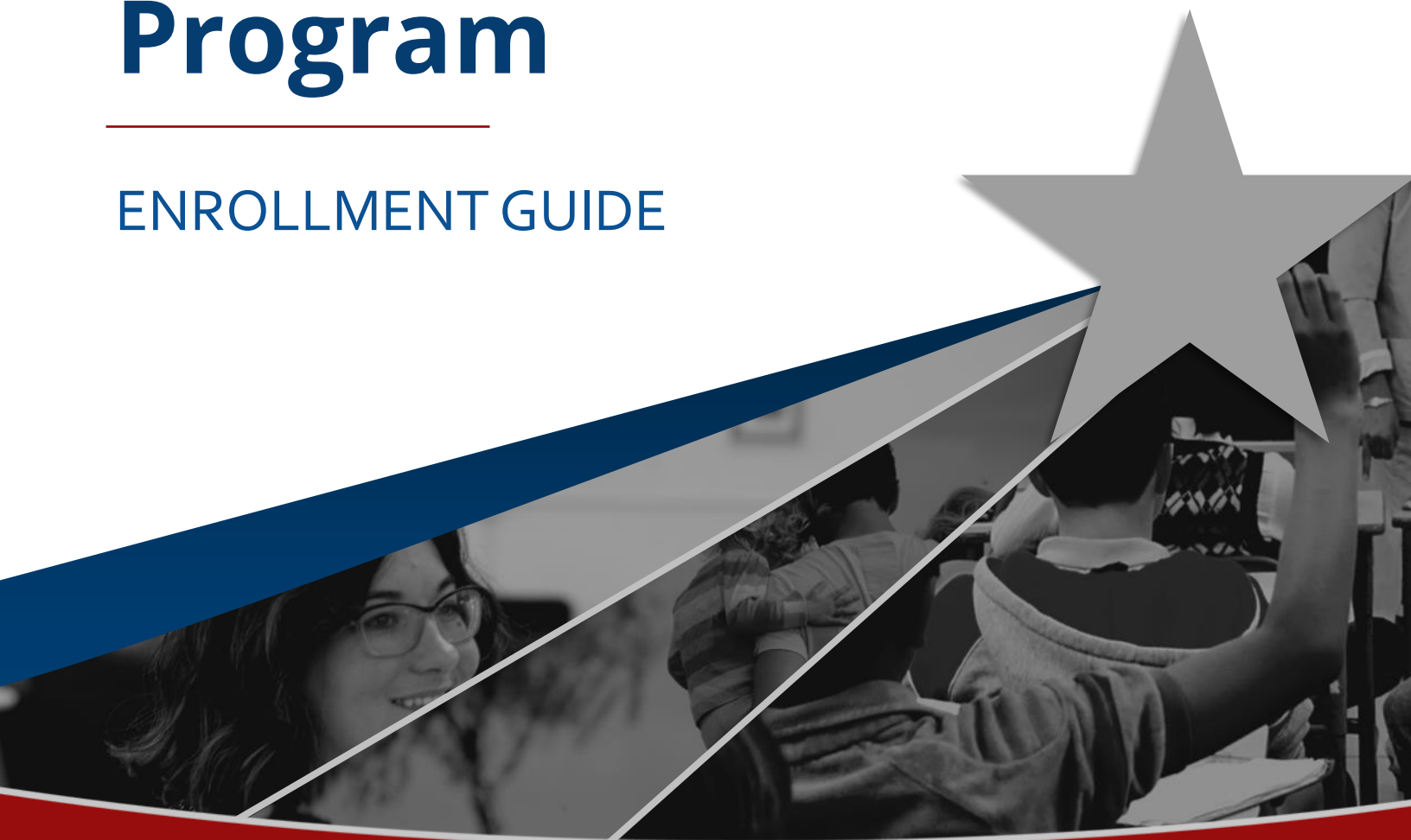




2022-2023

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

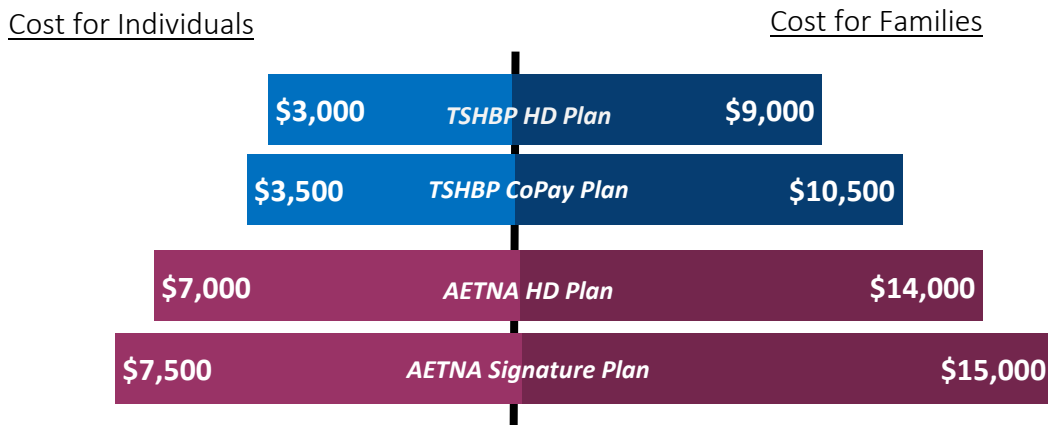
This summary is intended to be an easy-to-use reference for members and others interested in the TSHBP health benefits. The Summary Plan Description (SPD) and other materials specific to your plan supersede this general information with regard to individual participants' eligibility and benefits.

PLAN HIGHLIGHTS

The TSHBP is proud to offer a blended health model for the 2022-23 Plan Year to meet your school district needs. Plans include our current TSHBP Directed Care High Deductible Health Plan (HD) and the TSHBP Directed Care CoPay Plan, as well as two new PPO Plans, Aetna High Deductible (HD) Plan and Aetna Signature. All of our plans are designed so members can easily navigate through their medical needs.

TSHBP DIRECTED CARE PLANS (CURRENT)	PPO AETNA PLANS (NEW)
<ul style="list-style-type: none"> TSHBP Directed Care High Deductible (HD) TSHBP Directed Care CoPay Plan No change / Embedded Deductible In and Out of Network Benefits HealthSmart national network for Physician, Specialist and Ancillary services. Care Coordinator is mandatory for hospital and planned procedures Specialty Drugs - limited coverage 	<ul style="list-style-type: none"> Aetna High Deductible (HD) Aetna Signature Plan In Network Benefits Aetna Signature PPO network for both Physician and Hospitals Comparable to TRS-ActiveCare Rates Guaranteed to be Lower than TRS-ActiveCare Specialty Drugs - full coverage Care Coordinator is an optional benefit

MAXIMUM OUT OF POCKET COSTS FOR 2022-2023 In-Network Services



PLAN HIGHLIGHTS

