

## HD Plan Summary

TIER ONE	TIER TWO	OUT-OF-NETWORK
<ul style="list-style-type: none"> <li>Lowest Premiums available</li> <li>Lowest Out-of-Pocket Maximums available</li> <li>Baptist Network</li> <li>No PCP referrals</li> <li>No Drug Deductible</li> <li>Free Generic Drugs</li> </ul>	<ul style="list-style-type: none"> <li>Lowest Premiums available</li> <li>Lowest Out-of-Pocket Maximums available</li> <li>Nationwide Network</li> <li>No PCP referrals</li> <li>No Drug Deductible</li> <li>Free Generic Drugs</li> </ul>	<ul style="list-style-type: none"> <li>Lowest Premiums available</li> <li>No PCP referrals</li> <li>No Drug Deductible</li> <li>Free generic Drugs</li> </ul>

Monthly Premiums	Tier One	Tier Two	Out-of-Network
Employee Only	\$55 / \$30 with PHA	\$55 / \$30 with PHA	\$55 / \$30 with PHA
Employee and Spouse	\$737 / \$687 with PHA	\$737 / \$687 with PHA	\$737 / \$687 with PHA
Employee and Child	\$331 / \$306 with PHA	\$331 / \$306 with PHA	\$331 / \$306 with PHA
Employee and Family	\$947 / \$897 with PHA	\$947 / \$897 with PHA	\$947 / \$897 with PHA

Plan Features	Tier One	Tier Two	Out-of-Network
Type of Coverage	In-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Individual/Family Deductible	\$1,500/\$3,000	\$3,000/\$6,000	\$6,000/\$12,000
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Maximum Out-of-Pocket	\$7,000/\$14,000	\$7,000/\$14,000	None
Network	Baptist Network Only	CIGNA OAP Nationwide Network	
Primary Care Provider (PCP) Required	No	No	No

Doctor Visits	Tier One	Tier Two	Out-of-Network
Primary Care	20% after deductible	20% after deductible	40% after deductible
Specialist	20% after deductible	20% after deductible	20% after deductible
Wellvia 24/7 Virtual Health	\$0	\$0	\$0

Immediate Care	Tier One	Tier Two	Out-of-Network
Urgent Care	\$50 Copay	\$100 Copay	40% after deductible
Emergency Care	\$250 Copay then 20% after deductible	\$500 Copay then 20% after deductible	40% after deductible
Wellvia 24/7 Virtual Health	\$0	\$0	\$0

Prescription Drugs	Tier One	Tier Two	Out-of-Network
Drug Deductible	None	None	None
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order	\$0 Retail and Mail Order	\$0 Retail and Mail Order
Preferred Brand	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order
Non-Preferred Brand	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order	30% Retail / \$125 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

### Wellness Benefits at No Extra Cost

- No Drug Deductible
- Free Generic Drugs
- No PCP referrals
- Free Wellvia 24/7 Virtual Health

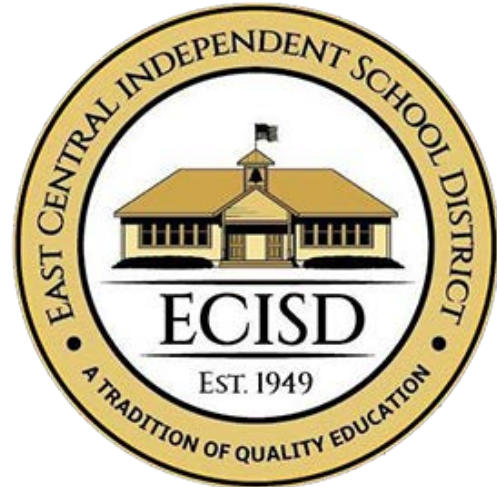
### Things to Know

**\* Personal Health Assessment (PHA) Incentive \***

ECISD is offering a PHA discount starting on 9/1/22 for employees who enroll in coverage by 5/31/22 and complete a PHA by July 31, 2022.

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

Please see the CareATC PHA flyer for additional details



## Basic Plan Summary

TIER ONE	TIER TWO	OUT-OF-NETWORK
<ul style="list-style-type: none"> <li>Low Premiums</li> <li>Lower Annual Deductibles than HD Plan</li> <li>Baptist Network</li> <li>No PCP referrals</li> <li>No Drug Deductible</li> <li>Free Generic Drugs</li> </ul>	<ul style="list-style-type: none"> <li>Low Premiums</li> <li>Lower Annual Deductibles than HD Plan</li> <li>Nationwide Network</li> <li>No PCP referrals</li> <li>No Drug Deductible</li> <li>Free Generic Drugs</li> </ul>	<ul style="list-style-type: none"> <li>Low Premiums</li> <li>No Drug Deductible</li> <li>Free generic Drugs</li> </ul>

Monthly Premiums	Tier One	Tier Two	Out-of-Network
Employee Only	\$65 / \$40 with PHA	\$65 / \$40 with PHA	\$65 / \$40 with PHA
Employee and Spouse	\$751 / \$701 with PHA	\$751 / \$701 with PHA	\$751 / \$701 with PHA
Employee and Child	\$340 / \$315 with PHA	\$340 / \$315 with PHA	\$340 / \$315 with PHA
Employee and Family	\$987 / \$937 with PHA	\$987 / \$937 with PHA	\$987 / \$937 with PHA

