



# 2023 Killeen ISD Employee Health Plans

Tiered Network

To verify your providers' network tier status, please visit <https://www.whyuhc.com/kisd> and follow the instructions on the "search for a provider" tab

Plan Name	Plan A		Plan B		Plan C (HSA Compatible)		Plan D	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2
Individual/Family Calendar Year Deductible	\$500/\$1,000		\$1,000/\$2,000		\$3,000/\$6,000		\$5,000/ \$10,000	
Individual/Family Out of Pocket Maximum (Includes Deductible)	\$7,350/\$14,700		\$7,350/\$14,700		\$6,650/\$13,300		\$7,350/\$14,700	
Preventive Visit Copay	100% Covered		100% Covered		100% Covered		100% Covered	
Co-Insurance	20%	40%	20%	40%	20%	40%	20%	40%
Physician Office Visits Child under 19	\$0 Copay	\$55 Copay/Visit	\$0 Copay	\$55 Copay/Visit	20% after deductible	40% after deductible	\$0 Copay	\$55 Copay/Visit
Physician Office Visits Adults	\$35 Copay/Visit 1st Sick Visit \$0	\$55 Copay/Visit	\$35 Copay/Visit 1st Sick Visit \$0	\$55 Copay/Visit	20% after deductible	40% after deductible	\$35 Copay/Visit 1st Sick Visit \$0	\$55 Copay/Visit
Specialist Visits	\$50 Copay/Visit	\$70 Copay/Visit	\$80 Copay/Visit	\$100 Copay/Visit	20% after deductible	40% after deductible	\$80 Copay/Visit	\$100 Copay/Visit
Outpatient Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Inpatient Hospital	20% after deductible	40% after deductible	\$1,500/Day Copay (max 3 Days)	\$1,500/Day Copay (max 3 Days)	20% after deductible	40% after deductible	\$1,500/Day Copay (max 3 Days)	\$1,500/Day Copay (max 3 Days)
Imaging (CT, MRI, etc.)	20% after deductible		\$500 Copay/Visit		20% after deductible		\$500 Copay/Visit	
Urgent Care Copay	\$75 Copay/Visit		\$100 Copay/Visit		20% after deductible		\$100 Copay/Visit	
Emergency Room Copay	\$500 Copay (Waived if admitted) + 20% after Deductible		\$500 Copay (Waived if admitted) + 20% after Deductible		20% after deductible		\$500 Copay (Waived if admitted) + 20% after Deductible	
Prescription Benefits	\$10/\$50/\$90 2.5x Copay for Mail Order		\$10/\$50/\$90 2.5x Copay for Mail Order		<b>Free Preventive Medications</b> Prescriptions not on list are 20% after deductible		\$10/\$50/\$90 2.5x Copay for Mail Order	
Virtual Health through UHC App	\$0 Copay Per Consultation		\$0 Copay Per Consultation		No Charge after Deductible*		\$0 Copay Per Consultation	
Primary Care Physician (PCP) Required	YES		YES		YES		YES	
Network Name	United HealthCare Nexus ACO		United HealthCare Nexus ACO		United HealthCare Nexus ACO		United HealthCare Nexus ACO	
United HealthCare National Network	Yes		Yes		Yes		Yes	

Premiums after combined State and Killeen ISD Monthly Contribution of \$400

Medical Rates	Employee Monthly Premium	Employee Monthly Premium	Employee Monthly Premium	Employee Monthly Premium
Employee	\$202.00	\$272.00	\$0.00	\$0.00
Employee + Spouse	\$1,168.00	\$1,346.00	\$652.00	\$620.00
Employee + Child/ren	\$710.00	\$834.00	\$336.00	\$314.00
Employee + Family	\$1,494.00	\$1,706.00	\$856.00	\$818.00

**Open Enrollment is October 1st through 25th! Please go into the Employee Service Center to make your Benefit Elections.**

\*Pending Legislative Approval this would change to \$0 Copay Per Consultation