



# LEXINGTON ISD

## State of Texas Alternative Medical Plan (STAMP)

A better healthcare experience built to deliver exceptional member support

We understand healthcare is complex and we are committed to making it easy for you. With a compassionate support team, intelligent technology and clinical expertise, we make sure every member gets the care and guidance they need.



You get:

- One Number to Call
- Complete Healthcare Guidance
- Health and Clinical Support
- Price Protection and Billing Support

You're at the center of all we do. Our team is made up of real people who listen and are passionate about answering your questions and advocating on your behalf. We proactively look after you and your family and make it easy for you to get the help you need.



### One Call – That's All

Our team is ready and able to help resolve most issues in just one call. Contact us if:

You have questions  
about your benefits

Need help  
with a claim

Need to find  
a provider

**Just call us at 800-716-2852.**

## One Number to Call

Our Member Care Team is ready to assist you no matter what you are inquiring about: benefits information; assistance finding a doctor; or questions about a claim or bill. Your time is valuable, and we are committed to helping you get the most out of your health plan with just one call.

## Complete Healthcare Guidance (live and digital resources)

Get expert support to find right provider for your needs. Compare providers based on quality metrics, cost and other information so that you can make an informed choice. Finally, no more random internet searches – get real-time, industry-leading data.

## Health and Clinical Support

We will take care of you throughout your healthcare journey. Our team of experts will answer questions and provide education regarding your treatment plan, diagnosis care options and medications. We can also assist you with scheduling appointments and obtaining your medical records.

## Price Protection and Billing Support

Your health plan has built-in price protection to make sure you don't overpay for care. Claims are reviewed to make sure they don't exceed your plan's allowable limits. If a provider does not accept your plan's payment, they may send you a bill for the difference. (You just need to compare it to your Explanation of Benefits, or EOB.) We can work to get it resolved; be sure to notify us right away if you have a question about a bill.



### Benefits ID Card

Your benefits ID card has all the information you and your provider need. Make sure to:

Always have your Benefits ID Card with you when you go to a healthcare provider

Provide your Benefits ID Card at check-in

Ask the provider to call the phone number on the card if they have any questions about your benefits coverage

**Here to help with just one call.**

**Phone:** 800-716-2852 | **Hours:** Mon-Thurs: 7am-9pm CST Friday: 7am-7pm CST

**Email:** [myplan@gpatpa.com](mailto:myplan@gpatpa.com)



# TRS ACTIVECARE PRIMARY

## VS

# STAMP PRIMARY

	TRS ActiveCare Primary		STAMP Primary
	Tier 1	Tier 2	Tier 1 ELAP + Multiplan
	In-Network	Out of Network - None Except ER	All Facilities All Providers (including Multiplan)
<b>Employee Semi-Monthly Premiums</b>			
<b>Employee Only</b>		<b>\$58.50</b>	<b>\$40.50</b>
<b>Employee and Spouse</b>		<b>\$438.00</b>	<b>\$426.50</b>
<b>Employee and Children</b>		<b>\$225.50</b>	<b>\$221.00</b>
<b>Employee and Family</b>		<b>\$552.50</b>	<b>\$556.00</b>
<b>Preventive Care</b>			
Well Care (Up to Age 19)	Covered 100%, Ded Waived		Covered 100%, Ded Waived
Routine Adult Care	Covered 100%, Ded Waived		Covered 100%, Ded Waived
<b>Plan Deductible &amp; Co-Insurance</b>	<b>Embedded</b>		<b>Embedded</b>
Deductible - Individual	\$2,500		\$1,500
Deductible - Individual + 1 or more	\$5,000		\$3,000
Plan Co-Insurance ( <i>except where noted</i> )	70%		80%
<b>Plan Out-of-Pocket Maximum</b>			
Max OOP - Individual	\$8,150		\$6,500
Max OOP - Individual + 1 or more	\$16,300		\$13,000
<b>Prescription Drugs</b>			
Drug Deductible	Integrated with medical		Integrated with medical
Generics (30 day/90 day supply)	\$15/\$45 copay		\$5/\$15 copay
Preferred Brand	You pay 30% after Deductible		You pay 20% after Deductible
Non-Preferred Brand	You pay 50% after Deductible		You pay 50% after Deductible
Specialty	You pay 30% after Deductible		Not Covered by Plan *
<b>Telehealth</b>			
	Included		No charge
<b>Office Visits</b>			
Primary Care	\$30		\$15
Specialist Care	\$70		\$50
<b>Physical, Occupational &amp; Speech Therapy</b>			
	You pay 30% after Deductible		\$50
<b>Hospital Benefits</b>			
In-Patient (Facility)	You pay 30% after Deductible		You pay 20% after Deductible
In-Patient (Surgeon)	You pay 30% after Deductible		You pay 20% after Deductible
Out-Patient (Facility)	You pay 30% after Deductible		You pay 20% after Deductible
Out-Patient (Surgeon)	You pay 30% after Deductible		You pay 20% after Deductible
<b>Independent Labs, Imaging &amp; Diagnostics (Includes Quest for Imagine Health)</b>			
Participating Lab	Place of Service		Place of Service
Standard X-Ray	Place of Service		Place of Service
Complex Imaging	You pay 30% after Deductible		You pay 20% after Deductible
<b>Urgent Care &amp; Emergency Services</b>			
Urgent Care	\$50		\$50
Ambulance (Air & Land) - Emergency	You pay 30% after Deductible	In Network benefit level	You pay 20% after Deductible
Emergency Room	You pay \$500 + ded/coins	In Network benefit level	You pay \$500 + ded/coins

