

Healthcare Options for 2022-23





Two Group Healthcare Models



TSHBP Plan Offerings 2022-23 vaetna[®]

HealthSmart

TSHBP Current Plans

✓ High Deductible (HD)

✓ CoPay Plan

✓ No change / Embedded Deductible

✓ In and out of Network Benefits

✓ PPO Physician, Specialist, and Ancillary

✓ Care Coordinator – Hospital Services

Eligibility +16 *hours*

High Dollar Specialty Drug Assistance Required

TSHBP HD and CoPay - no guarantee Aetna HD and Aetna Signature - guaranteed



TSHBP New Plans (Additional)

✓ Aetna High Deductible (HD) ✓ Aetna Signature Plan ✓ Deductible / Coinsurance ✓ In Network Benefits ✓ PPO Physician and Hospitals Comparable to TRS-ActiveCare

Care Coordinator TSHBP HD and CoPay - mandatory Aetna HD and Aetna Signature - optional



TSHBP Plan Offerings 2022-23

http://aetna.com/asa

Plan Highlights

New Aetna Plans

Aetna Network Highlights

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 now have access to:

- Over 1.2 million participating doctors1
- 8,700 hospitals
- Strong, negotiated discounts

We know quality care is important. So 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.

No one likes changing doctors every year. We make it easier, so you don't have to. 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.

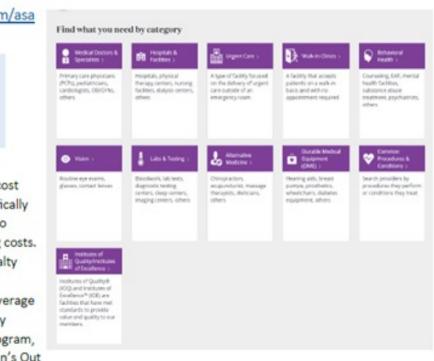
Ready to search our network? Just visit http://aetna.com/asa

- Complete Specialty Drug Coverage
- Aetna HD and Aetna Signature Plans
- 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. Participation in the PAP is mandatory, however for any Specialty Drugs for which assistance is not available, or for any other medication otherwise deemed ineligible for participation, coverage under the Prescription Drug benefits will be available. For any medication eligible for coverage under the Specialty Drug program, expenses will be subject to a 50% Copay, and the Medical Plan's Out -of-Pocket limit as described above.



