

Klein ISD
Group Health Options 2020-21

Plan Summary

	TX Schools Health Benefits HD	TRS-ActiveCare HD	TX Schools Health Benefits CoPay	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	
Plan Features	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 Coverage Only		In-Network Coverage Only	
Individual/Family Deductible	\$3,000/\$9,000		\$3,500/\$10,500		\$2,500/\$5,000	
Individual/Family Maximum Out-of-Pocket	\$3,000/\$9,000		\$3,500/\$10,500		\$8,150/\$16,300	
Coinsurance	None - Plan Pays 100% after deductible		None - Plan Pays 100% after deductible		You pay 30% after deductible	
Network	National Network		National Network		Statewide Network	
Primary Care Provider (PCP) Required	No		No		Yes	
PCP Referral to Specialist	No		No		Yes	
Doctor Visits						
Preventive Care	Yes - \$0 copay		Yes - \$0 copay		Yes - \$0 Copay	
Primary Care	Deductible, the Plan pays 100%		\$35 copay		\$30 copay	
Specialist	Deductible, the Plan pays 100%		\$35 copay		\$70 copay	
TRS Virtual Health	\$30 per consultation		\$0 per consultation		\$0 per consultation	
Care Facilities						
Urgent Care	Deductible, the Plan pays 100%		\$50 copay		\$50 copay	
Emergency Care	Deductible, the Plan pays 100%		\$500 copay		You pay 30% after deductible	
Outpatient Surgery	Deductible, the Plan pays 100%		\$500 copay		You pay 30% after deductible	
Hospital Services	Deductible, the Plan pays 100%		\$500 copay		You pay 30% after deductible	
Prescription Drug						
Drug Deductible	Integrated with medical		No deductible		Integrated with medical	
Days 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%		\$0 at selected pharmacies; others \$10/\$20 copay		\$15/\$45 copay	
Preferred Brand	Deductible, the Plan pays 100%		\$35 or 50% copay to \$100 / \$70 or 50% copay to \$200		You pay 30% after deductible	
Non-preferred Brand	Deductible, the Plan pays 100%		\$70 or 50% copay to \$200 / \$140 or 50% copay to \$400		You pay 50% after deductible	
Specialty	Not Covered (90-Day Funding, then Patient and Copay Assistance)		Not Covered (90-Day Funding, then Patient and Copay Assistance)		You pay 30% after deductible	
Total Monthly Premiums						
Employee Only	\$345.00		\$386.00		\$386.00	
Employee and Spouse	\$980.00		\$1,099.00		\$1,089.00	
Employee and Children	\$661.00		\$752.00		\$695.00	
Employee and Family	\$1,295.00		\$1,475.00		\$1,301.00	
Annual Premium plus Maximum Out-of-Pocket						
Employee Only	\$7,140.00		\$8,132.00		\$12,782.00	
Employee and Spouse	\$17,760.00		\$20,188.00		\$29,368.00	
Employee and Children (1)	\$13,932.00		\$16,024.00		\$24,640.00	
Employee and Children 2+	\$16,932.00		\$19,524.00		\$24,640.00	
Employee and Family	\$24,540.00		\$28,200.00		\$31,912.00	