



2020-2021

Medical Plan Comparison

TSHBP

(Texas Schools Health Benefits Program)

VS

TRS

- No PCP or Specialist Referrals
- Lower Deductibles & Out-Of-Pocket Maximums
- 100% Coverage After Deductible Met
- Care Coordinator Concierge Service For Hospitals

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More differences? See side-by-side comparisons on the next page.

For additional assistance, please call the TSHBP Call Center to ask any questions about the TSHBP and TRS Medical Plans. Contact us today at (888) 346-8090 or visit tshbp.org

TSHBP Plan Comparison

TSHBP HD Plan vs. TRS-ActiveCare HD

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How do the plans compare?

	TSHBP HD Plan	TRS-ActiveCare HD Plan	
	<ul style="list-style-type: none"> • Lowest HD Premium Plan • 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 • Once deductible is met, the plan pays 100% (no coinsurance) 	<ul style="list-style-type: none"> • Similar to current 1-HD • Compatible with health savings account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals 	
Total Monthly Premiums			
Employee Only	\$345.00	\$397.00	
Employee and Children	\$661.00	\$715.00	
Employee and Spouse	\$980.00	\$1,120.00	
Employee and Family	\$1,295.00	\$1,338.00	
Plan Features			
Type of Coverage	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$3,000/\$9,000	\$2,800/\$5,600	\$5,500/\$11,000
Coinsurance	None - Plan Pays 100% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Max Out-of-Pocket	\$3,000/\$9,000	\$6,900/\$13,800	\$20,250/\$40,500
Network	National Network	Nationwide Network	
Primary Care Provider (PCP) Required	No	No	
Doctor Visits			
Preventive Care	Yes - \$0 copay	Yes - \$0 copay	
Primary Care	Deductible, the Plan pays 100%	You pay 20% after deductible	You pay 40% after deductible
Specialist	Deductible, the Plan pays 100%	You pay 20% after deductible	You pay 40% after deductible
Teladoc/Virtual Health	\$30 per consultation	\$30 per consultation	
Care Facilities			
Urgent Care	Deductible, the Plan pays 100%	You pay 20% after deductible	You pay 40% after deductible
Emergency Care	Deductible, the Plan pays 100%	You pay 20% after deductible	
Outpatient Surgery	Deductible, the Plan pays 100%	You pay 20% after deductible	You pay 40% after deductible
Prescription Drug Benefits			
Drug Deductible	Integrated with medical	Integrated with medical	
Days Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply	
Generic	Deductible, the Plan pays 100%	You pay 20% after deductible	
Preferred Brand	Deductible, the Plan pays 100%	You pay 25% after deductible	
Non-Preferred Brand	Deductible, the Plan pays 100%	You pay 50% after deductible	
Specialty	Covered in facility setting or cost is less than \$670. Over \$670 not covered. Additional policy funds drug for 90 days, then Patient and Copay Assistance Programs.	You pay 20% after deductible	

TSHBP Plan Comparison

TSHBP CoPay Plan vs. TRS Primary Plan

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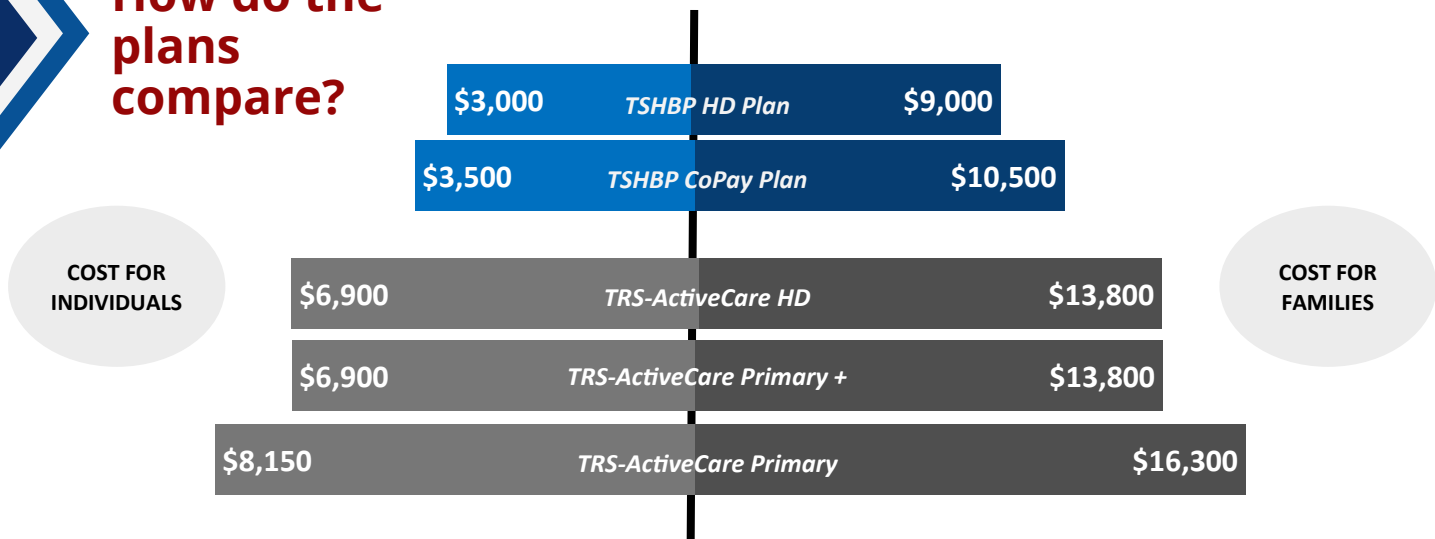
How do the plans compare?

	TSHBP CoPay Plan	TRS Primary Plan
	<ul style="list-style-type: none"> • Unique plan where member pays 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 • \$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"> • 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
Total Monthly Premiums		
Employee Only	\$386.00	\$386.00
Employee and Children	\$752.00	\$695.00
Employee and Spouse	\$1,099.00	\$1,089.00
Employee and Family	\$1,475.00	\$1,301.00
Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$3,500/\$10,500	\$2,500/\$5,000
Coinsurance	None - Plan Pays 100% after deductible	You pay 30% after deductible
Individual/Family Max Out-of-Pocket	\$3,500/\$10,500	\$8,150/\$16,300
Network	National Network	Statewide Network
Primary Care Provider (PCP) Required	No	Yes
Doctor Visits		
Preventive Care	Yes - \$0 copay	Yes - \$0 Copay
Primary Care	\$35 copay	\$30 copay
Specialist	\$35 copay	\$70 copay
Teladoc/Virtual Health	\$0 per consultation	\$0 per consultation
Care Facilities		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	\$500 copay	You pay 30% after deductible
Outpatient Surgery	\$500 copay	You pay 30% after deductible
Prescription Drug Benefits		
Drug Deductible	No deductible	Integrated with medical
Days Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply
Generic	\$0 at selected pharmacies; others \$10/\$20 copay	\$0 for certain generics; \$15/\$45 copay
Preferred Brand	\$35 or 50% copay to \$100 / \$70 or 50% copay to \$200	You pay 30% after deductible
Non-Preferred Brand	\$70 or 50% copay to \$200 / \$140 or 50% copay to \$400	You pay 50% after deductible
Specialty	Covered in facility setting or cost is less than \$670. Over \$670 not covered. Additional policy funds drug for 90 days, then Patient and Copay Assistance Programs.	You pay 30% after deductible

TSHBP Plan Comparison

Maximum Out-Of-Pocket Costs For 2020-2021

How do the plans compare?



Questions?

Visit tshbp.org