

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



UNIVERSAL BENEFITS  
CONSORTIUM

## CHOOSING YOUR MEDICAL PLAN

Health & Welfare Plan  
Prepared for:  
East Central ISD 2020/21



# 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 3 MEDICAL PLANS TO CHOOSE FROM:

UBC/CIGNA HD Plan

UBC/CIGNA Basic Plan

UBC/CIGNA Enhanced Plan

## ■ BENEFITS

For UBC Members

- Free access to **Health & Wellness Center**
- Cigna **Nationwide Network** with over 1 million healthcare professionals
- No referral necessary to see a specialist
- No prescription deductible and free generics



# UBC/CIGNA HD Plan

versus TRS ActiveCare HD

## PLAN COMPARISON

### UBC/CIGNA HD PLAN BENEFITS:

- Free access to Health & Wellness Center
- No referral necessary to see a specialist
- No prescription deductible and free generics

### MONTHLY PREMIUM

	UBC/CIGNA HD	TRS ACTIVECARE HD
Employee	\$0.00	\$47.00
Employee + Child(ren)	\$250.00	\$365.00
Employee + Spouse	\$600.00	\$770.00
Employee + Family	\$785.00	\$988.00

### PLAN FEATURES

COVERAGE TYPE	UBC/CIGNA HD		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
INDV/FAM DEDUCTIBLE	\$3,000/\$6,000	\$6,000/\$12,000	\$2,800/\$5,600	\$5,500/\$11,000
COINSURANCE	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
INDV/FAM MAX OUT-OF-POCKET	\$7,000/\$14,000	Unlimited	\$6,900/\$13,800	\$20,250/\$40,500
NETWORK	Nationwide		Nationwide	
PRIMARY CARE PROVIDER (PCP) REQUIRED	No		No	

### DOCTORS VISITS

	UBC/CIGNA HD		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PRIMARY CARE	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
SPECIALIST	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
VIRTUAL HEALTH	\$0 Per Consultation		\$30 Per Consultation	
EAST CENTRAL HEALTH & WELLNESS CENTER	100%, No Deductible		Not Covered	

### IMMEDIATE CARE

	UBC/CIGNA HD		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
URGENT CARE	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
EMERGENCY CARE	20% After Deductible	40% After Deductible	20% After Deductible	

### PRESCRIPTION DRUGS

	UBC/CIGNA HD		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DRUG DEDUCTIBLE	None		Integrated with Medical	
GENERIC (30 DAY/90 DAY SUPPLY)	Plan Pays 100%		20% After Deductible	
PREFERRED BRAND	30%/MAIL \$90		25% After Deductible	
NON-PREFERRED BRAND	30%/MAIL \$90		50% After Deductible	
SPECIALTY	50% up to max of \$1,500		20% After Deductible	

# UBC/CIGNA Basic Plan

versus TRS ActiveCare Primary

## PLAN COMPARISON

### UBC/CIGNA BASIC PLAN BENEFITS:

- Free Access to Health & Wellness Center
- No referral necessary to see a specialist
- No prescription deductible and free generics

### MONTHLY PREMIUM

	UBC/CIGNA BASIC	TRS ACTIVECARE PRIMARY
Employee	\$5.00	\$36.00
Employee + Child(ren)	\$265.00	\$345.00
Employee + Spouse	\$610.00	\$739.00
Employee + Family	\$825.00	\$951.00

### PLAN FEATURES

COVERAGE TYPE	UBC/CIGNA BASIC		TRS ACTIVECARE PRIMARY
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
INDV/FAM DEDUCTIBLE	\$2,500/\$5,000	\$4,000/\$8,000	\$2,500/\$5,000
COINSURANCE	20% After Deductible	40% After Deductible	30% After Deductible
INDV/FAM MAX OUT-OF-POCKET	\$8,000/\$16,000	Unlimited	\$8,150/\$16,300
NETWORK	Nationwide		Only Statewide
PRIMARY CARE PROVIDER (PCP) REQUIRED	No		Yes/Referral req. for specialist

### DOCTORS VISITS

	UBC/CIGNA BASIC		TRS ACTIVECARE PRIMARY
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
PRIMARY CARE	20% After Deductible	40% After Deductible	\$30 Copay
SPECIALIST	20% After Deductible	40% After Deductible	\$70 copay/Referral Required
VIRTUAL HEALTH	\$0 Per Consultation		\$0 Per Consultation
EAST CENTRAL HEALTH & WELLNESS CENTER	100%, No Deductible		Not Covered

### IMMEDIATE CARE

	UBC/CIGNA BASIC		TRS ACTIVECARE PRIMARY
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
URGENT CARE	20% After Deductible	40% After Deductible	\$50 Copay
EMERGENCY CARE	20% After Deductible	40% After Deductible	30% After Deductible

### PRESCRIPTION DRUGS

	UBC/CIGNA BASIC		TRS ACTIVECARE PRIMARY
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
DRUG DEDUCTIBLE	None		Integrated with Medical
GENERIC (30 DAY/90 DAY SUPPLY)	Plan Pays 100%		\$15/\$45 Copay
PREFERRED BRAND	30%/MAIL \$90		30% After Deductible
NON-PREFERRED BRAND	30%/MAIL \$90		50% After Deductible
SPECIALTY	50% up to max of \$1,500		30% After Deductible

# UBC/CIGNA Enhanced Plan

versus TRS ActiveCare Primary+

## PLAN COMPARISON

### UBC/CIGNA ENHANCED PLAN BENEFITS:

- Free access to Health & Wellness Center
- No referral necessary to see a specialist
- No prescription deductible and free generics