Choose the TSHBP that best works for you and your family. While we are proud to offer four various plans, our TSHBP Directed Care CoPay Plan is a unique plan where all services are subject to copays and all copays apply to the deductible. Additionally, the TSHBP Directed Care CoPay Plan has the lowest upfront out-of-pocket cost for our members.

Let's see how Tom and Sue use the TSHBP Directed Care CoPay Plan and save on their out-of-pocket expenses.

SCENARIO 1 - CoPay Plan

Tom 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). Tom calls the TSHBP Care Coordinator who schedules his knee surgery at the hospital. Tom's knee surgery goes well, and he stays in the hospital for 3 days. Tom 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 x 2 x \$55 copay = \$660). Tom's six-week checkup goes well, and his knee is as good as new (\$35 copay).

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

SCENARIO 2 - CoPay Plan

Sue believes she is pregnant and goes to her doctor who confirms (\$35 copay). Sue works with the Care Coordinator to set up a plan for delivery. Sue 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, Sue visits the doctor weekly. The previous \$500 copay covers any routine pre and postnatal care. Sue 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. Sue and the baby go home happy!

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



CARE COORDINATOR

Directed care members will use the HealthSmart PPO Network for physician and ancillary services, however, all facility and hospital services must 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. 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>

VIRTUAL VISITS (TELEHEALTH)

Virtual Visits allow members to have a live consultation with an independently contracted board-certified TelaDoc 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.



