

Allen ISD Preferred Medical Plan
Basic or Enhanced

**WHICH ONE IS
RIGHT FOR YOU?**



Allen ISD

CHOOSING YOUR MEDICAL PLAN

Health & Welfare Plan
Prepared for:
Allen ISD 2021/22



PUT THE POWER BACK IN YOUR HANDS

As a District of Innovation, Allen ISD is choosing to be flexible with the medical coverage offered to employees. That is why you are being given alternative health solutions for the upcoming plan year.

When looking at medical plan options, you'll want to consider a few questions:

- Are your current doctors in network under the plan?
- How much healthcare coverage do you need?
- Will the plan pay for regular care expenses?



**YOU CAN CHOOSE THE
MEDICAL PLAN AND
FEATURES THAT WORK
BEST FOR YOU AND
YOUR FAMILY.**

YOU HAVE 2 MEDICAL PLANS TO CHOOSE FROM:

ALLEN ISD PREFERRED MEDICAL PLAN - Basic

ALLEN ISD PREFERRED MEDICAL PLAN - Enhanced

BENEFITS

For Allen ISD Preferred Medical Plan Members:

- Cigna **Nationwide Network** with over 1 million healthcare professionals
- No referral necessary to see a specialist
- Lower Out-of-Pocket maximums
- In- and Out- of Network Benefits
- Free Tele-medicine through WellVia



ALLEN ISD PREFERRED MEDICAL PLAN - Basic

versus TRS ActiveCare HD

PLAN COMPARISON

ALLEN ISD PREFERRED MEDICAL - Basic Plan Benefits:

- No referral necessary to see a specialist
- Lower out-of-pocket maximums
- Lower prescription drug costs

MONTHLY PREMIUM

	ALLEN ISD PREFERRED MEDICAL PLAN - BASIC	TRS ACTIVECARE HD
Employee	\$49	\$89
Employee + Child(ren)	\$361	\$432
Employee + Spouse	\$758	\$869
Employee + Family	\$971	\$1,105

PLAN FEATURES

COVERAGE TYPE	ALLEN ISD PREFERRED MEDICAL PLAN - BASIC		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
INDV/FAM DEDUCTIBLE	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$5,500/\$11,000
COINSURANCE	20% After Deductible	40% After Deductible	30% After Deductible	50% After Deductible
INDV/FAM MAX OUT-OF-POCKET	\$6,650/\$13,300	\$12,700/\$25,400	\$7,000/\$14,000	\$20,250/\$40,500
NETWORK	Nationwide		Nationwide	
PRIMARY CARE PROVIDER (PCP) REQUIRED	No		No	

DOCTORS VISITS

	ALLEN ISD PREFERRED MEDICAL PLAN - BASIC		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PRIMARY CARE	20% After Deductible	40% After Deductible	30% After Deductible	50% After Deductible
SPECIALIST	20% After Deductible	40% After Deductible	30% After Deductible	50% After Deductible
VIRTUAL HEALTH	\$0 Per Consultation		\$30 Per Consultation	

IMMEDIATE CARE

	ALLEN ISD PREFERRED MEDICAL PLAN - BASIC		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
URGENT CARE	20% After Deductible	40% After Deductible	30% After Deductible	50% After Deductible
EMERGENCY CARE	20% After Deductible	40% After Deductible	30% After Deductible	

PRESCRIPTION DRUGS

	ALLEN ISD PREFERRED MEDICAL PLAN - BASIC		TRS ACTIVECARE HD
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
DRUG DEDUCTIBLE	Integrated with Medical		Integrated with Medical
GENERIC (30 DAY/90 DAY SUPPLY)	20% After Deductible	40% After Deductible	20% After Deductible
PREFERRED BRAND	20% After Deductible	40% After Deductible	25% After Deductible
NON-PREFERRED BRAND	20% After Deductible	40% After Deductible	50% After Deductible
SPECIALTY	20% After Deductible	40% After Deductible	20% After Deductible

ALLEN ISD PREFERRED MEDICAL PLAN - Enhanced

versus TRS ActiveCare Primary+

PLAN COMPARISON

ALLEN ISD PREFERRED MEDICAL - Enhanced Plan Benefits:

- No referral necessary to see a specialist
- No prescription deductible and lower prescription costs
- In- and out-of-network benefits

MONTHLY PREMIUM

	ALLEN ISD PREFERRED MEDICAL PLAN - ENHANCED	TRS ACTIVECARE PRIMARY+
Employee	\$164	\$202
Employee + Child(ren)	\$477	\$539
Employee + Spouse	\$899	\$994
Employee + Family	\$1,216	\$1,335

