

**Conroe Independent School District
2021-2022 Contribution Rates and Plan Designs for the Employee Group Health Plan**

CISD Health Plan Monthly Premiums									
	20-21 UHC Charter (Kelsey-Seybold)	Change	21-22 UHC Charter (Kelsey-Seybold)	20-21 UHC Nexus ACO	Change	21-22 UHC Nexus ACO	20-21 UHC Choice Plus HDHP	Change	21-22 UHC Choice Plus HDHP
Employee Only	\$154	\$6	\$160	\$190	\$6	\$196	\$90	\$4	\$94
Employee & Spouse	\$980	\$34	\$1,014	\$1,030	\$36	\$1,066	\$730	\$26	\$756
Employee & Child(ren)	\$510	\$18	\$528	\$632	\$22	\$654	\$384	\$14	\$398
Employee & Family	\$1,114	\$40	\$1,154	\$1,190	\$42	\$1,232	\$910	\$32	\$942

21-22 rates above are after a CISD contribution of \$446 per month.

CISD Health Plan Designs									
	UHC Charter (Kelsey-Seybold)		UHC Nexus ACO				UHC Choice Plus HDHP		
			Tier 1 (MHACN)		Tier 2 (Choice)				
	20-21	21-22	20-21	21-22	20-21	21-22	20-21	21-22	
Annual Deductible									
<i>Individual</i>	\$1,200	\$1,200	\$1,500	\$1,500	\$2,750	\$2,750	\$3.5K/\$6.9K	\$3.5K/\$6.9K	
<i>Family</i>	\$3,000	\$3,000	\$3,750	\$3,750	\$6,875	\$6,875	\$7K/\$13.8K	\$7K/\$13.8K	
Office Visit Copay (PCP)	\$35	\$35	\$40	\$40	\$55	35%¹	30% ¹ /50% ¹	30% ¹ /50% ¹	
Specialist Copay	\$50	\$50	\$55	\$55	\$85	35%¹	30% ¹ /50% ¹	30% ¹ /50% ¹	
Co-Insurance	10% ¹	10% ¹	20% ¹	20% ¹	35% ¹	35% ¹	30% ¹ /50% ¹	30% ¹ /50% ¹	
Emergency Room	\$250+20% ¹	\$250+20% ¹	\$250+20% ¹	\$250+20% ¹	\$250+20% ¹	\$250+20% ¹	30% ¹ W/\$150	30% ¹ W/\$150	
Out-of- Pocket Maximum									
<i>Individual</i>	\$6,250	\$6,250	\$7,350	\$7,350	\$8,150	\$8,150	\$6.9K/Unlim	\$7K/Unlim	
<i>Family</i>	\$12,500	\$12,500	\$14,700	\$14,700	\$16,300	\$16,300	\$13.8K/Unlim	\$14K/Unlim	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Prescriptions²									
<i>Deductible (per person)</i>	\$0 / \$200	\$0 / \$200	\$0 / \$200	\$0 / \$200	\$0 / \$200	\$0 / \$200	N/A	N/A	
Retail									
<i>Tier 1</i>	\$15	\$15	\$15	\$15	\$15	\$15	30% ¹	30% ¹	
<i>Tier 2</i>	\$60	\$60	\$60	\$60	\$60	\$60	30% ¹	30% ¹	
<i>Tier 3</i>	\$120	\$120	\$120	\$120	\$120	\$120	30% ¹	30% ¹	
<i>Specialty³</i>	\$250	\$250	\$250	\$250	\$250	\$250	30% ¹	30% ¹	
Mail Order									
<i>Tier 1</i>	\$30	\$30	\$30	\$30	\$30	\$30	30% ¹	30% ¹	
<i>Tier 2</i>	\$120	\$120	\$120	\$120	\$120	\$120	30% ¹	30% ¹	
<i>Tier 3</i>	\$240	\$240	\$240	\$240	\$240	\$240	30% ¹	30% ¹	

¹ Member share after deductible is met

² Mandatory generic, prior authorization, and step therapy provisions apply. Also, the deductible is waived for Tier 1 medications.

³ Specialty prescriptions dispensed in 30-day supply only. Mandatory use of Optum Specialty Pharmacy for all specialty medications.

Note for HDHP: The two amounts represent in-network and out-of-network benefits.