VIRTA TYPE 2 DIABETES PROGRAM

Virta is a medically supervised, research-backed treatment that reverses type 2 diabetes, meaning that patients can lower their blood sugar and A1c, all while reducing diabetes medications and losing weight. 90 Degree Benefits fully covers the cost of Virta, valued at over \$3,000, for all eligible members with type 2 diabetes. For more information visit: <https://tshbp.org/virta-health/>



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>.



SPECIALTY DRUG PROGRAM ASSISTANCE PROGRAM (PAP)

The TSHBP has focused on savings members who need high cost specialty drugs (over \$670 – 30 day supply) through its specifically designed PAP. This program has brought significant savings to members and also helps control the Program's specialty drug costs. The TSHBP had a success rate of over 95% over the past twelve months with member obtaining assistance in funding a significant portion of the cost. For the Directed Care Plans, 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. It is important to remember that all drugs administered in a Facility/Physician's office setting as a component of a treatment plan are covered.



PREVENTIVE SERVICES

Preventative 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.

PPO AETNA NETWORK: AETNA HD & SIGNATURE PLANS

You want a network that is comprehensive, is easy to use and can help you save on costs. Look no further. You can now find support through our Aetna Signature Administrators® preferred provider organization network. Discover provider options and reduced costs. With our network, you have access to:

- Over 1.2 million participating doctors
- 8,700 hospitals
- Strong, negotiated discounts

**Aetna Signature
Administrators®**

We know quality care is important and we make sure our doctors successfully complete our credentialing requirements. Our credentialing process meets industry standards, as well as state and federal requirements. You'll also have access to over 600 Institutes of Excellence™ facilities and Institutes of Quality® facilities. We measure these publicly recognized institutes by clinical performance, outcomes and efficiency. Then, we pass this guidance along to you — so you can choose the best facility.

Our local network teams work with doctors and hospitals to promote effective member care and better customer satisfaction. As a result, the turnover in our network is remarkably low, year after year. Ready to search our network? Just visit <http://aetna.com/asa>

HEALTHSMART NETWORK: TSHBP HD & TSHBP COPAY PLANS

The TSHBP Directed Care Plans utilizes a national network to provide physician and ancillary services access to all members. TSHBP members will have access to the HealthSmart Network Solutions' Physician and Ancillary Only Primary PPO which contains approximately 478,000 contracted providers in over 1,222,000 unique locations across the country. Please note, hospitals are excluded from the PPO networks. All hospital and other medical facility-based services are accessed via an assigned Care Coordinator.

HealthSmart

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 providers in your area by clicking on the link below. Your searches can be saved to your computer or sent to your email.

Visit <https://tshbp.info/HSNetwork> for a provider near you.

