

TSHBP MEDICAL

BENEFITS AT A GLANCE

Texas Schools Health Benefits Program (TSHBP)

Greater Flexibility. More Choices. Member Savings.

The Texas Schools Health Benefits Program (TSHBP) provides 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. We desire to increase member health and well-being and provide tools necessary to identify and manage the health of every member. The TSHBP is proud to offer a variety of plans and benefits to meet school district needs. The TSHBP uses a blended health model that offers two Directed Care plans and a Traditional PPO plan. This model will allow members to select their choice of plan types and select from medical plans that can provide lower out of pocket cost and significant savings.



PLAN SUMMARY

	DIRECTED CARE PLANS		AETNA NETWORK PLANS
	High Deductible	CoPay	Aetna Signature
Directed Care Plan	<ul style="list-style-type: none"> Use CC for Hospital/ Surgical Services Compatible with an HSA Lowest HD Premium Plan Out-of-Network Benefits 	<ul style="list-style-type: none"> Use CC for Hospital/ Surgical Services Co-payments for Services Reduce Out-of-Pocket Out-of-Network Benefits 	Traditional PPO Plan <ul style="list-style-type: none"> Lowest Deductible Plan Brand Drug Deductible Network for all physician and hospital services
	In-Network	In-Network	In-Network
Individual/Family Deductible	\$3,500/\$10,500	\$0	\$4,000/\$8,000
Coinsurance	None - Plan Pays 100% after deductible	None - Plan Pays 100% after deductible	You pay 30% after deductible
Ind/Fam Out of Pocket	\$3,500/\$10,500	\$4,000/\$11,000	\$10,000/\$20,000
National Network	HealthSmart	HealthSmart	Aetna
PCP Required	No	No	No
PCP Referral to Specialist	No	No	No
Preventive Care	Yes - \$0 copay	Yes - \$0 copay	Yes - \$0 Copay
Primary Care	Deductible, then Plan pays 100%	\$45 copay	\$45 copay
Specialist	Deductible, then Plan pays 100%	\$70 copay	\$70 copay
Virtual Health	\$30 per consultation	\$0 per consultation	\$0 per consultation
Urgent Care	Deductible, then Plan pays 100%	\$75 copay	\$75 copay
Emergency Care	Deductible, then Plan pays 100%	\$500 copay	You pay \$500 copay + 30% after deductible
Outpatient Surgery	Deductible, then Plan pays 100%	\$650 copay	You pay 30% after deductible
Drug Deductible	Integrated with medical	No deductible	\$500 brand deductible
Days Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply
Generics	Deductible, then Plan pays 100%	\$0 at selected pharmacies; others \$10/\$20 copay	\$15 copay; \$0 for certain generics
Preferred Brand	Deductible, then Plan pays 100%	\$35 copay or 50% copay (max \$100)	You pay 25% after deductible
Non-preferred Brand	Deductible, then Plan pays 100%	\$70 copay or 50% copay (max \$200)	You pay 50% after deductible
Specialty	Limited - PAP Required	Limited - PAP Required	Full Coverage - PAP Required

FREQUENTLY ASKED QUESTIONS

How do I order a Medical IDcard?

You can order an Medical ID card from the TSHBP Member Portal located on our website, www.tshbp.org. Log into and/or register your account and you will be able to print out an temporary Medical ID card and order a new Medical ID card.

TSHBP MEDICAL RATES (MONTHLY)

Splendora ISD contrib- utes \$300/mo toward the cost of the medical insur- ance. Rates shown are the cost for the employee.

	DIRECTED CARE PLANS	DIRECTED CARE PLANS	AETNA NETWORK PLANS
	High Deductible	Co-Pay	Aetna Signature
Employee Only	\$135.00	\$185.00	\$315.00
Employee and Child(ren)	\$515.00	\$622.00	\$744.00
Employee and Spouse	\$891.00	\$1,055.00	\$1,309.00
Employee and Family	\$1,261.00	\$1,490.00	\$1,675.00

SUPPLEMENTAL RATES (MONTHLY)

Dental	High Plan	Low Plan	DHMO
Employee	\$27.86	\$14.91	\$11.14
Employee+Spouse	\$60.36	\$36.04	\$21.72
Employee+Children	\$81.24	\$44.17	\$23.50
Employee+Family	\$113.79	\$63.24	\$33.98

DENTAL *New Carrier

Dental insurance is a coverage that helps defray the costs of dental care. It insures against the expense of routine care, dental treatment and disease.

