurses, pharmacists, and pharmacy techs. They're here to help you:

- Get your medicine approved
- Learn how to take it safely
- Understand what to expect during treatment
- Find ways to save money

You can call anytime—or wait for us to reach out.

We'll walk you through what comes next.

Specialty Medications Made Simple: Where You'll Get Your Medication

2

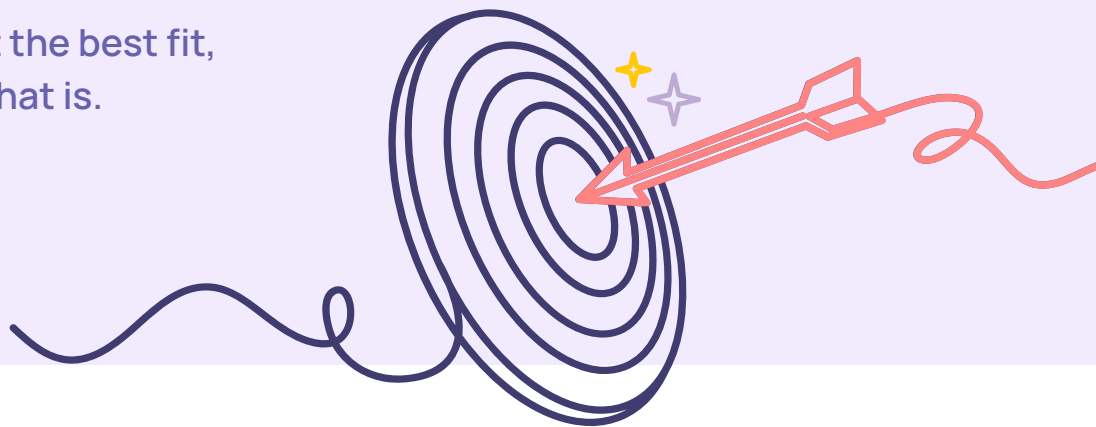
Most PBMs ship from large central pharmacies—often far from where care happens. LucyRx does things differently.

We've partnered with more than 100 health systems that operate specialty pharmacies inside their hospitals and clinics—so members can fill prescriptions where they already get care.

This can mean:

- Faster access to your medication
- In-person conversations with your pharmacist
- Better coordination between your care team and your pharmacy
- Quicker help when something's not working

If a local pharmacy isn't the best fit,
we'll guide you to one that is.





Specialty Medications Made Simple: Getting Help with Cost

3

Specialty drugs can be expensive—but LucyRx helps lower what you pay.

When your prescription is submitted, our Care Guides check for savings opportunities. If there's a better option, we'll call you and walk you through it.

We may be able to:

- **Lower your copay** – We can often apply a coupon or discount without changing your pharmacy
- **Help you get your medicine for free** – In some cases, we connect you to trusted programs or pharmacies that cover the full cost
- **Offer a safe, lower-cost alternative** – If another version of your drug works the same but costs less, we'll help you understand your options
- **Provide extra support** – For complex conditions, we may connect you with a pharmacist or nurse who checks in regularly and helps manage your treatment

**We don't wait for you to ask. If there's a way to save, we'll reach out.
And if you ever have questions, just call—we're here to help.**

Specialty Medications Made Simple: What Happens Next

4

1. **Your doctor sends your prescription to a LucyRx specialty pharmacy**
(We'll make sure it goes to the best option in our trusted network.)
2. **A LucyRx Care Guide reaches out to you**
(No need to call—we'll connect with you directly.)
3. **We help you get started with the right pharmacy and support**
(From benefits to side effects, we've got you covered.)
4. **You get your medication—and the help that comes with it**
(Coaching, savings, and guidance are all part of the package.)

Need help at any point? Your LucyRx
Care Guide is just a call away.





Support for Specialty Needs

If you're managing a complex condition, where you fill your prescription **matters**. Your LucyRx Care Guide will help route it to a pharmacy that works closely with your care team—so you get the right medication, with the right support, from day one.

This team of nurses and pharmacists offer personalized support to help you:

- ✦ Understand your medications and treatment options
- ✦ Access financial assistance and coverage guidance
- ✦ Navigate prior authorizations
- ✦ Stay on track—clinically and financially

So where will you actually get your medicine?

Let's walk through how your specialty prescription is filled—and how we make it as simple and supportive as possible.

Filling a specialty prescription

When you're managing a complex condition, getting your medication from the same place you get your care just makes sense.

That's why many specialty prescriptions can be filled at local pharmacies located inside the hospital or clinic where you're being treated. These pharmacies offer:

- ✓ Faster access to your medication
- ✓ Help from a pharmacist who knows your care team
- ✓ A simpler experience with fewer steps



How LucyRx Helps You Save

We know medications can be expensive. That's why we look for ways to help you save—before you even ask.

Our Care Guides are here to help you save in ways you might not expect. If there's a better option for your medication, we'll reach out to walk you through the next step. And it's not just for specialty drugs—we help members save across all types of prescriptions, too.