MONTHLY PREMIUM		
	UBC/CIGNA ENHANCED	TRS ACTIVECARE PRIMARY+
Employee	\$164.00	\$164.00
Employee + Child(ren)	\$484.00	\$484.00
Employee + Spouse	\$914.00	\$914.00
Employee + Family	\$1,238.00	\$1,238.00

PLAN FEATURES			
	UBC/CIGNA ENHANCED		TRS ACTIVECARE PRIMARY+
COVERAGE TYPE	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
INDV/FAM DEDUCTIBLE	\$1,200/\$2,400	\$3,000/\$6,000	\$1,200/\$3,600
COINSURANCE	20% After Deductible	40% After Deductible	20% After Deductible
INDV/FAM MAX OUT-OF-POCKET	\$7,000/\$14,000	Unlimited	\$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	20% After Deductible	Deductible, \$60%	\$30 Copay
SPECIALIST	20% After Deductible	40% After Deductible	\$70 copay/Referral Required
VIRTUAL HEALTH	\$0 Per Consultation		\$0 Per Consultation
EAST CENTRAL HEALTH & WELLNESS CENTER	100%, No Deductible		Not Covered

IMMEDIATE CARE			
	UBC/CIGNA ENHANCED		TRS ACTIVECARE PRIMARY+
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
URGENT CARE	20% After Deductible	40% After Deductible	\$50 Copay
EMERGENCY CARE	20% After Deductible	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)	Plan Pays 100%		\$15/\$45 Copay
PREFERRED BRAND	30%/MAIL \$90		25% After Deductible
NON-PREFERRED BRAND	30%/MAIL \$90		50% After Deductible
SPECIALTY	50% up to max of \$1,500		20% After Deductible

# PLAN COST COMPARISON

Please Note: Only on the UBC/Cigna plans you will have access to the East Central Health and Wellness Center/Clinic

	UBC/CIGNA HD	TRS ACTIVECARE HD	UBC/CIGNA BASIC	TRS ACTIVECARE PRIMARY	UBC/CIGNA ENHANCED	TRS ACTIVECARE PRIMARY+
<b>EMPLOYEE ONLY</b>						
MONTHLY PREMIUM	\$0	\$47	\$5	\$36	\$164	\$164
TOTAL ANNUAL PREMIUM	\$0	\$564	\$60	\$432	\$1,968	\$1,968
ANNUAL DEDUCTIBLE	\$3,000	\$2,800	\$2,500	\$2,500	\$1,200	\$1,200
OUT OF POCKET MAX (INCLUDES DEDUCTIBLES, COPAYS, AND COINSURANCE)	\$7,000	\$6,900	\$8,000	\$8,150	\$7,000	\$6,900
IF COMBINED PREMIUM, ANNUAL DEDUCTIBLE, AND OUT OF POCKET MAX IS MET	<b>\$7,000</b>	<b>\$7,464</b>	<b>\$8,060</b>	<b>\$8,582</b>	<b>\$8,968</b>	<b>\$8,868</b>
<b>EMPLOYEE + CHILD(REN)</b>						
MONTHLY PREMIUM	\$250	\$365	\$265	\$345	\$484	\$484
TOTAL ANNUAL PREMIUM	\$3,000	\$4,380	\$3,180	\$4,140	\$5,808	\$5,808
ANNUAL DEDUCTIBLE	\$6,000	\$5,600	\$5,000	\$5,000	\$2,400	\$3,600
OUT OF POCKET MAX (INCLUDES DEDUCTIBLES, COPAYS, AND COINSURANCE)	\$14,000	\$13,800	\$16,000	\$16,300	\$14,000	\$13,800
IF COMBINED PREMIUM, ANNUAL DEDUCTIBLE, AND OUT OF POCKET MAX IS MET	<b>\$17,000</b>	<b>\$18,180</b>	<b>\$19,180</b>	<b>\$20,440</b>	<b>\$19,808</b>	<b>\$19,608</b>
<b>EMPLOYEE + SPOUSE</b>						
MONTHLY PREMIUM	\$600	\$770	\$610	\$739	\$914	\$914
TOTAL ANNUAL PREMIUM	\$7,200	\$9,240	\$7,320	\$8,868	\$10,968	\$10,968
ANNUAL DEDUCTIBLE	\$6,000	\$5,600	\$5,000	\$5,000	\$2,400	\$3,600
OUT OF POCKET MAX (INCLUDES DEDUCTIBLES, COPAYS, AND COINSURANCE)	\$14,000	\$13,800	\$16,000	\$16,300	\$14,000	\$13,800
IF COMBINED PREMIUM, ANNUAL DEDUCTIBLE, AND OUT OF POCKET MAX IS MET	<b>\$21,200</b>	<b>\$23,040</b>	<b>\$23,320</b>	<b>\$25,168</b>	<b>\$24,968</b>	<b>\$24,768</b>
<b>EMPLOYEE + FAMILY</b>						
MONTHLY PREMIUM	\$785	\$988	\$825	\$951	\$1,238	\$1,238
TOTAL ANNUAL PREMIUM	\$9,420	\$11,856	\$9,900	\$11,412	\$14,856	\$14,856
ANNUAL DEDUCTIBLE	\$6,000	\$5,600	\$5,000	\$5,000	\$2,400	\$3,600
OUT OF POCKET MAX (INCLUDES DEDUCTIBLES, COPAYS, AND COINSURANCE)	\$14,000	\$13,800	\$16,000	\$16,300	\$14,000	\$13,800
IF COMBINED PREMIUM, ANNUAL DEDUCTIBLE, AND OUT OF POCKET MAX IS MET	<b>\$23,420</b>	<b>\$25,656</b>	<b>\$25,900</b>	<b>\$27,712</b>	<b>\$28,856</b>	<b>\$28,656</b>