Aetna Signature Administrators®







TSHBP Plan Offerings 2022-23 Enrollment Dates Summer Enrollment

Spring Enrollment

✓ May 2 – May 13

Choose all options for your upcoming plan year

Eligibility +16 hours

TSHBP HD and CoPay - mandatory Aetna HD and Aetna Signature - optional

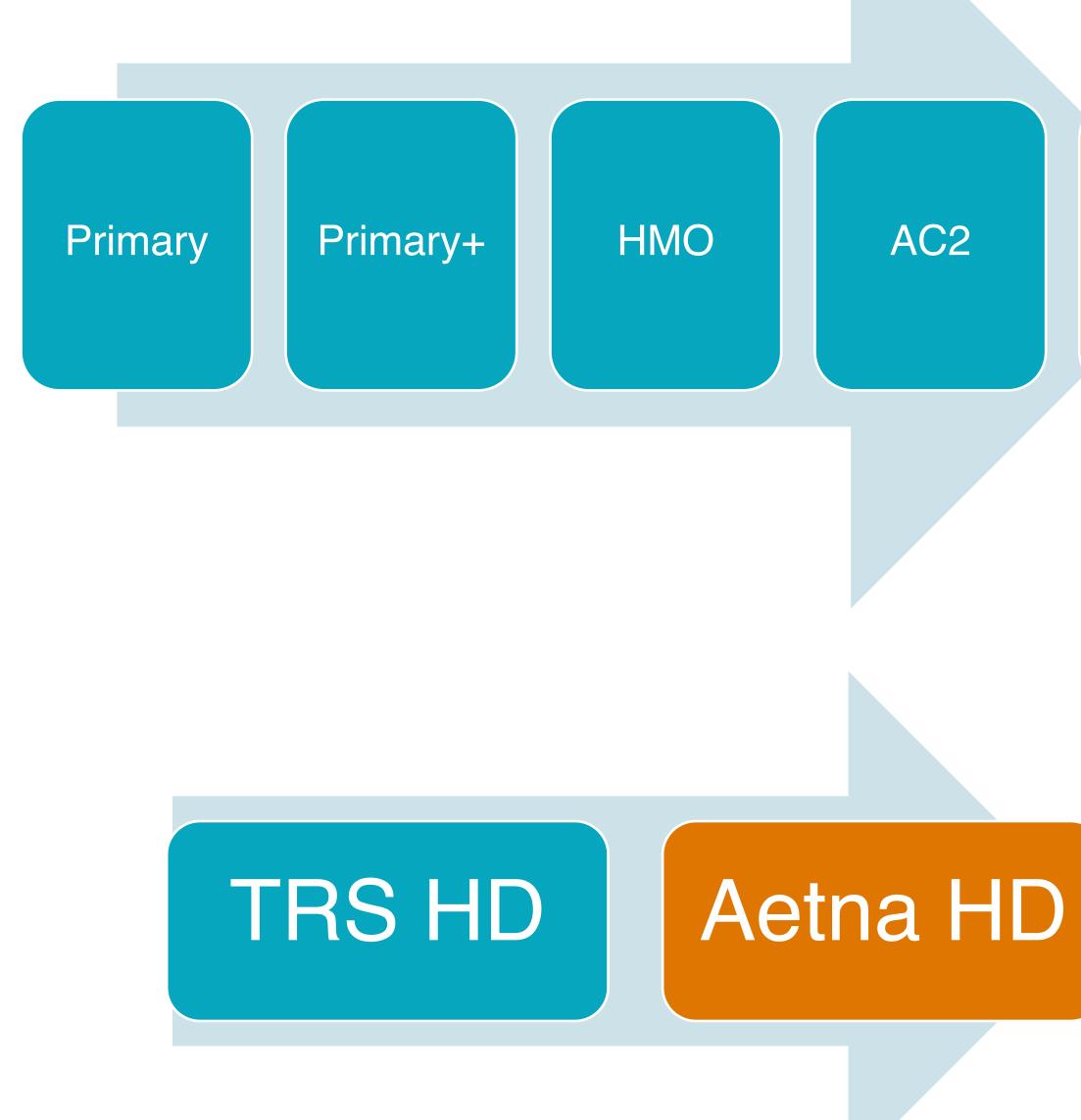


✓ July 18- August 7

✓ August 5 last date to confirm medical card by September 1

Care Coordinator







Passive Placement





Medications

Medical Procedures

Emergencies

August 31 Crossover to September 1









	(NEW)			
	TRS-ActiveCare		TSHBP	
	High Deductible	TSHBP Aetna HD	High Deductible (current)	
Plan Features	In-Network	In-Network	In-Network	
Individual/Family Deductible	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$9,000	
Coinsurance	You pay 30% after deductible	You pay 30% after deductible	None - Plan Pays 100% after deductible	
Ind/Fam Out of Pocket	\$7,000/\$14,000	\$7,000/\$14,000	\$3,000/\$9,000	
Network	BCBS Of Texas	Aetna	HealthSmart	
PCP Required	No	No	No	
PCP Referral to Specialist	No	No	No	
Doctor Visits				
Preventive Care	Yes - \$0 copay	Yes - \$0 copay	Yes - \$0 copay	
Primary Care	You pay 30% after deductible	You pay 30% after deductible	Deductible, then Plan pays 100%	
Specialist	You pay 30% after deductible	You pay 30% after deductible	Deductible, then Plan pays 100%	
Virtual Health	\$30 per consultation	\$30 per consultation	\$30 per consultation	
Care Facilities				
Urgent Care	You pay 30% after deductible	You pay 30% after deductible	Deductible, then Plan pays 100%	
Emergency Care	You pay 30% after deductible	You pay 30% after deductible	Deductible, then Plan pays 100%	
Outpatient Surgery	You pay 30% after deductible	You pay 30% after deductible	Deductible, then Plan pays 100%	
Prescription Drug Benefits				
Drug Deductible	Integrated with medical	Integrated with medical	Intergrated with medical	
Days Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply	
Generics	You pay 20% after deductible; \$0 for certain generics	You pay 20% after deductible; \$0 for certain generics	Deductible, then Plan pays 100%	
Preferred Brand	You pay 25% after deductible	You pay 25% after deductible	Deductible, then Plan pays 100%	
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible	Deductible, then Plan pays 100%	
Specialty	You pay 20% after deductible	Full Coverage - PAP Required	Limited - PAP Required	