PLAN FEATURES

	ALLEN ISD PREFERRED MEDICAL PLAN - ENHANCED		TRS ACTIVECARE PRIMARY+
COVERAGE TYPE	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
INDV/FAM DEDUCTIBLE	\$1,500/\$3,000	\$4,000/\$8,000	\$1,200/\$3,600
COINSURANCE	10% After Deductible	40% After Deductible	20% After Deductible
INDV/FAM MAX OUT-OF-POCKET	\$5,000/\$10,000	\$8,000/\$16,000	\$6,900/\$13,800
NETWORK	Nationwide		Only Statewide
PRIMARY CARE PROVIDER (PCP) REQUIRED	No		Yes/Referral req. for specialist

DOCTORS VISITS

	ALLEN ISD PREFERRED MEDICAL PLAN - ENHANCED		TRS ACTIVECARE PRIMARY+
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
PRIMARY CARE	\$35 Copay	40% After Deductible	\$30 Copay
SPECIALIST	\$35 Copay	40% After Deductible	\$70 copay/Referral Required
VIRTUAL HEALTH	\$0 Per Consultation		\$0 Per Consultation

IMMEDIATE CARE

	ALLEN ISD PREFERRED MEDICAL PLAN - ENHANCED		TRS ACTIVECARE PRIMARY+
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
URGENT CARE	\$75 Copay	40% After Deductible	\$50 Copay
EMERGENCY CARE	\$150 Copay	40% After Deductible	20% After Deductible

PRESCRIPTION DRUGS

	ALLEN ISD PREFERRED MEDICAL PLAN - ENHANCED		TRS ACTIVECARE PRIMARY+
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
DRUG DEDUCTIBLE	None		\$200 Brand Deductible
GENERIC (30 DAY/90 DAY SUPPLY)	\$10 Copay	40% After Deductible	\$15/\$45 Copay
PREFERRED BRAND	\$30 Copay	40% After Deductible	25% After Deductible
NON-PREFERRED BRAND	\$50 Copay	40% After Deductible	50% After Deductible
SPECIALTY	50% up to max of \$1,500	40% After Deductible	20% After Deductible

PLAN COST COMPARISON

	ALLEN ISD PMP BASIC	TRS ACTIVECARE HD	ALLEN ISD PMP ENHANCED	TRS ACTIVECARE PRIMARY+
EMPLOYEE ONLY				
MONTHLY PREMIUM	\$49	\$89	\$164	\$202
TOTAL ANNUAL PREMIUM	\$588	\$1,068	\$1,968	\$2,424
ANNUAL DEDUCTIBLE	\$3,000	\$3,000	\$1,500	\$1,200
OUT OF POCKET MAX (INCLUDES DEDUCTIBLES, COPAYS, AND COINSURANCE)	\$6,650	\$7,000	\$5,000	\$6,900
IF COMBINED PREMIUM, ANNUAL DEDUCTIBLE, AND OUT OF POCKET MAX IS MET	\$7,238	\$8,068	\$6,968	\$9,324
EMPLOYEE + CHILD(REN)				
MONTHLY PREMIUM	\$361	\$432	\$477	\$539
TOTAL ANNUAL PREMIUM	\$4,332	\$5,184	\$5,724	\$6,468
ANNUAL DEDUCTIBLE	\$6,000	\$6,000	\$3,000	\$3,600
OUT OF POCKET MAX (INCLUDES DEDUCTIBLES, COPAYS, AND COINSURANCE)	\$13,300	\$14,000	\$10,000	\$13,800
IF COMBINED PREMIUM, ANNUAL DEDUCTIBLE, AND OUT OF POCKET MAX IS MET	\$17,632	\$19,184	\$15,724	\$20,268
EMPLOYEE + SPOUSE				
MONTHLY PREMIUM	\$758	\$869	\$899	\$994
TOTAL ANNUAL PREMIUM	\$9,096	\$10,428	\$10,788	\$11,928
ANNUAL DEDUCTIBLE	\$6,000	\$6,000	\$3,000	\$3,600
OUT OF POCKET MAX (INCLUDES DEDUCTIBLES, COPAYS, AND COINSURANCE)	\$13,300	\$14,000	\$10,000	\$13,800
IF COMBINED PREMIUM, ANNUAL DEDUCTIBLE, AND OUT OF POCKET MAX IS MET	\$22,396	\$24,428	\$20,788	\$25,728
EMPLOYEE + FAMILY				
MONTHLY PREMIUM	\$971	\$1,105	\$1,216	\$1,335
TOTAL ANNUAL PREMIUM	\$11,652	\$13,260	\$14,592	\$16,020
ANNUAL DEDUCTIBLE	\$6,000	\$6,000	\$3,000	\$3,600
OUT OF POCKET MAX (INCLUDES DEDUCTIBLES, COPAYS, AND COINSURANCE)	\$13,300	\$14,000	\$10,000	\$13,800
IF COMBINED PREMIUM, ANNUAL DEDUCTIBLE, AND OUT OF POCKET MAX IS MET	\$24,952	\$27,260	\$24,592	\$29,820