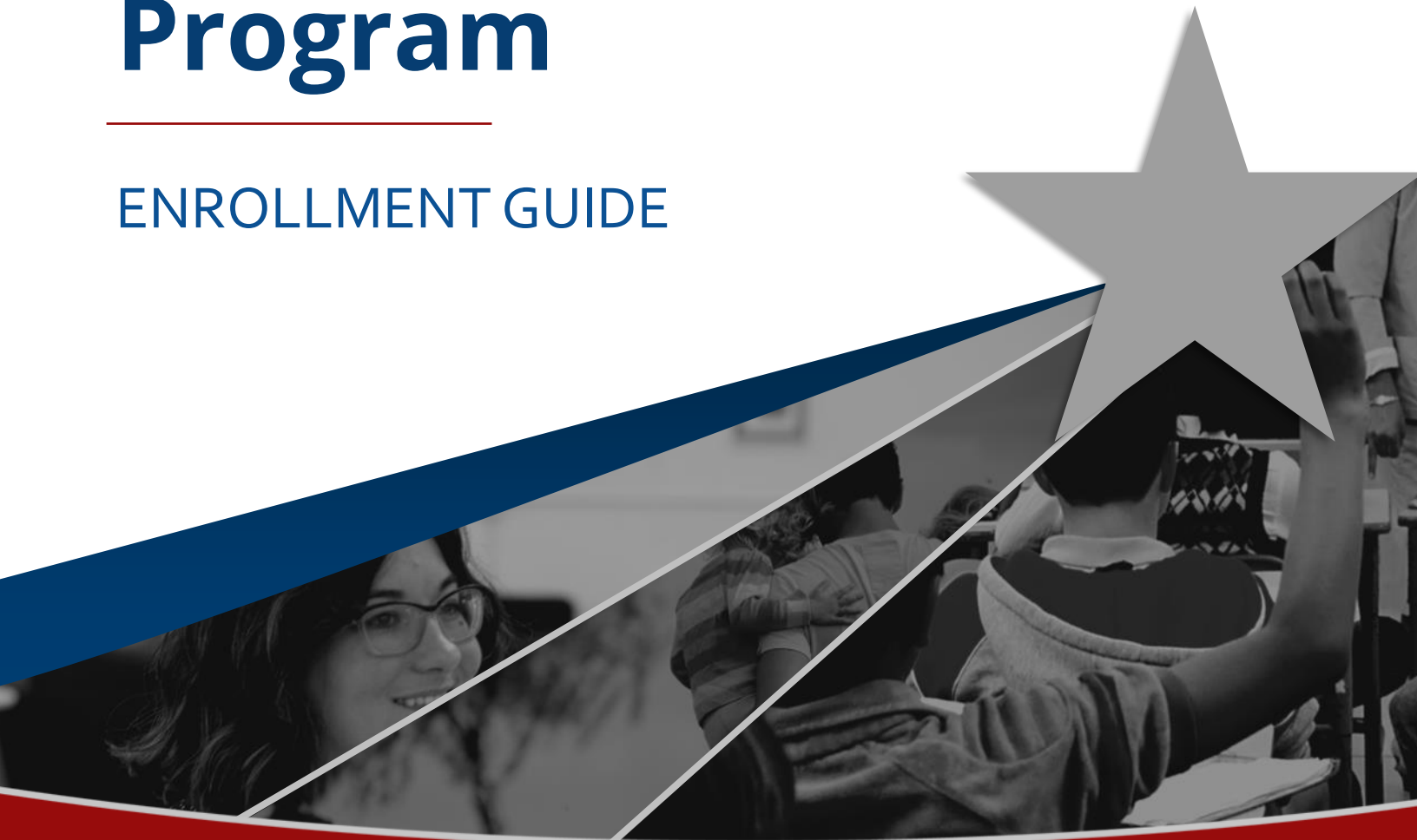




2020-2021

Texas Schools Health Benefits Program

ENROLLMENT GUIDE





Our purpose is to support the school children of Texas. We do this by providing health benefit solutions to our dedicated teachers, administrators, and support staff so they can concentrate on what they do best – teaching and supporting our kids.



IMPORTANT NOTE

This summary is intended to be an easy-to-use reference for members and others interested in the TSHBP health benefits. The Summary Plan Description (SPD) and other materials specific to your plan supersede this general information with regard to individual participants' eligibility and benefits.