	NEW			
	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TSHBP Aetna Signature	TSHBP CoPay (Current)
Plan Features				
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$3,600	\$2,000/\$4,000	\$3,500/\$10,500
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 25% after deductible	None - Plan Pays 100% after deductible
Ind/Fam Out of Pocket	\$8,150/\$16,300	\$6,900/\$13,800	\$7,500/\$15,000	\$3,500/\$10,500
Network	BCBS Of Texas	BCBS of Texas	Aetna	HealthSmart
PCP Required	Yes	Yes	No	No
PCP Referral to Specialist	Yes	Yes	No	No
Doctor Visits				
Preventive Care	Yes - \$0 Copay			
Primary Care	\$30 copay	\$30 copay	\$30 copay	\$35 copay
Specialist	\$70 copay	\$70 copay	\$70 copay	\$35 copay
Virtual Health	\$0 per consultation	\$0 per consultation	\$0 per consultation	\$0 per consultation
Care Facilities				
Urgent Care	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 25% after deductible	\$500 copay
Outpatient Surgery	You pay 30% after deductible	You pay 20% after deductible	You pay 25% after deductible	\$500 copay
Prescription Drug Benefits				
Drug Deductible	Integrated with medical	\$200 brand deductible	\$500 brand deductible	No deductible
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
Generics	\$15/\$45 copay	\$15/\$45 copay	\$15/\$45 copay	\$0 at selected pharmacies; others \$10/\$20 copay
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	\$35 copay or 50% copay (max \$100)
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	\$70 copay or 50% copay (max \$200)
Specialty	You pay 30% after deductible	You pay 20% after deductible	Full Coverage - PAP Required	Limited - PAP Required

Denton ISD Rates – 2022-23 Includes \$260 Contribution

		NEW		NEW
PLAN HIGHLIGHTS	TSHBP High Deductible (HD)	TSHBP Aetna High Deductible (HD)	TSHBP CoPay	TSHBP Aetna Signature
Coverage		Anticipated	d (2022-23)	
Employee Only	\$111.00	\$189.00	\$153.00	\$260.00
Employee/Child	\$434.00	\$582.00	\$525.00	\$629.00
Employee/Spouse	\$755.00	\$1,048.00	\$895.00	\$1,109.00
Employee/Family	\$1,070.00	\$1,304.00	\$1,265.00	\$1,420.00
Coverage	In-Network Coverage	In-Network Only	In-Network Coverage	In-Network Only
Network		AETNA	HealthSmart - National	AETNA
Network			HealthSmart - National Copayments, then Plan pays 100%	AETNA Deductible, then Plan pays 25%
Network	HealthSmart - National		Copayments, then Plan pays	
Network Plan Deductible Feature	HealthSmart - National Deductible, then Plan pays 100%	Deductible, then Plan pays 30%	Copayments, then Plan pays 100%	Deductible, then Plan pays 25%
Network Plan Deductible Feature Individual	HealthSmart - National Deductible, then Plan pays 100% \$3,000 None	Deductible, then Plan pays 30% \$3,000	Copayments, then Plan pays 100% \$3,500	Deductible, then Plan pays 25% \$2,000
Network Plan Deductible Feature Individual Coinsurance	HealthSmart - National Deductible, then Plan pays 100% \$3,000 None \$3,000	Deductible, then Plan pays 30% \$3,000 You pay 30% after deductible	Copayments, then Plan pays 100% \$3,500 None	Deductible, then Plan pays 25% \$2,000 You pay 25% after deductible
Network Plan Deductible Feature Individual Coinsurance Maximum Out-of-Pocket Required - Primary Care Provider	HealthSmart - National Deductible, then Plan pays 100% \$3,000 None \$3,000 No	Deductible, then Plan pays 30% \$3,000 You pay 30% after deductible \$7,000	Copayments, then Plan pays 100% \$3,500 None \$3,500	Deductible, then Plan pays 25% \$2,000 You pay 25% after deductible \$7,500



