EPISD EMPLOYEE BENEFITS

EL PASO INDEPENDENT SCHOOL DISTRICT

Cigna

	EPISD CDHP	EPISD Traditional PPO
Plan Features	* Lowest Premiums	* Lower Deductible
	* Compatible With Health Savings Account (HSA)	* Compatible with Flexible Spending Account (FSA)
	* Nationwide Network	* Nationwide Network
	* No Requirement For Primary Care Physician	* No Requirement For Primary Care Physician
	* No Referrals For Specialist	* No Referrals For Specialist
	* Preventive Care Covered At 100%	* Preventive Care Covered At 100%
	* Eligible For Cigna Incentives	* Copays For Most Services And Prescription Drugs
	$500 Employer HSA Contribution	* Eligible For Cigna Incentives

	EPISD CDHP	EPISD Traditional PPO
Per Paycheck Premiums		
Employee Only	**$0.00**	**$25.50**
Employee and Spouse	**$212.00**	**$379.50**
Employee and Children	**$73.50**	**$176.50**
Employee and Family	**$352.50**	**$533.00**

*Costs are for employees with assignment of 40 hours

Plan Features				
	In Network	**Out of Network**	**In Network**	**Out of Network**
Deductible (Plan Year) (Individual/Family)	$3,000 / $6,000	$6,000 / $12,000	$1,250 / $3,750	$3,000 / $9,000
Out of Pocket Maximum (Individual/Family)	$3,000 / $6,000	$12,000 / $24,000	$6,000 / $12,000	$12,000 / $24,000
Coinsurance	0%	40%	20%	40%
Doctor Visits				
Primary Care	0% after deductible	40% after deductible	$30	40% after deductible
Specialty Care	0% after deductible	40% after deductible	$50	40% after deductible
Diagnostic Lab	0% after deductible	40% after deductible	20% after deductible	40% after deductible
Preventive Care				
Annual routine physicals (ALL AGES)	0% no deductible	40% after deductible	0% no deductible	40% after deductible
Annual mammogram (preventive)	0% no deductible	Subject to x-ray benefits	0% no deductible	Subject to x-ray benefits
Annual OBGYN exam & pap smear (18+)	0% no deductible	40% after deductible	0% no deductible	40% after deductible
Annual prostate screening (preventive)	0% no deductible	Subject to lab benefit	0% no deductible	Subject to lab benefit
Immunizations (for children through age 5)	0% no deductible	0% no deductible	0% no deductible	0% no deductible
Immunizations (for ages 6 and over)	0% no deductible	40% after deductible	0% no deductible	40% after deductible
Family Planning Services (office visits, lab, radiology, testing)	0% no deductible	40% after deductible	0% no deductible	40% after deductible
Colonoscopy (ages 50+ once every 10 years)	0% no deductible	40% after deductible	0% no deductible	40% after deductible
Immediate Care				
Telemedicine or Virtual Visit-Providers used by Cigna are Amwell and MDLive	Fee per visit applies toward deductible	Not Covered	0% no deductible	Not Covered
Radiology	0% after deductible	40% after deductible	20% after deductible	40% after deductible
Inpatient Hospital	0% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Hospital	0% after deductible	40% after deductible	20% after deductible	40% after deductible
Urgent Care	0% after deductible	40% after deductible	$50	40% after deductible
Free Standing ER	0% after deductible	0% after deductible	$500 per visit copay (waived if admitted), deductible applies, then 0%	$500 per visit copay (waived if admitted), deductible applies, then 0%
Hospital ER	0% after deductible	0% after deductible	$500 per visit copay (waived if admitted), deductible applies, then 0%	$500 per visit copay (waived if admitted), deductible applies, then 0%

	EPISD CDHP		EPISD Traditional PPO	
Additional Medical Benefits				
Bariatric Surgery	Not Covered	Not Covered	Not Covered	Not Covered
Extended Services **-Skilled Nursing Facility** **-Home Health**	0% after deductible	40% after deductible	20% after deductible	40% after deductible
Hospice Care	0% after deductible	40% after deductible	20% after deductible	40% after deductible
Annual Vision Exam	0% after deductible	40% after deductible	0% no deductible	40% no deductible
Other Medical Expenses				
Physical Therapy, Chiropractic Care, Home Infusion (subject to individual plan limits)	0% after deductible	40% after deductible	$30 P/$50 S	40% after deductible
Hearing Aids - 2 devices (1 per ear) per 36 months	0% after deductible	40% after deductible	20% after deductible	40% after deductible
Wigs (Maximum $500 lifetime benefit)	0% after deductible	0% after deductible	20% after deductible	20% after deductible
Breast Feeding Equipment and Supplies	0% no deductible	40% after deductible	0% no deductible	40% after deductible
Ambulance	0% after deductible	0% after deductible	20% after deductible	20% after deductible
Prescription Drugs				
Plan Year Deductible	Medical Deductible applies		None	
ACA Preventive Drugs	0% no deductible	50% after deductible	0% no deductible	50% no deductible
Non ACA Preventive Drugs allowed by IRS G/P/NP	$10/$35/$60	50% after deductible	$10/$35/$60	50% no deductible
30 day supply Retail				
Generic	0% after deductible	50% after deductible	$10	50% no deductible
Preferred Brand	0% after deductible	50% after deductible	$35	50% no deductible
Non-Preferred Brand	0% after deductible	50% after deductible	$60	50% no deductible
Specialty	Specialty Prescription Drug Products are limited to up to a consecutive 30-day supply per Prescription order			
90 Day Supply - Mail				
Generic	0% after deductible	N/A	$20	N/A
Preferred Brand	0% after deductible	N/A	$70	N/A
Non-Preferred Brand	0% after deductible	N/A	$120	N/A
Specialty Drugs	Specialty Prescription Drug Products are limited to up to a consecutive 30-day supply per Prescription order			
Plan Wide Requirements / Restrictions				
Provider Network	National Network		National Network	
Medical Out of Network Coverage	Yes		Yes	
Primary Care Referrals required fo Specialty care visits	No		No	
Health Savings Account				
EPISD Contribution (Annual) **$250 on 9/15/2020; $250 on 3/15/2021** ***Can only be used for IRS qualified expenses.**	**500***		$0	

This Highlight Sheet is a brief outline of your benefits which may be payable under your insurance.
For a full description of each benefit, refer to the appropriate section listed in the Summary Plan Document