

2019-2020 Contribution Rates and Plan Design for Employee Group Health Program

CISD Health Plan Monthly Premiums							
Charter Kelsey-Seybold	Nexus ACO R Memorial Hermann			Choice Plus HDHP			
* NEW * 19-20 CISD United Charter Kelsey-Seybold	18-19 CISD Aetna Whole Helath	Change	19-20 CISD United Nexus ACO R Memorial Hermann	18-19 CISD Aetna HDHP	Change	19-20 CISD United Choice Plus HDHP	
Employee Only	\$120	\$160	\$ -	\$160	\$90	\$ (16.00)	\$74
Employee & Spouse	\$880	\$930	\$ -	\$930	\$700	\$ (30.00)	\$670
Employee & Child(ren)	\$430	\$564	\$ -	\$564	\$360	\$ (30.00)	\$330
Employee & Family	\$990	\$1,042	\$ -	\$1,042	\$840	\$ -	\$840

19-20 CISD rates above are based on a CISD contribution of \$446 per month.

	United Charter Kelsey-Seybold	United Nexus ACO R Tier 1 (Memorial Hermann)		United Nexus ACO R Tier 2		United Choice Plus HDHP	
	19-20	18-19	19-20	18-19	19-20	18-19	19-20
Annual Deductible							
Individual	\$1,000	\$1,000	\$1,250	\$2,500	\$2,500	\$3K/\$4K	\$3K/\$4K
Family	\$2,000	\$2,000	\$2,500	\$5,000	\$5,000	\$6K/\$8K	\$6K/\$8K
Office Visit Copay (PCP)	\$30	\$30	\$35	\$50	\$50	30% ¹ /50% ¹	30% ¹ /50% ¹
Specialist Copay	\$45	\$45	\$50	\$80	\$80	30% ¹ /50% ¹	30% ¹ /50% ¹
Co-Insurance	10% ¹	10% ¹	20% ¹	35% ¹	35% ¹	30% ¹ /50% ¹	30% ¹ /50% ¹
Emergency Room	\$200+20% ¹	\$200+20% ¹	\$200+20% ¹	\$200+20% ¹	\$200+20% ¹	30% ¹ W/\$150	30% ¹ W/\$150
Out-of-Pocket Maximum							
Individual	\$5,000	\$5,000	\$6,250	\$7,350	\$7,350	\$6.65K/Unlim	\$6.75K/Unlim
Family	\$10,000	\$10,000	\$12,500	\$14,700	\$14,700	\$13.3K/Unlim	\$13.5K/Unlim
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Prescriptions²							
Deductible (per person)	\$200	\$200	\$200	\$200	\$200	N/A	N/A
Retail Copay							
Preferred Generic	\$15	\$15	\$15	\$15	\$15	30% ¹	30% ¹
Preferred Brand	\$60	\$60	\$60	\$60	\$60	30% ¹	30% ¹
Non-preferred Brand & Generic	\$120	\$120	\$120	\$120	\$120	30% ¹	30% ¹
Specialty ³	\$250	\$250	\$250	\$250	\$250	30% ¹	30% ¹
Mail Order Copay							
Generic	\$30	\$30	\$30	\$30	\$30	30% ¹	30% ¹
Brand	\$120	\$120	\$120	\$120	\$120	30% ¹	30% ¹
Non-preferred Brand & Generic	\$240	\$240	\$240	\$240	\$240	30% ¹	30% ¹

¹ Member share after deductible is met.

² Mandatory generic, precertification, and step therapy provisions apply. Also, the deductible is waived for generics.

³ Specialty prescriptions dispensed in 30-day supply only. Mandatory use of BriovaRx, the OptumRx specialty pharmacy.

Note for United Choice Plus: The two amounts represent in-network and out-of-network benefits. Charter Kelsey-Seybold and Nexus ACO R Memorial Hermann have in-network benefits only.