PLAN HIGHLIGHTS

The TSHBP is proud to offer a variety of plans and benefits to meet your school district needs. Plans for 2020-21 include our High Deductible Health Plan (HD) and our CoPay Plan (CPP). Both plans are designed so members can easily navigate through their health medical needs.

TSHBP HD PLAN	TSHBP COPAY PLAN
<ul style="list-style-type: none"> Lowest HD Premium Plan Once deductible is met, the plan pays 100% Lowest Out-of-Pocket Expense of all plans 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 Virtual Health Benefit with a \$30 consult fee ACA Preventative Services are paid at 100% Integrated medical and pharmacy benefit 	<ul style="list-style-type: none"> Unique plan where member pays a co-payment for services All co-pays apply to the deductible Once deductible is met, the plan pays 100% Low Out-of-Pocket Expense Nationwide Network for Physician and Ancillary Services No requirement for PCP or Referrals Virtual Health Benefit with a \$0 copay Care Coordinator Service for Hospital and Surgical Services Preventative Services are paid at 100% No Drug Deductible \$0 Generic Drug Benefit at CVS, HEB, Wal-Mart, and Costco

The TSHBP plans have embedded deductibles. This simply means that once you have met your deductible, the plan pays 100% of all eligible charges. This can greatly reduce your out-of-pocket medical expenses.

MAXIMUM OUT OF POCKET COSTS FOR 2020-2021

Cost for Individuals

Cost for Families

\$3,000	<i>TSHBP HD Plan</i>	\$9,000
\$3,500	<i>TSHBP CoPay Plan</i>	\$10,500
\$6,900	<i>TRS-ActiveCare HD</i>	\$13,800
\$6,900	<i>TRS-ActiveCare Primary +</i>	\$13,800
\$8,150	<i>TRS-ActiveCare Primary</i>	\$16,300
\$7,450	<i>West Texas BCBS HMO</i>	\$14,900
\$7,450	<i>Central and North Texas BSW HMO</i>	\$14,900
\$4,500	<i>South Texas BCBS HMO</i>	\$9,000

PLAN HIGHLIGHTS

Choose the TSHBP that best works for you and your family. While our TSHBP HD has the lowest premium cost, our TSHBP CoPay Plan is a unique plan where all services are subject to copays and all copays, apply to the deductible.

Let's see how Tommy and Barbara use the TSHBP CoPay Plan and save on their out-of-pocket expenses.

SCENARIO 1 - CoPay Plan

Tommy is experiencing knee pain and goes to his doctor (\$35 copay). His doctor refers him to a specialist and the specialist confirms he needs surgery (\$35 copay). Tommy calls the TSHBP Care Coordinator who schedules his knee surgery at the hospital. Tommy's knee surgery goes well, and he stays in the hospital for 3 days. Tommy pays a \$500 copay for the hospital stay and \$100 copay for the surgeon. He has 6 weeks of physical therapy twice per week ($6 \times 2 \times \$55 \text{ copay} = \660). Tommy's six-week checkup goes well, and his knee is as good as new (\$35 copay).

In this scenario, Tommy would pay a total of **\$1,365** in copays. The \$1,365 applies to Tommy's deductible of \$3,500. He now has a remaining out of pocket/copayment maximum of \$2,135.

SCENARIO 2 - CoPay Plan

Barbara believes she is pregnant and goes to her doctor who confirms (\$35 copay). Barbara works with the Care Coordinator to set up a plan for delivery. Barbara visits her doctor monthly and pays a one-time \$500 copay to cover her prenatal care, postnatal care and delivery. During her last 6 weeks of pregnancy, Barbara visits the doctor weekly. The previous \$500 copay covers any routine pre and postnatal care. Barbara has a normal delivery at a hospital and pays a separate \$500 copay for the hospital stay for herself and a \$250 copay for the newborn. Barbara and the baby go home happy!

In this scenario, Barbara would pay a total **\$1,285** in copays. The \$1,285 applies to Barbara's deductible of \$3,500. She now has a remaining out of pocket/copayment maximum of \$2,215.



PREVENTIVE SERVICES

PREVENTIVE SERVICES are designed to comply with terms of the Patient Protection and Affordable Care Act (PPACA), current recommendations of the United States Preventive Services Task Force, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention.

Examples of preventive health care services include, but are not limited to—

- Well baby/Well-child care
- Preventive, routine physicals
- Well-woman visits
- Preventive mammograms
- Immunizations
- Preventive colonoscopy
- Prostate cancer screening
- Preventive and screening tests and services must be ordered by a treating health care provider.
- Preventive care does not include diagnostic treatment, lab, x-ray, follow-up care, or maintenance care of existing conditions or chronic disease.