Employee Only

High Deductible Plans	Monthly Premium	Deductible	Maximum Out of Pocket
TSHBP Aetna HD	\$189	\$3,000	\$7,000
TSHBP HD	\$111	\$3,000	\$3,000
Additional Plans	Monthly Premium	Deductible	Maximum Out of Pocket
Additional Plans TSHBP Aetna Signature	·	Deductible \$2,000	







Employee/Child(ren)

High Deductible Plans	Monthly Premium	Deductible	Maximum Out of Pocket
TSHBP Aetna HD	\$582	\$3,000	\$7,000 / \$14,000
TSHBP HD	\$434	\$3,000	\$3,000 / \$9,000
Additional Plans	Monthly Premium	Deductible	Maximum Out of Pocket
Additional Plans TSHBP Aetna Signature	·	Deductible \$2,000	







Employee/Spouse

High Deductible Plans	Monthly Premium	Deductible	Maximum Out of Pocket
TSHBP Aetna HD	\$1,048	\$3,000	\$7,000 / \$14,000
TSHBP HD	\$755	\$3,000	\$3,000 / \$6,000
Additional Plans	Monthly Premium	Deductible	Maximum Out of Pocket
Additional Plans TSHBP Aetna Signature	·	Deductible \$2,000	







Employee/Family

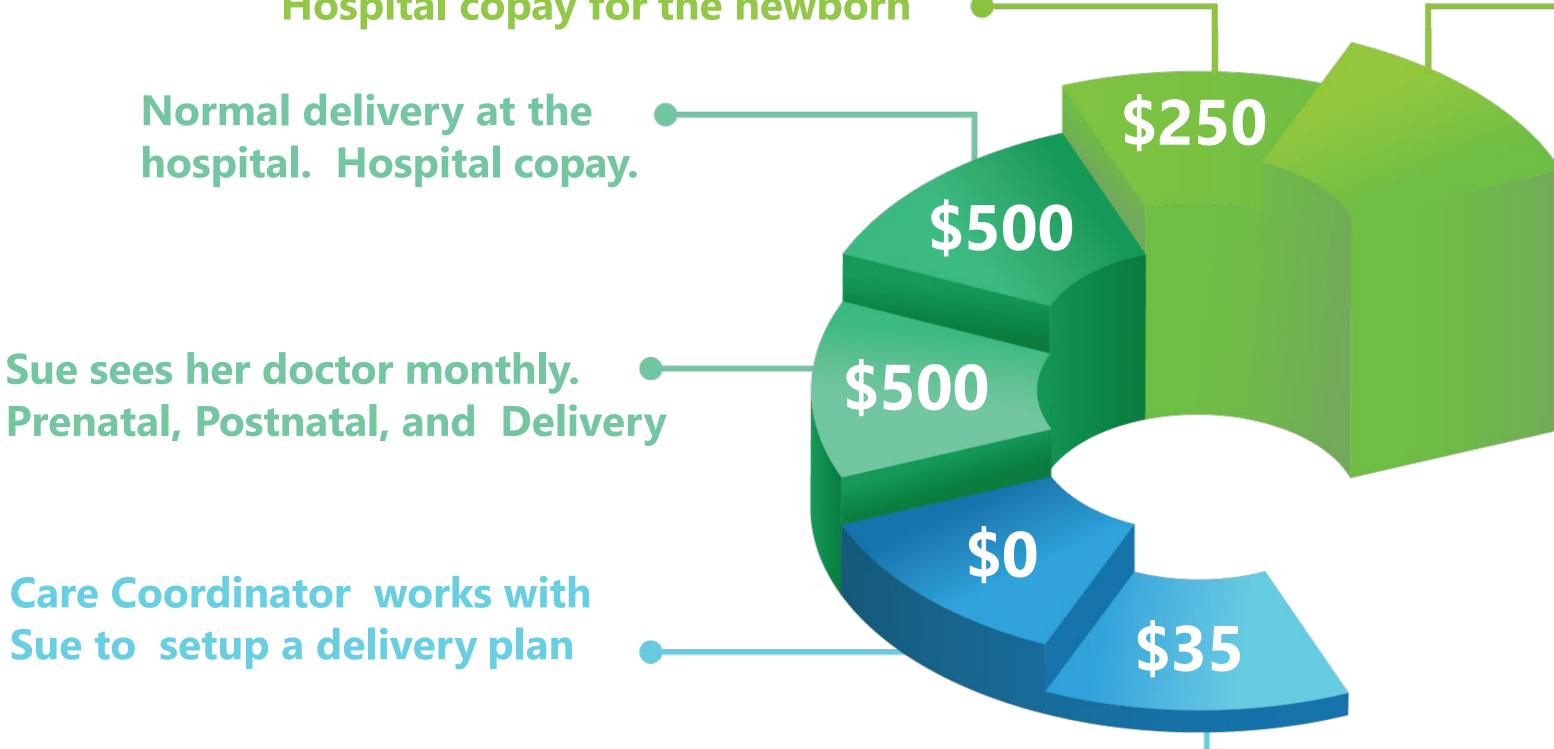
High Deductible Plans	Monthly Premium	Deductible	Maximum Out of Pocket
TSHBP Aetna HD	\$1,304	\$3,000	\$7,000 / \$14,000
TSHBP HD	\$1,070	\$3,000	\$3,000 / \$9,000
Additional Plans	Monthly Premium	Deductible	Maximum Out of Pocket
Additional Plans TSHBP Aetna Signature	·	Deductible \$2,000	