DIRECTED CARE PLAN HIGHLIGHTS



	TSHBP HD Plan	TSHBP HD Plan	TSHBP CoPay Plan	TSHBP CoPay Plan
Coverage	In-Network Coverage	Out-of-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Network	HealthSmart - National	N/A	HealthSmart - National	N/A
Plan Deductible Feature	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	Copayments, then Plan pays 100%	Copayments, then Plan pays 100%
Individual/Family Deductible	\$3,000/\$9,000	\$3,500/\$9,500	\$0/\$0	\$0/\$0
Individual/Family Maximum Out-of-Pocket	\$3,000/\$9,000	\$3,500/\$9,500	\$3,500/\$10,500	\$4,000/\$11,000
Health Savings Account (HSA) Eligible	Yes	Yes	No	No
Required - Primary Care Provider (PCP)	No	No	No	No
Required - PCP Referral to Specialist	No	No	No	No
Prescription Drug Benefits	Yes - Deductible, then Plan pays 100%	Yes - Deductible, then Plan pays 100%	Yes, copayments, then Plan pays 100%	Yes, copayments, then Plan pays 100%
Doctor Visits				
Preventive Care	Yes - \$0 copay	Yes - \$0 copay	Yes - \$0 copay	Yes - \$0 copay
Virtual Health - Teladoc	\$30 per consultation	\$30 per consultation	\$0 per consultation	\$0 per consultation
Primary Care	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$35 copay	\$40 copay
Specialist	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$35 copay	\$40 copay
Office Services				
Allergy Injections	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$5 copay	\$10 copay
Allergy Serum	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$35 copay	\$40 copay
Chiropractic Services	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$35 copay	\$40 copay
Office Surgery	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$110 copay	\$125 copay
MRI's, Cat Scans, and Pet Scans	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$275 copay	\$325 copay
Urgent Care Facility	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$50 copay	\$75 copay
Care Facilities				
Urgent Care Facility	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$50 copay	\$75 copay
Freestanding Emergency Room	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$500 copay	\$500 copay
Hospital Emergency Room	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$500 copay	\$500 copay
Ambulance Services	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$220 copay	\$220 copay
Outpatient Surgery	Deductible, then Plan pays 100%	In-Network Only	\$500 copay	In-Network Only
Hospital Services	Deductible, then Plan pays 100%	In-Network Only	\$500 copay	In-Network Only
Surgeon Fees	Deductible, then Plan pays 100%	In-Network Only	\$100 copay	In-Network Only
Maternity and Newborn Services				
Maternity Charges (prenatal and postnatal care)	Deductible, then Plan pays 100%	In-Network Only	\$500 copay	In-Network Only
Routine Newborn Care	Deductible, then Plan pays 100%	In-Network Only	\$250 copay	In-Network Only
Prescription Drug Benefits				
Drug Deductible	Drug Deductible		No Drug Deductible	
Generic	You pay 0% after deductible; \$0 certain generics		\$0 certain generics / \$10 copay	
Preferred Brand	You pay 0% after deductible		\$35 copay or 50% copay / Max \$100	
Non-Preferred	You pay 0% after deductible		\$70 copay or 50% copay / Max \$200	
Specialty	Limited - Drugs over \$670 require participation in Specialty Drug Program			

***The Care Coordinator program must be used to access facility services or no benefits will be available under the Plan**

These services include routine colonoscopy 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 Coordinator program, please call 888-803-0081.

PPO PLAN HIGHLIGHTS

	TSHBP AETNA HD	TSHBP AETNA Signature
Coverage	In-Network Only	In-Network Only
Network	AETNA	AETNA
Preferred Facility	AETNA	AETNA
Plan Deductible Feature	You pay 30% after deductible	You pay 25% after deductible
Individual/Family Deductible	\$3,000/\$6,000	\$2,000/\$4,000
Coinsurance	You pay 30% after deductible	You pay 25% after deductible
Individual/Family Maximum Out-of- Pocket	\$7,000/\$14,000	\$7,500/\$15,000
Health Savings Account (HSA) Eligible	Yes	No
Required - Primary Care Provider (PCP)	No	No
Required - PCP Referral to Specialist	No	No
Doctor Visits		
Preventive Care	Yes - \$0 copay	Yes - \$0 copay
Virtual Health - Teladoc	\$30 per consultation	\$0 per consultation
Primary Care	You pay 30% after deductible	\$30 copay
Specialist	You pay 30% after deductible	\$70 copay
Care Facilities		
Urgent Care Facility	You pay 30% after deductible	\$50 copay
Freestanding Emergency Room	You pay 30% after deductible	You pay \$500 copay + 25% after deductible
Hospital Emergency Room	You pay 30% after deductible	You pay 25% after deductible
Ambulance Services	You pay 30% after deductible	You pay 25% after deductible
Outpatient Surgery	You pay 30% after deductible	You pay 25% after deductible
Hospital Services	You pay 30% after deductible	You pay 25% after deductible
Surgeon Fees	You pay 30% after deductible	You pay 25% after deductible
Prescription Drug Benefits		
Drug Deductible	Integrated into Medical	\$500 brand deductible
Generic	You pay 20% after deductible; \$0 certain generics	\$15/\$45 copay; \$0 for certain generics
Preferred Brand	You pay 25% after deductible	You pay 25% after deductible
Non-Preferred	You pay 50% after deductible	You pay 50% after deductible
Specialty	Full Coverage - Drugs over \$670 require participation in Specialty Drug Program	

The Care Coordinator program is optional and guaranteed coverage for specialty drugs.



Questions?

Call: (888) 803-0081

Visit: www.TSHBP.org

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