Here are just a few of the ways we help members lower their costs:

We help you switch to a lower-cost version of your medication—when it makes sense

If there's a safe alternative—like a generic or another option that works the same but costs less—we'll explain your choices and help you make the switch without disrupting your care.

We help with copay discounts

You may qualify for a coupon or manufacturer program that lowers your cost. We'll handle the paperwork and get you enrolled.

We look into pharmacy options—even international

For certain medications, we may be able to help you access lower-cost pricing through trusted pharmacies outside the U.S.

We connect you to free medicine programs

If a medication is too expensive—even with insurance—we'll check if you qualify for programs that cover the full cost.

Not sure if you're paying too much? We'll check for savings—and help you make the switch if there's a better option.



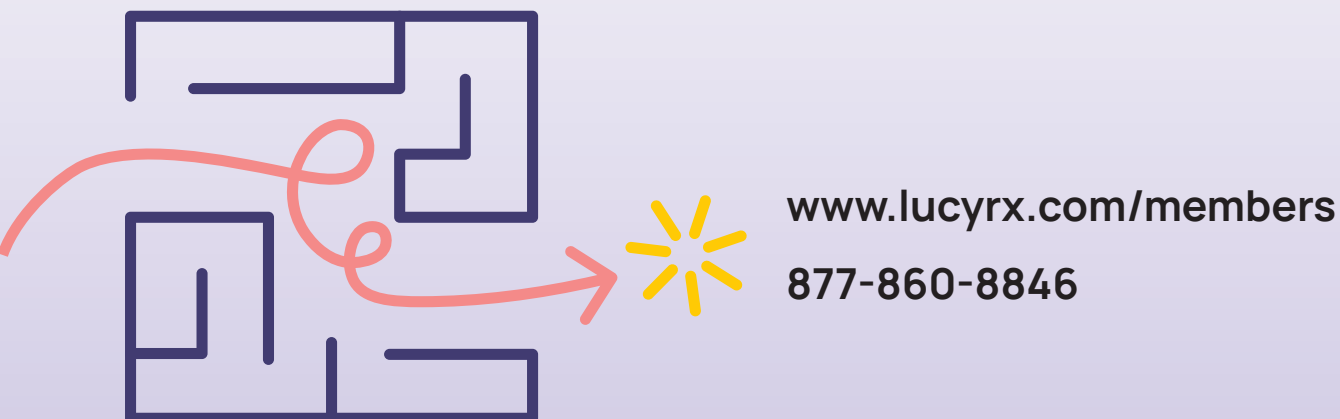


We're With You All the Way

Whether it's your first prescription or your fiftieth, LucyRx is here to make prescription care clearer, more affordable, and built around you.

Need a hand? We've got you.

Whether it's cost, access, or something unclear—we'll help you sort it out, every time.





Virtual Urgent Care

Getting Started

INTRODUCTION

Access board-certified physicians 24/7, 365 days a year for urgent medical needs. Doctors will discuss your symptoms, confirm a diagnosis, and prescribe any needed medication. Video and telephone-based visits are available, with an average wait time of just ten minutes.

Consult Fee: \$0

HOW TO ACCESS

01

Sign up with the Recuro Care app or visit the webpage below to access:
["member.recurohealth.com"](https://member.recurohealth.com)