Directed Care CoPay Example Sue is Having a Baby

Hospital copay for the newborn



Sue sees her doctor

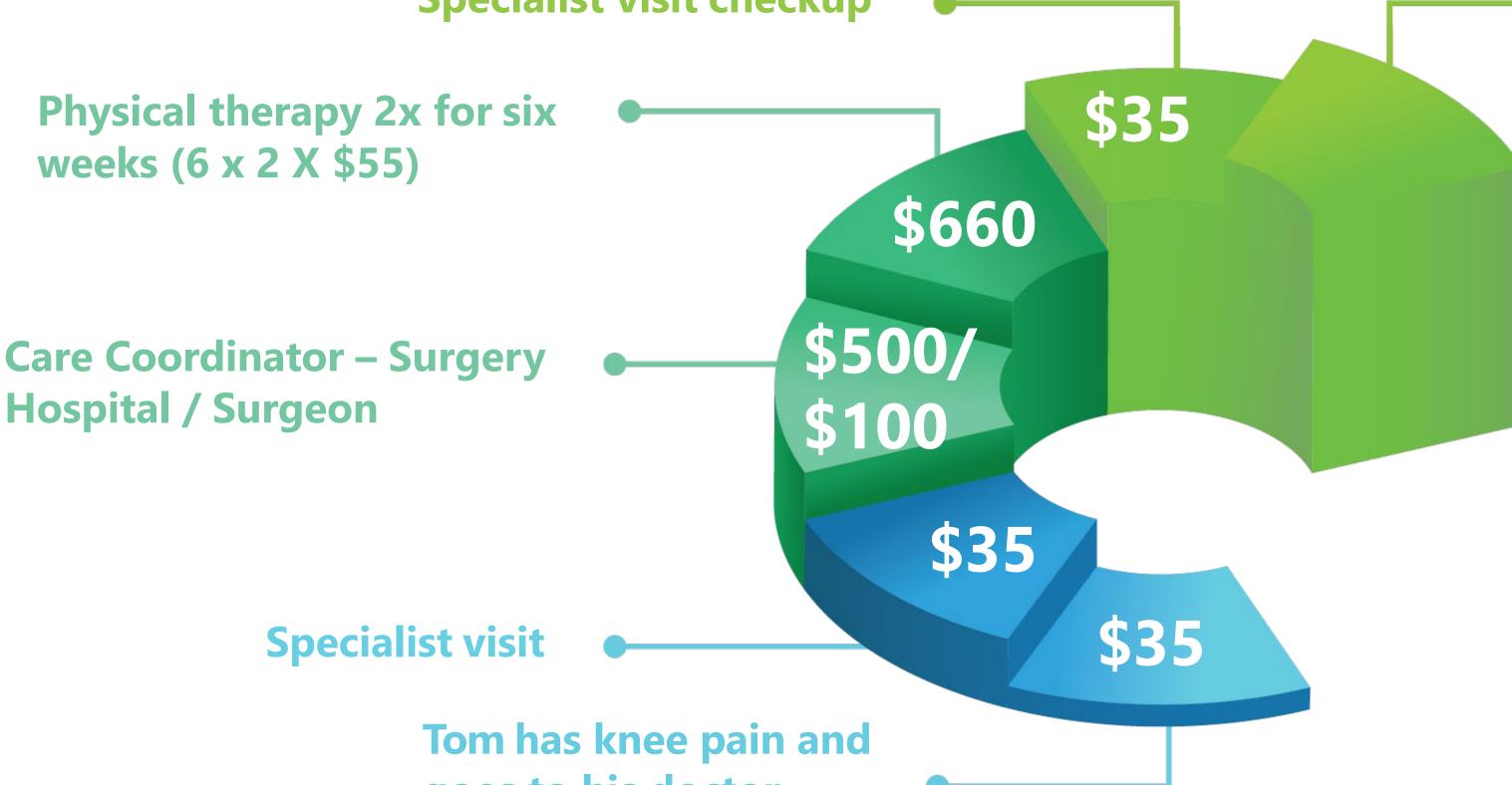
Total Copays - \$1,285 **Remaining Deductible - \$2,215**

Mother and Baby are healthy and home!



Directed Care CoPay Example Tom and His Knee Pain

Specialist visit checkup



goes to his doctor

Total Copays - \$1,365 Remaining Deductible - \$2,135

Tom is back out running again!

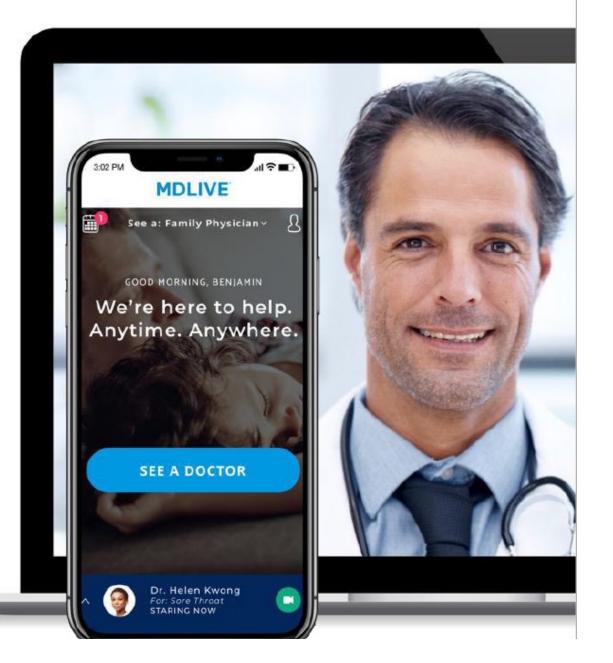
New Tele Medicine

Thank you for considering MDLIVE

As a leading telehealth provider, we're committed to improving lives through convenient and affordable access to virtual healthcare services. Our team of medical, technology and customer service professionals works diligently every day to continually improve our offerings and create exceptional patient experiences. We invite you to explore our approach to telehealth, the scope of our services, and the benefits you can receive by integrating our system into your organization's health strategy.