Any plan deductible or copay amounts stated in the Benefit Summary are waived when preventive care services are provided by an in-network provider. When preventive services and diagnostic or therapeutic services occur during the same visit, the member pays applicable deductible or copays for diagnostic or therapeutic services but not for preventive services.

VIRTUAL VISITS (TELEHEALTH)



Virtual Visits allow members to have a live consultation with an independently contracted board-certified TeleDoc doctor. Instead of going to the office, members can talk with a doctor while at home, work, or any place. Virtual Visits can cost less than going to the urgent care clinic or emergency room. Simple, non-emergency medical health conditions can be addressed via telephone, online video, or the mobile app. The program's CPP provides a visit at no cost - \$0 (\$30 Consultant Fee for HDHP).

ABOUT THE TSHBP NETWORK



TSHBP utilizes a national PPO network to provide physician and ancillary services access to all members. Participating school districts will access the HealthSmart practitioner and ancillary only network to gain access to over 478,000 providers in over 1,222,000 unique locations across Texas and the United States. Please note, hospitals are excluded from the PPO networks. All hospitals and other medical facility-based services are accessed via an assigned Care Coordinator.

TSHBP members will experience the lowest out-of-pocket costs for physician and ancillary medical services when utilizing network providers. It is easy to look up HealthSmart PPO providers in your area by clicking on the link below. Your searches can be saved to your computer or sent to your email. <https://tshbp.info/HSNetwork>

CARE COORDINATOR – SIMPLICITY

Members will use the HealthSmart PPO Network for physician and ancillary services, however, all facility and hospital services will be accessed via the Care Connect program.

Under the Care Connect program, a Care Coordinator becomes a personal concierge for the members in the TSHBP. Today most health plans require members to navigate a complicated maze of in-network confirmation requirements, the TSHBP is designed so the Care Coordinator steps in on behalf of the member and fully supports the member through the process. The Care Coordinator will explain benefits, verify eligibility, answer questions, research quality on every encounter, schedule procedures, and negotiate with facilities for best rates. Our goal is to simply and easily schedule the member with high quality, fair priced facilities in the easiest possible manner while supporting the member through all aspects of the health care continuum.

Of course, your healthcare is the primary concern. For any emergency service, immediately go to the nearest facility to receive the care you need. Should you receive a balance bill from the facility, just contact your Care Coordinator and they will engage the TSHBP member advocates program to interact with the facility to settle any balance bill disputes. <https://tshbp.info/CCVideo>

PRESCRIPTION DRUG BENEFITS



TSHBP's pharmacy benefit is managed by Southern Scripts. Southern Scripts uses a Performance Drug List to provide members with a managed selection of pharmacy choices. Southern Scripts has over 66,000 participating pharmacies nationwide with over 4,500 of those in Texas.

You can search for medications with the Southern Scripts' Search for Medications tool: <https://tshbp.info/DrugPham>. The pharmacy network is comprised of independent and chain pharmacies and the network is noted with the FirstChoice logo on the Pharmacy Locator page. First Choice pharmacies provide the greatest discounts on your prescriptions and can be accessed here: <https://tshbp.info/Rxlocate>.

TSHBP CoPay Plan		TSHBP HD Plan
Prescription Drug Tiers	Supply Limit - 30 Days CoPay Plan Only	Members on TSHBP HD Plan will pay 100% of the cost for medications until their plan deductible is met. Specialty Drugs are not covered.
Generic	\$0 copay CVS/HEB/Walmart/Costco/Sam's \$10 copay All Network other Pharmacies	The TSHBP HD plan includes a PREVENTIVE DRUG LIST, that covers preventive prescriptions at \$0 cost before plan deductible is met. The list includes prescription drugs in the following categories: aspirin, bowel preparation, breast cancer prevention, contraceptives, fluoride supplements, tobacco cessation, and routine immunizations.
Preferred Brand	\$35 copay or 50% copay whichever is greater (max \$100)	*Specialty Drugs TSHBP will only cover the cost of specialty medications for the following:
Non-Preferred Brand	\$70 copay or 50% copay whichever is greater (max \$200)	<ul style="list-style-type: none">• Cost is under \$670 per month for a 30-day supply, payable under the Prescription Drug Program and regular plan benefits apply; subject to plan deductible and copayment requirements, as applicable.• If administered in a Facility/Physician's office setting as a component of a treatment plan when billed by the facility as a claim cost.
*Specialty Drugs	Not Covered	Benefits will be provided following the payment parameters established in the plan document, based on the place of service and/or provider administering such medication. The TSHBP has purchased an additional policy that will fund the specialty drug expense for a member for up to 90 days if alternative funding is not available for the drugs. The TSHBP and its providers will work with our patient advocate program to help members gain access to publicly available Patient Assistance Programs (PAP) and Co-Pay Assistance Programs (CAP) that may provide funding for significant portions associated with specialty drugs.
(Mail Order Service – 90 Day Supply): 2X 30-day copay		