02

Enter your employer member ID

03

Create your username and password

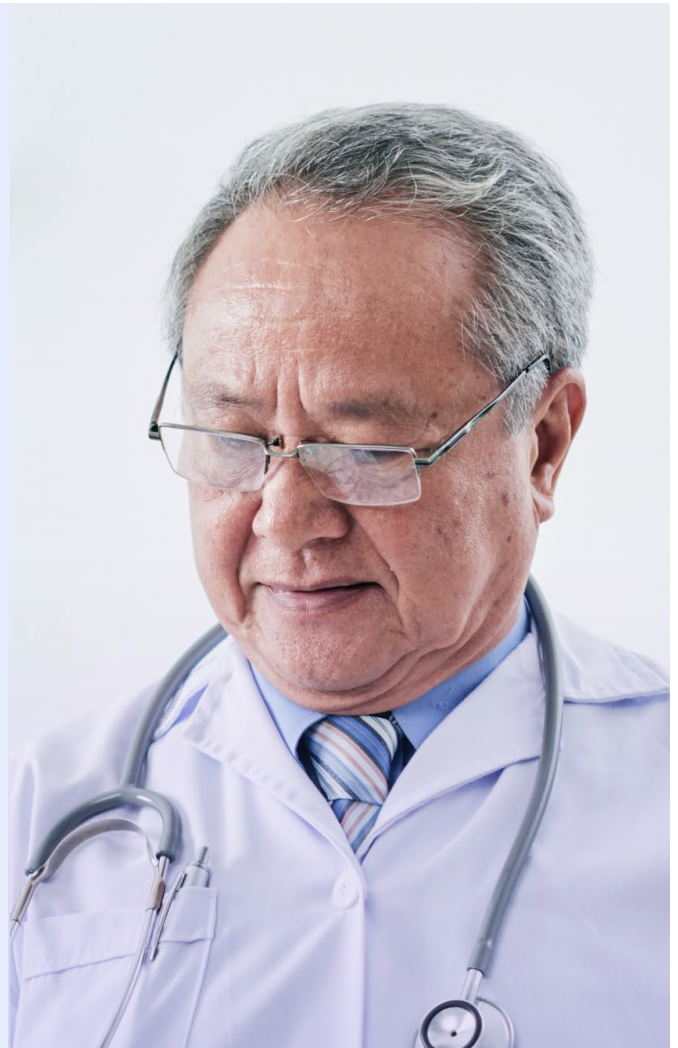
04

Complete your medical history

05

Schedule your consult

*Registering your account is not required to use the service, you can call 855.6RECURO anytime for 24/7 access to doctors.



Example Conditions Treated

- Acne / Rash
- Allergies
- Cold / Flu
- GI Issues
- Ear Problems
- Fever
- Insect Bites
- Nausea
- Pink Eye
- Respiratory
- UTI's
- And More...



customerservice@recurohealth.com | [855.6RECURO](tel:855.6RECURO) | Scan QR Code to Download





Virtual Therapy

Getting Started

INTRODUCTION

Receive comprehensive therapy and counseling from Recuro's Clinical Social Workers and Marriage & Family Therapists. Your therapist will work with you to reach your emotional wellness goals, developing a personalized plan and tracking progress over time.

HOW TO ACCESS

01

Sign up with the Recuro Care app or visit the webpage below to access:
["member.recurohealth.com"](https://member.recurohealth.com)

02

Enter your employer member ID

03

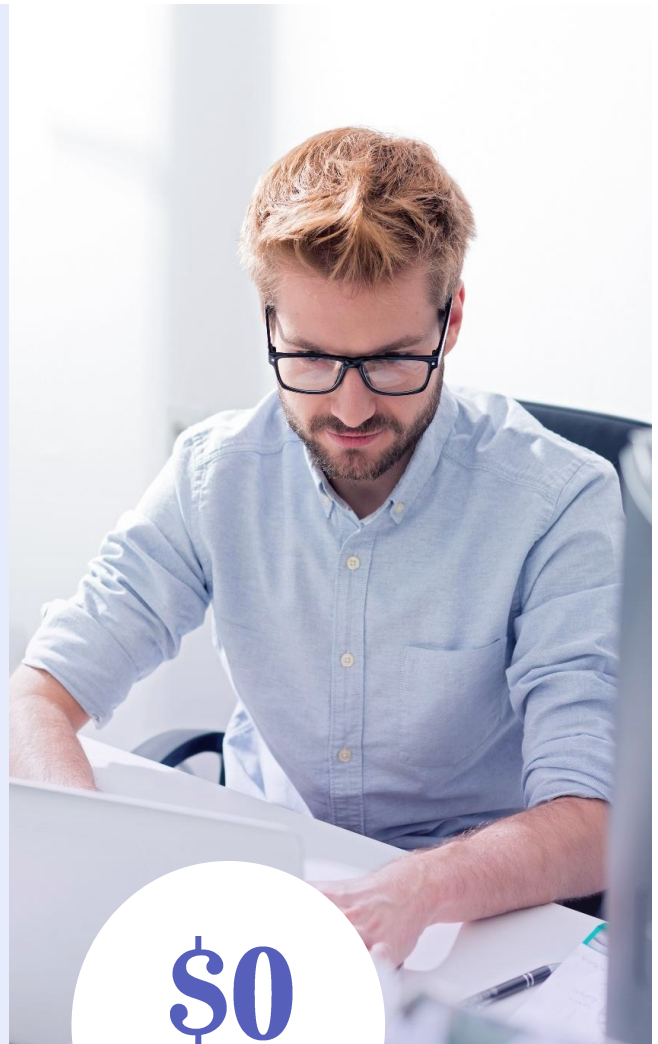
Create your username and password

04

Complete intake and wellness assessment

05

Schedule your consult



\$0

Consults

Example Conditions Treated

- Anger Mgmt
- Anxiety
- Bipolar
- Depression
- Eating Disorder
- Sleep Disorder
- Addiction
- Substances
- Grief / Loss
- PTSD
- OCD
- And More...



customerservice@recurohealth.com | [855.6RECURO](tel:855.6RECURO) | Scan QR Code to Download



Medical Plan Benefits Questions?



ubc-benefits.com/comalisd-benefits
(case sensitive)

help@ubc-benefits.com

Specific Medical Coverage Questions?



Allegiance Customer Service Line:
(855) 999-6810

Questions About Prescription Cost and Coverage?



LucyRx Help Line
(877) 860-8846