Assumptions / Caveats:

\* Specialty drugs are not covered by the plan. An alternate funding program for assistance in possibly obtaining specialty drugs may be available. Please call GPA for assistance.

# TRS ACTIVECARE PRIMARY+

## VS

# STAMP PRIMARY+

	TRS ActiveCare Primary+		STAMP Primary+
	Tier 1	Tier 2	Tier 1 ELAP + Multiplan
	In Network	Out of Network - None Except ER	All Facilities All Providers (including Multiplan)
<b>Employee Semi-Monthly Premiums</b>			
<b>Employees Only</b>		<b>\$121.00</b>	<b>\$57.50</b>
<b>Employee and Spouse</b>		<b>\$517.00</b>	<b>\$488.00</b>
<b>Employee and Children</b>		<b>\$289.50</b>	<b>\$259.50</b>
<b>Employee and Family</b>		<b>\$687.50</b>	<b>\$631.50</b>
<b>Preventive Care</b>			
Well Care (Up to Age 19)	Covered 100%, Ded Waived		Covered 100%, Ded Waived
Routine Adult Care	Covered 100%, Ded Waived		Covered 100%, Ded Waived
<b>Plan Deductible &amp; Co-Insurance</b>	<b>Embedded</b>		<b>Embedded</b>
Deductible - Individual	\$1,200		\$500
Deductible - Individual + 1 or more	\$3,600		\$1,500
Plan Co-Insurance (except where noted)	80%		90%
<b>Plan Out-of-Pocket Maximum</b>			
Max OOP - Individual	\$6,900		\$5,250
Max OOP - Individual + 1 or more	\$13,800		\$10,500
<b>Prescription Drugs</b>			
Drug Deductible	\$200 Brand Deductible		\$150 Brand Deductible
Generics (30 day/90 day supply)	\$15/\$45 copay		\$10/\$30 copay
Preferred Brand	You pay 25% after Deductible		You pay 20% after Deductible
Non-Preferred Brand	You pay 50% after Deductible		You pay 50% after Deductible
Specialty	You pay 20% after Deductible		Not Covered by Plan *
<b>Telehealth</b>			
	Included		No charge
<b>Office Visits</b>			
Primary Care	\$30		\$15
Specialist Care	\$70		\$50
<b>Physical, Occupational &amp; Speech Therapy</b>			
	You pay 20% after Deductible		\$50
<b>Hospital Benefits</b>			
In-Patient (Facility)	You pay 20% after Deductible		You pay 10% after Deductible
In-Patient (Surgeon)	You pay 20% after Deductible		You pay 10% after Deductible
Out-Patient (Facility)	You pay 20% after Deductible		You pay 10% after Deductible
Out-Patient (Surgeon)	You pay 20% after Deductible		You pay 10% after Deductible
<b>Independent Labs, Imaging &amp; Diagnostics (Includes Quest for Imagine Health)</b>			
Participating Lab	Place of Service		Place of Service
Standard X-Ray	Place of Service		Place of Service
Complex Imaging	You pay 20% after Deductible		You pay 10% after Deductible
<b>Urgent Care &amp; Emergency Services</b>			
Urgent Care	\$50		\$50
Ambulance (Air & Land) - Emergency	You pay 20% after Deductible	In Network benefit level	You pay 10% after Deductible
Emergency Room	You pay \$500 + ded/coins	In Network benefit level	\$500 + ded/coins