About us

- Leading provider of virtual care founded in 2009
- 32M+ members, including Cigna, Humana, HCSC and large employers
- 1,300+ licensed providers
- Video, voice and mobile virtual care •
- Ability to integrate with EHRs .
- HIPAA-compliant, cloud-based virtual medical office that ensures private, secure and confidential connections
- Partnerships with Walgreens, Healthgrades and 400+ hospitals providing virtual care nationwide





Voluntary Paid Per Employee Per Month	\$12.00 PEPM
Physician Consultation Fee	Included

Includes free **unlimited** video counseling sessions with either a psychologist, social worker or mental health counselor.



New Hospital Indemnity Plan



Offered by Life Insurance Company of North America

Employer/Employee-Paid

HOSPITAL CARE COVERAGE

SUMMARY OF BENEFITS

Prepared for: Denton ISD

Hospital Care coverage provides a benefit according to the schedule below when a Covered Person incurs a Hospital stay resulting from a Covered Injury or Covered Illness See State Variations (marked by *) below.

Hospitalization Benefits	Plan 1	Plan 2
Hospital Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	\$1,000	\$2,500
Hospital Chronic Condition Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days.	\$50	\$100
Hospital Stay No Elimination Period. Limited to 30 days.	\$100	\$200
Hospital Intensive Care Unit (ICU) Stay No Elimination Period. Limited to 30 days.	\$150	\$300
Hospital Observation Stay 24 hour Elimination Period. Limited to 72 hours.	\$100 per 24-hour period	\$200 per 24-hour period
Newborn Nursery Care Admission Limited to 1 day, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	\$500	\$500
Newborn Nursery Care Stay* Limited to 30 days, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	\$100	\$100

Portability Feature:* You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be covered under the policy and be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.



Employee's Monthly Cost of Coverage:

Tier	Plan 1	Plan 2	
Employee Only	\$12.46	\$24.54	
Employee & Spouse	\$22.50	\$45.14	
Employee & Child(ren)	\$20.46	\$41.04	
Employee & Family	\$30.48	\$61.22	

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.





TSHBP Plan Comparison

HD Plans v. Co-Pay Plans

If you elect TSHBP HD (Aetna or Directed Care) you may benefit from the following plans...

- MDLIVE Telehealth + Behavioral Health-Provides 24/7/365 access to license physicians who can help diagnose illnesses and issue prescriptions, if necessary. This can save you the time and money associated with an in-person doctor's appointment
- HIP—Helps pay out-of-pocket costs for Ø inpatient hospital visits i.e. birth
- HSA—Health Savings Account which allows you to make tax-free contributions and use those funds for medical expenses
- Disability Insurance—Protects your income if forced to miss work due to a disability (pregnancy is a qualified expense under the DISD disability plan)



If you elect the TSHBP Co-Pay plans (Aetna or directed Care) you may benefit from the following...

