

**Conroe Independent School District
2022-2023 Group Health Plan Premiums and Benefits**

CISD Health Plan Monthly Premiums						
	21-22 UHC Charter (Kelsey-Seybold)	21-22 UHC Nexus ACO R Memorial Hermann	21-22 UHC Choice Plus HDHP	22-23 BCBSTX Blue Premier HMO	22-23 BCBSTX Blue Essentials HMO	22-23 BCBSTX Blue Choice PPO HDHP
Employee Only	\$160	\$196	\$94	\$146	\$156	\$94
Employee & Spouse	\$1,014	\$1,066	\$756	\$998	\$1,008	\$756
Employee & Child(ren)	\$528	\$654	\$398	\$510	\$524	\$398
Employee & Family	\$1,154	\$1,232	\$942	\$1,076	\$1,134	\$942

2022-2023 rates above are after a CISD contribution of \$446 per month for 100% FTEs.

CISD Health Plan Benefits							
	21-22 UHC Charter (Kelsey-Seybold)	21-22 UHC Nexus ACO		21-22 UHC Choice Plus HDHP	22-23 BCBSTX Blue Premier HMO	22-23 BCBSTX Blue Essentials HMO	22-23 BCBSTX Blue Choice PPO HDHP
		Tier 1 (MHACN)	Tier 2 (Choice)				
Annual Deductible							
<i>Individual</i>	\$1,200	\$1,500	\$2,750	\$3.5K/\$6.9K	\$1,200	\$1,500	\$3.5K/\$6.9K
<i>Family</i>	\$3,000	\$3,750	\$6,875	\$7K/\$13.8K	\$3,000	\$3,750	\$7K/\$13.8K
Office Visit (PCP)	\$35	\$40	35% ¹	30% ¹ /50% ¹	\$35	\$40	30% ¹ /50% ¹
Specialist Visit	\$50	\$55	35% ¹	30% ¹ /50% ¹	\$50	\$55	30% ¹ /50% ¹
Coinsurance	10% ¹	20% ¹	35% ¹	30% ¹ /50% ¹	20% ¹	20% ¹	30% ¹ /50% ¹
Emergency Room	\$250+20% ¹	\$250+20% ¹	\$250+20% ¹	30% ¹ W/\$150	\$250+20% ¹	\$250+20% ¹	30% ¹ W/\$150
Out-of-Pocket Maximum							
<i>Individual</i>	\$6,250	\$7,350	\$8,150	\$7K/Unlim	\$6,250	\$7,350	\$7.05K/Unlim
<i>Family</i>	\$12,500	\$14,700	\$16,300	\$14K/Unlim	\$12,500	\$14,700	\$14.1K/Unlim
Prescriptions²							
<i>Deductible (per person)</i>	\$200	\$200	\$200	N/A	\$200	\$200	N/A
Retail							
<i>Tier 1</i>	\$15	\$15	\$15	30% ¹	\$15	\$15	30% ¹
<i>Tier 2</i>	\$60	\$60	\$60	30% ¹	\$60	\$60	30% ¹
<i>Tier 3</i>	\$120	\$120	\$120	30% ¹	\$120	\$120	30% ¹
<i>Specialty³</i>	\$250	\$250	\$250	30% ¹	\$250	\$250	30% ¹
Mail Order							
<i>Tier 1</i>	\$30	\$30	\$30	30% ¹	\$30	\$30	30% ¹
<i>Tier 2</i>	\$120	\$120	\$120	30% ¹	\$120	\$120	30% ¹
<i>Tier 3</i>	\$240	\$240	\$240	30% ¹	\$240	\$240	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 on the HMO plans.

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.

Continue to page 2 for a plan comparison chart and instructions for looking up network providers.

**Conroe Independent School District
2022-2023 BCBSTX Medical Plan Comparison**

Key Features	Blue Premier HMO	Blue Essentials HMO	Blue Choice PPO HDHP
PCP required	Yes	Yes	No
Specialist referral required	Yes*	Yes*	No
Cost sharing for covered health care services and prescription drugs	Copays, deductibles, and coinsurance; most similar to current UHC Charter Kelsey-Seybold costs with an increased coinsurance amount	Copays, deductibles, and coinsurance; same as current UHC Nexus ACO R Memorial Hermann Tier 1 costs	Deductibles and coinsurance; most similar to current UHC Choice Plus HDHP costs with increased out-of-pocket maximums
Provider network	Most similar to current UHC Nexus ACO R Memorial Hermann Tier 1 provider network; does not include Kelsey-Seybold Clinic	Most similar to current UHC Nexus ACO R Memorial Hermann Tier 2 provider network; includes Kelsey-Seybold Clinic	Most similar to current UHC Choice Plus HDHP provider network; includes Kelsey-Seybold Clinic
Network hospitals	Memorial Hermann, St. Luke's Health	HCA Houston Healthcare, Houston Methodist, MD Anderson, Memorial Hermann, St. Luke's Health, Texas Children's Hospital	HCA Houston Healthcare, Houston Methodist, MD Anderson, Memorial Hermann, St. Luke's Health, Texas Children's Hospital
Geographic service area	Greater Houston area counties: Chambers, Fort Bend, Harris, Liberty, and Montgomery Other Texas counties: Atascosa, Bandera, Bell, Bexar, Collin, Comal, Dallas, Denton, Ellis, Guadalupe, Hardin, Hays, Jefferson, Johnson, Kendall, Orange, Rockwall, Tarrant, Travis, and Williamson	All Texas counties	Nationwide
Out-of-network coverage	No**	No**	Yes
Health Savings Account (HSA) eligible	No	No	Yes

* Exceptions to the referral requirement are emergency care, urgent care, gynecological visits, obstetrical visits, annual screening mammograms, mental health practitioner visits, and routine eye exams.

** Services and supplies received outside the network are not covered unless obtained in a true medical emergency.

To check if a doctor, hospital, or other provider is in a plan's network, use Provider Finder®, the online BCBSTX directory. You can search by the plan name to see all the providers in the health plan's network, or you can search for specific providers you want to use and see which health plans they accept. To access Provider Finder:

- Go to **www.bcbstx.com** and click Find Care.
- Under Providers in Your Network, click Find a Doctor or Hospital.
- Under Under Guest Search, click Search as a Guest.
- Select a plan:
 - Blue Premier HMO – select Blue PremierSM [HMO]
 - Blue Essentials HMO – select Blue EssentialsSM [HMO]
 - Blue Choice PPO HDHP – select Blue Choice PPOS [BCA]

Notes: If you enroll your eligible dependent child in the Blue Premier HMO or Blue Essentials HMO plan and he/she attends a school or resides with a custodial parent outside the plan's service area, then your child may qualify for the Away From Home Care (AFHC) Program; for more details, or to enroll, please call Blue Cross and Blue Shield of Texas Customer Service at 1-877-299-2377. Provider network affiliations are subject to change at any time and are not based on a Conroe ISD plan year.