Plan Highlights		TSHBP HD Plan	TSHBP CoPay Plan
Plan Features		In-Network Only	In-Network Only
Type of Coverage		In-Network Coverage Only	In-Network Coverage Only
Network		HealthSmart - PPO National	HealthSmart - PPO National
Plan Year Deductible/CoPayments		Deductible, then Plan pays 100%	Copayments, then Plan pays 100%
Individual/Family Deductible		\$3,000/\$9,000	\$3,500/\$10,500
Coinsurance		None - Plan Pays 100% after deductible	None - Plan Pays 100% after deductible
Individual/Family Maximum Out-of- Pocket		\$3,000/\$9,000	\$3,500/\$10,500
Health Savings Account (HSA) Eligible		Yes	No
Required - Primary Care Provider (PCP)		No	No
Required - PCP Referral to Specialist		No	No
Prescription Drug Benefits		Yes - Deductible, then Plan pays 100%	Yes, Copayments, if applicable; then Plan pays 100%
Doctor Visits			
Preventive Care		Yes - \$0 copay	Yes - \$0 copay
Virtual Health		\$30 per consultation	\$0 per consultation
Primary Care		Deductible, then Plan pays 100%	\$35 copay
Specialist		Deductible, then Plan pays 100%	\$35 copay
Office Services			
Allergy Injections		Deductible, then Plan pays 100%	\$5 copay
Allergy Serum		Deductible, then Plan pays 100%	\$35 copay
Chiropractic Services		Deductible, then Plan pays 100%	\$35 copay
Office Surgery		Deductible, then Plan pays 100%	\$110 copay
MRI's, Cat Scans, and Pet Scans		Deductible, then Plan pays 100%	\$275 copay
Care Facilities			
Urgent Care Facility		Deductible, then Plan pays 100%	\$50 copay
Freestanding Emergency Room (In & Out-of-Network)		Deductible, then Plan pays 100%	\$500 copay
Hospital Emergency Room (In & Out-of-Network)		Deductible, then Plan pays 100%	\$500 copay
Ambulance Services		Deductible, then Plan pays 100%	\$220 copay
Outpatient Surgery		Deductible, then Plan pays 100%	\$500 copay
Hospital Services		Deductible, then Plan pays 100%	\$500 copay
Surgeon Fees		Deductible, then Plan pays 100%	\$100 copay
Maternity and Newborn Services			
Maternity Charges (prenatal and postnatal care)		Deductible, then Plan pays 100%	\$500 copay
Routine Newborn Care		Deductible, then Plan pays 100%	\$250 copay
Rehabilitation/Therapy			
Occupational/Speech/Physical		Deductible, then Plan pays 100%	\$55 copay
Cardiac Rehabilitation		Deductible, then Plan pays 100%	\$110 copay
Chemotherapy, Radiation, Dialysis		Deductible, then Plan pays 100%	\$110 copay
Home Health Care		Deductible, then Plan pays 100%	\$55 copay
Skilled Nursing		Deductible, then Plan pays 100%	\$500 copay
Care Coordinator The Care Coordinator must be contacted to access facility services, or benefits will not be available under the Plan. Services include routine colonoscopies and related services; hospital providers for MRIs, Cat Scans and Pet Scans; hospital providers for outpatient Lab/Radiology Services; Inpatient Hospital Admissions; Outpatient Hospital/Ambulatory Surgical Facility Services; Maternity and Newborn Services; Rehabilitation/Therapy Services; Extended Care Services; and Other Services including durable medical equipment/supplies, orthotics/prosthetics, facilities for diabetic self-management training and sleep disorder services. To review the complete plan document and services that require access through the Care Connect Program, please call (888) 803-0081.			



Questions?

Call: (888) 803-0081

Visit: www.TSHBP.org

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