Vision	
Employee	\$8.19
Employee+Spouse	\$19.66
Employee+Children	\$19.66
Employee+Family	\$19.66

VISION

Vision insurance provides coverage for routine eye examinations and can help with covering some of the costs for eyeglass frames, lenses or contact lenses.

Telehealth

Employee and Family	\$0 per family
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TELEHEALTH

Telehealth provides 24/7/365 access to board-certified doctors via telephone or video consultations that can diagnose, recommend treatment and prescribe medication. Telehealth makes care more convenient and accessible for non-emergency care when your primary care physician is not available.



Benefit Rate Sheet



RATE SHEET DISCLAIMER

The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at Goose Creek CISD Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases. All rates are displayed as the "monthly" per-paycheck amount.

Hospital Indemnity	High	Low
Employee	\$32.74	\$26.55
Employee+Spouse	\$64.67	\$52.29
Employee+Children	\$53.07	\$43.03
Employee+Family	\$83.06	\$67.29

HOSPITAL INDEMNITY *New Carrier

This is an affordable supplemental plan that pays you should you be in-patient hospital confined. This plan complements your health insurance by helping you pay for costs left unpaid by your health insurance.

Cancer	High	Low
Employee	\$32.70	\$19.80
Employee+Spouse	\$68.56	\$41.70
Employee+Children	\$41.30	\$25.78
Employee+Family	\$77.18	\$47.62

CANCER

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.

DISABILITY

Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury for an extended period of time.

Disability				
Monthly Benefit	0/7	14/14	30/30	60/60
\$200 - \$8,000	\$2.63	\$2.21	\$1.62	\$1.31

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Voluntary Group Life		
Age Bands	Employee Rate Per \$10,000	Spouse Rate Per \$5,000
0-24	\$0.50	\$0.25
25-29	\$0.60	\$0.30
30-34	\$0.80	\$0.40
35-39	\$1.00	\$0.50
40-44	\$1.50	\$0.75
45-49	\$2.50	\$1.25
50-54	\$4.10	\$2.05
55-59	\$6.80	\$3.40
60-64	\$8.40	\$4.20
65-69	\$13.60	\$6.80
*70-74	\$11.25	\$5.63
*75+	\$17.50	\$8.75

*per \$5,000 for employee *per \$2,500 for spouse

Basic Life	
\$20,000.00	Provided by SISD

Accidental Death & Dismemberment	
Employee	AD&D Family
Divisor per \$1,000	Divisor per \$1,000
\$0.02	\$0.04

Children Voluntary Life	
\$10,000.00	\$1.00

CRITICAL ILLNESS

Critical illness insurance can be used towards medical or other expenses. It provides a lump sum benefit payable directly to the insured upon diagnosis of a covered condition or event, like a heart attack or stroke. The money can also be used for non-medical costs related to the illness, including transportation, child care, etc.

LIFE AND AD&D

Group term life is the most inexpensive way to purchase life insurance. You have the freedom to select an amount of life insurance coverage you need to help protect the well-being of your family.

Accidental Death & Dismemberment is life insurance coverage that pays a death benefit to the beneficiary, should death occur due to a covered accident. Dismemberment benefits are paid to you, according to the benefit level you select, if accidentally dismembered.

Critical Illness - Employee		Critical Illness - Spouse	
Age	\$10,000	Age	\$5,000
<25	\$3.84	<25	\$2.84
25-29	\$4.74	25-29	\$3.29
30-34	\$5.94	30-34	\$3.89
35-39	\$7.94	35-39	\$4.89
40-44	\$10.34	40-44	\$6.09
45-49	\$13.54	45-49	\$7.69
50-54	\$16.94	50-54	\$9.39
55-59	\$22.74	55-59	\$12.29
60-64	\$31.54	60-64	\$16.69
65-69	\$45.44	65-69	\$23.64
70-74	\$70.64	70-74	\$36.24
75-79	\$104.04	75-79	\$52.94
80-84	\$151.54	80-84	\$76.69