

# 2018 Medical plan comparison

		Select Plan Earn \$25,000 or less	Basic Limited	Basic Choice		Plus Limited	Plus Choice		Open Access
		LocalPlus Network	LocalPlus Network	Tier I LocalPlus	Tier II OAP	LocalPlus Network	Tier I LocalPlus	Tier II OAP	OAP
<b>RATES</b>									
Based on 24 pay periods	Employee only	\$2.50	\$24.41	\$30.54		\$49.19	\$61.48		\$249.16
	Employee + spouse	\$95.28	\$127.04	\$158.80		\$163.87	\$204.84		\$524.51
	Employee + child(ren)	\$91.66	\$122.20	\$152.77		\$158.16	\$197.70		\$512.51
	Employee + family	\$164.79	\$219.71	\$274.65		\$265.77	\$332.21		\$754.42
<b>PLAN LIMITS</b>									
Annual deductible	Individual	\$500	\$2,500	\$2,500	\$2,750	\$1,750	\$1,750	\$2,000	N/A
	Family	\$1,000	\$5,000	\$5,000	\$5,250	\$3,500	\$3,500	\$4,000	N/A
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays and coinsurance)	Individual	\$4,900	\$6,900	\$6,900	\$7,150	\$5,150	\$5,150	\$5,400	\$3,400
	Family	\$9,800	\$13,800	\$13,800	\$14,300	\$10,300	\$10,300	\$10,800	\$6,800
<b>COST FOR COVERED SERVICES AFTER YOUR DEDUCTIBLE HAS BEEN MET</b>									
Preventive care exams		Free	Free	Free		Free	Free		Free
Office visits	Primary care (PCP)	30%	25%	25%	45%	20%	20%	35%	\$20 copay
	Specialists	30%	25%	25%	45%	20%	20%	35%	\$40 / \$50 copay <sup>1</sup>
	HISD clinics <sup>2</sup>	Free	Free	Free		Free	Free		Free
	Platinum care	\$50 office visit copay + 50% labs	N/A	N/A		N/A	N/A		N/A
Inpatient—hospital <sup>3</sup>		30% + \$100 copay per day (max copay \$300/stay)	25%	25%		20%	20%		15%
Outpatient—hospital <sup>3</sup>		30%	25%	25%		20%	20%		15%
Outpatient—freestanding and surgical center <sup>3</sup>		30%	25%	25%		20%	20%		15%
Emergency care		30% + \$300 copay (Copay waived if admitted)	25% + \$300 copay (Copay waived if admitted)	25% + \$300 copay (Copay waived if admitted)		20% + \$300 copay (Copay waived if admitted)	20% + \$300 copay (Copay waived if admitted)		15%
Telehealth	Copay	\$42	\$42	\$42		\$42	\$42		\$10
	Plan pays after deductible is met	70%	75%	75%		80%	80%		100% <sup>4</sup>
Urgent care facility		30%	25%	25%		20%	20%		15%
Lab, X-ray, diagnostic mammogram		30%	25%	25%		20%	20%		15%
Diagnostic scans (MRI, MRA, CAT, PET)		30% + \$100 copay	25%	25%		20%	20%		15%
Maternity—delivery		30%	25%	25%		20%	20%		15%
Mental health and substance abuse—inpatient		30% + \$100 copay per day (max copay \$300/stay)	25%	25%		20%	20%		15%
Mental health and substance abuse—outpatient		30%	25%	25%		20%	20%		\$20 copay

- Higher copays apply if you use an in-network specialist within the 21 specialties who are not Cigna Care Designated (CCD)
- Free if you are enrolled in an HISD medical plan
- Pre-certification may be required
- After calendar year out-of-pocket max is met



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<b>RATES</b>								
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	Employee + spouse	\$127.04	\$158.80		\$163.87	\$204.84		\$524.51
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<b>PLAN LIMITS</b>								
Annual deductible	Individual	\$2,500	\$2,500	\$2,750	\$1,750	\$1,750	\$2,000	N/A
	Family	\$5,000	\$5,000	\$5,250	\$3,500	\$3,500	\$4,000	N/A
Annual out-of-pocket max (includes all medical and pharmacy deductibles, copays and coinsurance)	Individual	\$6,900	\$6,900	\$7,150	\$5,150	\$5,150	\$5,400	\$3,400
	Family	\$13,800	\$13,800	\$14,300	\$10,300	\$10,300	\$10,800	\$6,800
<b>COST FOR COVERED SERVICES AFTER YOUR DEDUCTIBLE HAS BEEN MET</b>								
Preventive care exams		Free	Free		Free	Free		Free
Office visits	Primary care (PCP)	25%	25%	45%	20%	20%	35%	\$20 copay
	Specialists	25%	25%	45%	20%	20%	35%	\$40 / \$50 copay <sup>1</sup>
	HISD clinics <sup>2</sup>	Free	Free		Free	Free		Free
	Platinum care	N/A	N/A		N/A	N/A		N/A
Inpatient—hospital <sup>3</sup>		25%	25%		20%	20%		15%
Outpatient—hospital <sup>3</sup>		25%	25%		20%	20%		15%
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Emergency care		25% + \$300 copay (Copay waived if admitted)	25% + \$300 copay (Copay waived if admitted)		20% + \$300 copay (Copay waived if admitted)	20% + \$300 copay (Copay waived if admitted)		15%
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## 2018 Prescription drug comparison

		Select Plan Earn \$25,000 or less	Basic Limited	Basic Choice	Plus Limited	Plus Choice	Open Access
<b>PRESCRIPTION</b>							
Annual pharmacy deductible		N/A	\$50 per person	\$50 per person	\$50 per person	\$50 per person	N/A
Prescription drugs (30-day retail)*	Generic	\$20	\$20	\$20	\$15	\$15	\$20
	Preferred brand	\$50 high performance formulary	\$50	\$50	\$40	\$40	\$30
	Non-preferred brand generic	\$70 high performance formulary	\$70	\$70	\$60	\$60	\$60
Prescription drugs (90-day mail or retail)*	Generic	\$50	\$50	\$50	\$37.50	\$37.50	\$40
	Preferred brand	\$125 high performance formulary	\$125	\$125	\$100	\$100	\$60
	Non-preferred brand generic	\$175 high performance formulary	\$175	\$175	\$150	\$150	\$120
Specialty (30-day supply)*		\$150	\$150	\$150	\$100	\$100	\$100

\* Copay applies after pharmacy deductible has been met



## 2018 Prescription drug comparison

		Basic Limited	Basic Choice	Plus Limited	Plus Choice	Open Access
<b>PRESCRIPTION</b>						
Annual pharmacy deductible		\$50 per person	\$50 per person	\$50 per person	\$50 per person	N/A
Prescription drugs (30-day retail)*	Generic	\$20	\$20	\$15	\$15	\$20
	Preferred brand	\$50	\$50	\$40	\$40	\$30
	Non-preferred brand generic	\$70	\$70	\$60	\$60	\$60
Prescription drugs (90-day mail or retail)*	Generic	\$50	\$50	\$37.50	\$37.50	\$40
	Preferred brand	\$125	\$125	\$100	\$100	\$60
	Non-preferred brand generic	\$175	\$175	\$150	\$150	\$120
Specialty (30-day supply)*		\$150	\$150	\$100	\$100	\$100

\* Copay applies after pharmacy deductible has been met

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