Plan Features	Tier One	Tier Two	Out-of-Network
Type of Coverage	In-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Individual/Family Deductible	\$1,250/\$2,500	\$2,500/\$5,000	\$5,000/\$8,000
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,000/\$16,000	\$8,000/\$16,000	None
Network	Baptist Network Only	CIGNA OAP Nationwide Network	
Primary Care Provider (PCP) Required	No	No	No

Doctor Visits	Tier One	Tier Two	Out-of-Network
Primary Care	20% after deductible	20% after deductible	40% after deductible
Specialist	20% after deductible	20% after deductible	20% after deductible
Wellvia 24/7 Virtual Health	\$0	\$0	\$0

Immediate Care	Tier One	Tier Two	Out-of-Network
Urgent Care	\$50 Copay	\$100 Copay	40% after deductible
Emergency Care	\$250 Copay then 20% after deductible	\$500 Copay then 20% after deductible	40% after deductible
Wellvia 24/7 Virtual Health	\$0	\$0	\$0

Prescription Drugs	Tier One	Tier Two	Out-of-Network
Drug Deductible	None	None	None
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order	\$0 Retail and Mail Order	\$0 Retail and Mail Order
Preferred Brand	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order
Non-Preferred Brand	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order	30% Retail / \$125 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

### Wellness Benefits at No Extra Cost

- No Drug Deductible
- Free Generic Drugs
- No PCP referrals
- Free Wellvia 24/7 Virtual Health

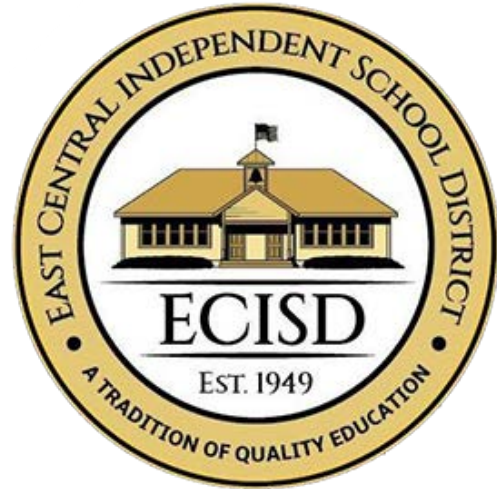
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 \$50 credit - Employee/Spouse & Employee/Family

Please see the CareATC PHA flyer for additional details.



## Enhanced Plan Summary

TIER ONE	TIER TWO	OUT-OF-NETWORK
<ul style="list-style-type: none"> <li>Lowest Annual Deductibles available</li> <li>Lowest Out-of-Pocket Maximums available</li> <li>Baptist Network</li> <li>No PCP referrals</li> <li>No Drug Deductible</li> <li>Free Generic Drugs</li> </ul>	<ul style="list-style-type: none"> <li>Lowest Annual Deductibles available</li> <li>Lowest Out-of-Pocket Maximums available</li> <li>Nationwide Network</li> <li>No PCP referrals</li> <li>No Drug Deductible</li> <li>Free Generic Drugs</li> </ul>	<ul style="list-style-type: none"> <li>Lowest Out-of-Network Deductibles available</li> <li>No Drug Deductible</li> <li>Free generic Drugs</li> </ul>

Monthly Premiums	Tier One	Tier Two	Out-of-Network
Employee Only	\$232 / \$207 with PHA	\$232 / \$207 with PHA	\$232 / \$207 with PHA
Employee and Spouse	\$1,059 / \$1,009 with PHA	\$1,059 / \$1,009 with PHA	\$1,059 / \$1,009 with PHA
Employee and Child	\$570 / \$545 with PHA	\$570 / \$545 with PHA	\$570 / \$545 with PHA
Employee and Family	\$1,405 / \$1,355 with PHA	\$1,405 / \$1,355 with PHA	\$1,405 / \$1,355 with PHA

Plan Features	Tier One	Tier Two	Out-of-Network
Type of Coverage	In-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Individual/Family Deductible	\$600/\$1,200	\$1,200/\$2,400	\$3,000/\$6,000
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Maximum Out-of-Pocket	\$7,000/\$14,000	\$7,000/\$14,000	None
Network	Baptist Network Only	CIGNA OAP Nationwide Network	
Primary Care Provider (PCP) Required	No	No	No

Doctor Visits	Tier One	Tier Two	Out-of-Network
Primary Care	20% after deductible	20% after deductible	40% after deductible
Specialist	20% after deductible	20% after deductible	20% after deductible
Wellvia 24/7 Virtual Health	\$0	\$0	\$0

Immediate Care	Tier One	Tier Two	Out-of-Network
Urgent Care	\$50 Copay	\$100 Copay	40% after deductible
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Wellvia 24/7 Virtual Health	\$0	\$0	\$0

Prescription Drugs	Tier One	Tier Two	Out-of-Network
Drug Deductible	None	None	None
Generics (30 day Supply/90 day supply)	\$0 Retail and Mail Order	\$0 Retail and Mail Order	\$0 Retail and Mail Order
Preferred Brand	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order
Non-Preferred Brand	30% Retail / \$125 Mail Order	30% Retail / \$125 Mail Order	30% Retail / \$125 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

### Wellness Benefits at No Extra Cost

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