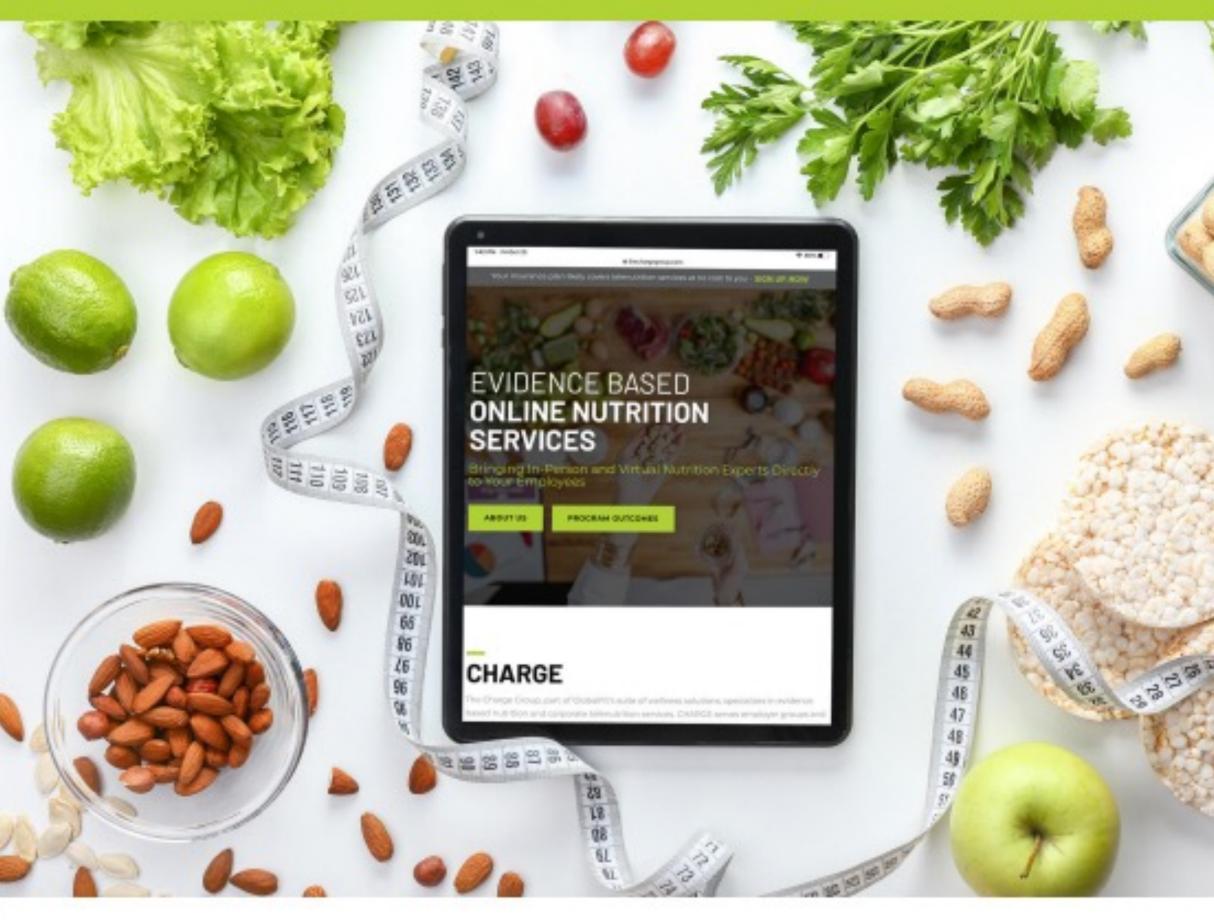
- MDLIVE Telehealth + Behavioral Health-Provides 24/7/365 access to license physicians who can help diagnose illnesses and issue prescriptions, if necessary. This can save you the time and money associated with an in-person doctor's appointment
- HIP—Helps pay out-of-pocket costs for inpatient hospital visits i.e. birth
- O Disability Insurance—Protects your income if forced to miss work due to a disability (pregnancy is a qualified expense under the DISD disability plan)

WWW.TSHBP.ORG









ENTON INDEPENDENT SCHOOL DISTRICT

Meet 1-on-1 with a Nutrition Expert 100% Covered by Insurance

Charge Appt

What to expect in your initial consultation:

- Meet via Zoom with an expert Licensed Registered Dietitian
- Set your health goals, like getting fit or losing weight
- We'll confirm your insurance covers you for future visits



Nutrition





Exercise

Energy

Sleep

Have questions? We have answers! Contact Stephanie@TheChargeGroup.com

CONNECT WITH A LEADER IN WELLNESS

zzz

Texas Health Resources Wellness for Life – Mobile Health





INDEPENDENT SCHOOL DISTRICT **Ray Braswell High School**

26750 E University Dr, Aubrey, TX 76227

