

## ***UHC Medical Plans (PROPOSED 2021)***

<b>2020 Cost Summary</b>				
	<b>Employee Only</b>	<b>Employee/Spouse</b>	<b>Employee/Child</b>	<b>Employee/Family</b>
AN-DO Copay	\$300.20	\$903.48	\$756.92	\$1,232.14
AX-KY Copay	\$171.74	\$656.76	\$538.92	\$920.98
AG-X7 HDHP	\$270.52	\$846.46	\$706.56	\$1,160.22
AG-YD HDHP	\$108.74	\$535.74	\$432.04	\$768.36
BMC4 HDHP	\$37.82	\$399.50	\$311.68	\$596.54

<b>2021 "Proposed" Cost Summary</b>				
	<b>Employee Only</b>	<b>Employee/Spouse</b>	<b>Employee/Child</b>	<b>Employee/Family</b>
AN-DO Copay	\$329.50	\$959.80	\$806.60	\$1,303.10
AX-KY Copay	\$195.30	\$702.00	\$578.90	\$978.10
AG-X7 HDHP	\$298.50	\$900.20	\$754.00	\$1,228.00
AG-YD HDHP	\$129.50	\$575.60	\$467.30	\$818.60
BMC4 HDHP	\$55.40	\$433.30	\$341.50	\$639.10

<b>"Proposed" Per Month Cost Summary Difference (2020 &amp; 2021)</b>				
	<b>Employee Only</b>	<b>Employee/Spouse</b>	<b>Employee/Child</b>	<b>Employee/Family</b>
AN-DO Copay	\$29.30	\$56.32	\$49.68	\$70.96
AX-KY Copay	\$23.56	\$45.24	\$39.98	\$57.12
AG-X7 HDHP	\$27.98	\$53.74	\$47.44	\$67.78
AG-YD HDHP	\$20.76	\$39.86	\$35.26	\$50.24
BMC4 HDHP	\$17.58	\$33.80	\$29.82	\$42.56

62% of Judson ISD employees fall on the AX-KY Copay Plan

24% of Judson ISD employees fall on the BM-C4 Copay Plan