Assumptions / Caveats:

\* Specialty drugs are not covered by the plan. An alternate funding program for assistance in possibly obtaining specialty drugs may be available. Please call GPA for assistance.

# TRS ACTIVECARE HIGH DEDUCTIBLE (HD) VS STAMP HIGH DEDUCTIBLE (HD)

	Current Option - TRS ActiveCare HD		Proposed Option - STAMP HD
	Tier 1	Tier 2	Tier 1 ELAP + Multiplan  All Facilities All Providers (including Multiplan)
	In Network	Out of Network	
<b>Employee Semi-Monthly Premiums</b>			
<b>Employees Only</b>		<b>\$64.50</b>	<b>\$42.50</b>
<b>Employee and Spouse</b>		<b>\$454.50</b>	<b>\$434.00</b>
<b>Employee and Children</b>		<b>\$236.00</b>	<b>\$225.00</b>
<b>Employee and Family</b>		<b>\$572.50</b>	<b>\$555.50</b>
<b>Preventive Care</b>			
Well Care (Up to Age 19)	Covered 100%, Ded Waived	50% after Deductible	Covered 100%, Ded Waived
Routine Adult Care	Covered 100%, Ded Waived	50% after Deductible	Covered 100%, Ded Waived
<b>Plan Deductible &amp; Co-Insurance</b>	<b>Embedded</b>	<b>Embedded</b>	<b>Not Embedded</b>
Deductible - Individual	\$3,000	\$5,500	\$1,400
Deductible - Individual + 1 or more	\$6,000	\$11,000	\$2,800
Plan Co-Insurance (except where noted)	70%	50%	80%
<b>Plan Out-of-Pocket Maximum</b>			
Max OOP - Individual	\$7,000	\$20,250	\$4,000
Max OOP - Individual + 1 or more	\$14,000	\$40,500	\$8,000
<b>Prescription Drugs</b>			
Drug Deductible	Integrated with medical	Integrated with medical	Integrated with medical
Generics (30 day/90 day supply)	You pay 20% after Deductible	You pay 20% after Deductible	You pay 10% after Deductible
Preferred Brand	You pay 30% after Deductible	You pay 30% after Deductible	You pay 20% after Deductible
Non-Preferred Brand	You pay 50% after Deductible	You pay 50% after Deductible	You pay 30% after Deductible
Specialty	You pay 30% after Deductible	You pay 30% after Deductible	Not Covered by Plan *
<b>Telehealth</b>			
	Included	Included	No charge
<b>Office Visits</b>			
Primary Care	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
Specialist Care	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
<b>Physical, Occupational &amp; Speech Therapy</b>			
	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
<b>Hospital Benefits</b>			
In-Patient (Facility)	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
In-Patient (Surgeon)	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
Out-Patient (Facility)	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
Out-Patient (Surgeon)	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
<b>Independent Labs, Imaging &amp; Diagnostics (Includes Quest for Imagine Health)</b>			
Participating Lab	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
Standard X-Ray	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
Complex Imaging	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
<b>Urgent Care &amp; Emergency Services</b>			
Urgent Care	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
Ambulance (Air & Land) - Emergency	You pay 30% after Deductible	In Network benefit level	You pay 20% after Deductible
Emergency Room	You pay 30% after Deductible	In Network benefit level	You pay 20% after Deductible

Assumptions / Caveats:

\* Specialty drugs are not covered by the plan. An alternate funding program for assistance in possibly obtaining specialty drugs may be available. Please call GPA for assistance.