

ESC Region 4
Group Health Options 2020-21

4/30/2020

Plan Summary

TX Schools Health Benefits HD

- Lowest HD Premium Plan
- Low Out-of-Pocket Expense
- Compatible with health savings account (HSA)
- Nationwide network for Physician and Ancillary Services
- Care Coordinator Service for Hospital and Surgical Services
- No requirement for PCP or Referrals
- Must meet deductible before plan pays for non-preventive care
- Once deductible is met, the plan pays 100% (no coinsurance)
- No out-of-network coverage

TRS-ActiveCare HD

- Similar to current 1-HD
- Lower premium
- Compatible with health savings account (HSA)
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals
- Must meet deductible before plan pays for non-preventive care

TX Schools Health Benefits CoPay

- Unique plan where member pay a co-payment for services
- All co-pays apply to the deductible
- Low Out-of-Pocket Expense
- Nationwide network for Physician and Ancillary Services
- Care Coordinator Service for Hospital and Surgical Services
- No requirement for PCP or Referrals
- No Drug Deductible
- \$0 Generic Drug Benefit at CVS, HEB, Wal-Mart, Sam's, and Costco
- Once deductible is met, the plan pays 100% (no coinsurance)

TRS-ActiveCare Primary

- Lower premium
- Copays for doctor visits before you meet deductible
- Statewide network
- PCP referrals required to see specialists
- Not compatible with health savings account (HSA)
- No out-of-network coverage

TRS-ActiveCare Primary+

- Lower deductible than HD and primary plans
- Copays for many services and drugs
- Higher premium
- Statewide network
- PCP referrals required to see specialists
- Not compatible with a health savings account (HSA)
- No out-of-network coverage

Plan Features							
Type of Coverage	In-Network Coverage Only	In-Network	Out-of-Network	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage Only	
Individual/Family Deductible	\$3,000/\$9,000	\$2,800/\$5,600	\$5,500/\$11,000	\$3,500/\$10,500	\$2,500/\$5,000	\$1,200/\$3,600	
Coinsurance	None - Plan Pays 100% after deductible	You pay 20% after deductible	You pay 40% after deductible	None - Plan Pays 100% after deductible	You pay 30% after deductible	You pay 20% after deductible	
Individual/Family Maximum Out-of-Pocket	\$3,000/\$9,000	\$6,900/\$13,800	\$20,250/\$40,500	\$3,500/\$10,500	\$8,150/\$16,300	\$6,900/\$13,800	
Network	National Network	Nationwide Network		National Network	Statewide Network	Statewide Network	
Primary Care Provider (PCP) Required	No	No		No	Yes	Yes	
PCP Referral to Specialist	No	No		No	Yes	Yes	
Doctor Visits							
Preventive Care	Yes - \$0 copay	Yes - \$0 copay		Yes - \$0 copay	Yes - \$0 Copay	Yes - \$0 Copay	
Primary Care	Deductible, the Plan pays 100%	You pay 20% after deductible	You pay 40% after deductible	\$35 copay	\$30 copay	\$30 copay	
Specialist	Deductible, the Plan pays 100%	You pay 20% after deductible	You pay 40% after deductible	\$35 copay	\$70 copay	\$70 copay	
TRS Virtual Health	\$30 per consultation	\$30 per consultation		\$0 per consultation	\$0 per consultation	\$0 per consultation	
Care Facilities							
Urgent Care	Deductible, the Plan pays 100%	You pay 20% after deductible	You pay 40% after deductible	\$50 copay	\$50 copay	\$50 copay	
Emergency Care	Deductible, the Plan pays 100%	You pay 20% after deductible		\$500 copay	You pay 30% after deductible	You pay 20% after deductible	
Outpatient Surgery	Deductible, the Plan pays 100%	You pay 20% after deductible	You pay 40% after deductible	\$500 copay	You pay 30% after deductible	You pay 20% after deductible	
Hospital Services	Deductible, the Plan pays 100%	You pay 20% after deductible	You pay 40% after deductible	\$500 copay	You pay 30% after deductible	You pay 20% after deductible	
Prescription Drug							
Drug Deductible	Integrated with medical	Integrated with medical		No deductible	Integrated with medical	\$200 brand deductible	
Days Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply		30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply	
Generics	Deductible, the Plan pays 100%	You pay 20% after deductible		\$0 at selected pharmacies; others \$10/\$20 copay	\$15/\$45 copay	\$15/\$45 copay	
Preferred Brand	Deductible, the Plan pays 100%	You pay 25% after deductible		\$35 or 50% copay to \$100 / \$70 or 50% copay to \$200	You pay 30% after deductible	You pay 25% after deductible	
Non-preferred Brand	Deductible, the Plan pays 100%	You pay 50% after deductible		\$70 or 50% copay to \$200 / \$140 or 50% copay to \$400	You pay 50% after deductible	You pay 50% after deductible	
Specialty	Not Covered (90-Day Funding, then Patient and Copay Asst)	You pay 20% after deductible		Not Covered (90-Day Funding, then Patient and Copay Asst)	You pay 30% after deductible	You pay 20% after deductible	
Total Monthly Premiums							
Employee Only	\$348.00	\$397.00		\$391.00	\$386.00	\$514.00	
Employee and Children	\$664.00	\$715.00		\$765.00	\$695.00	\$834.00	
Employee and Spouse	\$985.00	\$1,120.00		\$1,115.00	\$1,089.00	\$1,264.00	
Employee and Family	\$1,295.00	\$1,338.00		\$1,475.00	\$1,301.00	\$1,588.00	
Annual Premium plus Maximum Out-of-Pocket							
Employee Only	\$7,176.00	\$11,664.00		\$8,192.00	\$12,782.00	\$13,068.00	
Employee and Family	\$24,540.00	\$29,856.00		\$28,200.00	\$31,912.00	\$32,856.00	