

**ESC Region 14  
Group Health Options 2020-21**

**Plan Summary**

	<b>TX Schools Health Benefits HD</b>	<b>TRS-ActiveCare HD</b>	<b>TX Schools Health Benefits CoPay</b>	<b>TRS-ActiveCare Primary</b>	<b>TRS-ActiveCare Primary+</b>	<b>West Texas BCBS HMO</b>
<b>Plan Features</b>	<ul style="list-style-type: none"> <li>Lowest HD Premium Plan</li> <li>Low Out-of-Pocket Expense</li> <li>Compatible with health savings account (HSA)</li> <li>Nationwide network for Physician and Ancillary Services</li> <li>Care Coordinator Service for Hospital and Surgical Services</li> <li>No requirement for PCP or Referrals</li> <li>Must meet deductible before plan pays for non-preventive care</li> <li>Once deductible is met, the plan pays 100% (no coinsurance)</li> <li>No out-of-network coverage</li> </ul>	<ul style="list-style-type: none"> <li>Similar to current 1-HD</li> <li>Lower premium</li> <li>Compatible with health savings account (HSA)</li> <li>Nationwide network with out-of-network coverage</li> <li>No requirement for PCPs or referrals</li> <li>Must meet deductible before plan pays for non-preventive care</li> </ul>	<ul style="list-style-type: none"> <li>Unique plan where member pay a co-payment for services</li> <li>All co-pays apply to the deductible</li> <li>Low Out-of-Pocket Expense</li> <li>Nationwide network for Physician and Ancillary Services</li> <li>Care Coordinator Service for Hospital and Surgical Services</li> <li>No requirement for PCP or Referrals</li> <li>No Drug Deductible</li> <li>\$0 Generic Drug Benefit at CVS, HEB, Wal-Mart, Sam's, and Costco</li> <li>Once deductible is met, the plan pays 100% (no coinsurance)</li> </ul>	<ul style="list-style-type: none"> <li>Lower premium</li> <li>Copays for doctor visits before you meet deductible</li> <li>Statewide network</li> <li>PCP referrals required to see specialists</li> <li>Not compatible with health savings account (HSA)</li> <li>No out-of-network coverage</li> </ul>	<ul style="list-style-type: none"> <li>Lower deductible than HD and primary plans</li> <li>Copays for many services and drugs</li> <li>Higher premium</li> <li>Statewide network</li> <li>PCP referrals required to see specialists</li> <li>Not compatible with a health savings account (HSA)</li> <li>No out-of-network coverage</li> </ul>	<ul style="list-style-type: none"> <li>You can choose this plan if you live in one these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Odessa, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton.</li> </ul>
<b>Plan Features</b>						
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	\$1,200/\$3,600	\$950/\$2,850
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 20% after deductible	You pay 25% 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	\$7,450/\$14,900
Network	National Network	Nationwide Network	National Network	National Network	Statewide Network	Regional Network
Primary Care Provider (PCP) Required	No	No	No	No	Yes	Yes
PCP Referral to Specialist	No	No	No	No	Yes	Yes
<b>Doctor Visits</b>						
Preventive Care	Yes - \$0 copay	Yes - \$0 copay	Yes - \$0 copay	Yes - \$0 Copay	Yes - \$0 Copay	\$20 copay
Primary Care	Deductible, the Plan pays 100%	You pay 20% after deductible	You pay 40% after deductible	\$35 copay	\$30 copay	\$20 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	\$30 per consultation	\$0 per consultation	\$0 per consultation	"Not Available"
<b>Care Facilities</b>						
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	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
<b>Prescription Drug</b>						
Drug Deductible	Integrated with medical	Integrated with medical	No deductible	Integrated with medical	\$200 brand deductible	\$150
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	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	\$5/\$12.50 copay ACA Preventative: \$0
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	30% 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	50% after deductible
Specialty	Not Covered (90-Day Funding, then Patient and Copay)	You pay 20% after deductible	Not Covered (90-Day Funding, then Patient and Copay)	You pay 30% after deductible	You pay 20% after deductible	15%/25% after deductible (preferred/nonpreferred)
<b>Total Monthly Premiums</b>						
Employee Only	\$336.00	\$397.00	\$483.00	\$386.00	\$514.00	\$534.42
Employee and Children	\$643.00	\$715.00	\$778.00	\$695.00	\$834.00	\$835.68
Employee and Spouse	\$970.00	\$1,120.00	\$1,268.00	\$1,089.00	\$1,264.00	\$1,287.58
Employee and Family	\$1,288.00	\$1,338.00	\$1,427.00	\$1,301.00	\$1,588.00	\$1,370.12
<b>Annual Premium plus Maximum Out-of-Pocket</b>						
Employee Only	\$7,032.00	\$11,664.00	\$9,296.00	\$12,782.00	\$13,068.00	\$13,863.04
Employee and Family	\$24,456.00	\$29,856.00	\$27,624.00	\$31,912.00	\$32,856.00	\$31,341.44