



2023-2024

Texas Schools Health Benefits Program

ENROLLMENT GUIDE





Our purpose is to support the school children of Texas. We do this by providing 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.



IMPORTANT NOTE

This summary is intended to be an easy-to-use reference for members and others interested in the TSHBP health benefits. The Summary Plan Description (SPD) and other materials specific to your plan supersede this general information with regard to individual participants' eligibility and benefits.

PLAN HIGHLIGHTS

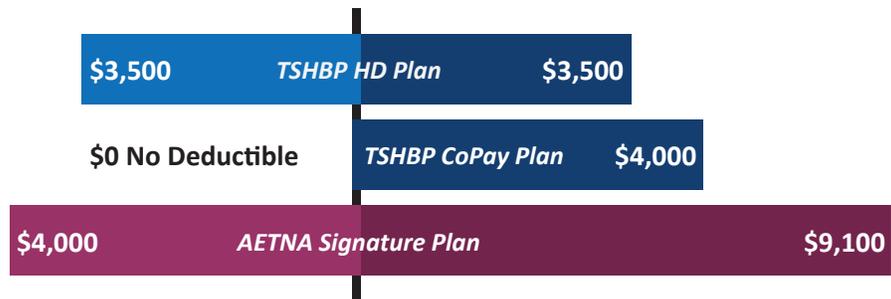
The TSHBP is proud to offer a blended health model for the 2023-24 Plan Year to meet your school district’s needs. Plans include our current TSHBP Directed Care High Deductible Health Plan (HD) and the TSHBP Directed Care CoPay Plan, as well as a PPO Plan, the Aetna Signature Plan. All of our plans are designed so members can easily navigate through their medical needs.

TSHBP DIRECTED CARE PLANS	PPO AETNA PLAN
<ul style="list-style-type: none"> TSHBP Directed Care High Deductible (HD) TSHBP Directed Care CoPay Plan Embedded Deductible In and Out of Network Benefits HealthSmart national network for Physician, Specialist and Ancillary services. Care Coordinator is mandatory for hospital and planned procedures Specialty Drugs- Full Coverage, participation in the Patient Assistance Program (PAP) required 	<ul style="list-style-type: none"> Aetna Signature Plan In Network Benefits Aetna Signature PPO network for both Physician and Hospitals Comparable to TRS-ActiveCare Specialty Drugs- Full Coverage, participation in the Patient Assistance Program (PAP) required Care Coordinator is an optional benefit

Individual Deductible & Maximum Out of Pocket for 2023-2024 In-Network Services

Cost for Individual Deductible

Cost for Individual Max OOP



PLAN HIGHLIGHTS

Choose the TSHBP plan that best works for you and your family. While we are proud to offer three various plans, our TSHBP Directed Care CoPay Plan is a unique plan where all services are subject to copays and all copays apply to the out of pocket maximum. Additionally, the TSHBP Directed Care CoPay Plan has the lowest upfront out-of-pocket cost for our members.

Let's see how Tom and Sue use the TSHBP Directed Care CoPay Plan and save on their out-of-pocket expenses.

SCENARIO 1 - CoPay Plan

Tom is experiencing knee pain and goes to his doctor (\$45 copay). His doctor refers him to a specialist and the specialist confirms he needs surgery (\$70 copay). Tom calls the TSHBP Care Coordinator who schedules his knee surgery at the hospital. Tom's knee surgery goes well, and he stays in the hospital for 3 days. Tom pays a \$650 copay for the hospital stay and \$200 copay for the surgeon. He has 6 weeks of physical therapy twice per week ($6 \times 2 \times \$55 \text{ copay} = \660). Tom's six-week checkup goes well, and his knee is as good as new (\$70 copay).

In this scenario, Tom would pay a total of \$1,695 in copays. The \$1,695 applies to Tom's out of pocket maximum of \$4,000. He now has a remaining out of pocket maximum of \$2,305.

SCENARIO 2 - CoPay Plan

Sue believes she is pregnant and goes to her doctor who confirms (\$45 copay). Sue works with the Care Coordinator to set up a plan for delivery. Sue visits her doctor monthly and pays a one-time \$500 copay to cover her prenatal care, postnatal care and delivery. During her last 6 weeks of pregnancy, Sue visits the doctor weekly. The previous \$500 copay covers any routine pre and postnatal care. Sue has a normal delivery at a hospital and pays a separate \$650 copay for the hospital stay for herself and a \$250 copay for the newborn. Sue and the baby go home happy!

In this scenario, Sue would pay a total \$1,445 in copays. The \$1,445 applies to Sue's out of pocket maximum of \$4,000. She now has a remaining out of pocket maximum of \$2,555.



CARE COORDINATOR

Directed care members will use the HealthSmart PPO Network for physician and ancillary services, however, all facility and hospital services must be accessed via the Care Connect program. Under the Care Connect program, a Care Coordinator becomes a personal concierge for the members in the TSHBP. Today most health plans require members to navigate a complicated maze of in-network confirmation requirements, the TSHBP is designed so the Care Coordinator steps in on behalf of the member and fully supports the member through the process. The Care Coordinator will explain benefits, verify eligibility, answer questions, research quality on every encounter, schedule procedures, and negotiate with facilities for best rates. Our goal is to simply and easily schedule the member with high quality, fair priced facilities in the easiest possible manner while supporting the member through all aspects of the health care continuum. To allow for coordination and payment of hospitalizations and procedures, please contact the Care Coordinator as soon as you know. Care Coordinators require a minimum of 5 business days to complete their processing of your procedure.

Of course, your healthcare is the primary concern. For any emergency service, immediately go to the nearest facility to receive the care you need. Should you receive a balance bill from the facility, just contact your Care Coordinator and they will engage the TSHBP member advocates program to interact with the facility to settle any balance bill disputes. <https://tshbp.info/CCVideo>

VIRTUAL VISITS (TELEHEALTH)



Virtual Visits allow members to have a live consultation with an independently contracted board-certified TelaDoc doctor. Instead of going to the office, members can talk with a doctor while at home, work, or any place. Virtual Visits can cost less than going to the urgent care clinic or emergency room. Simple, non-emergency medical health conditions can be addressed via telephone, online video, or the mobile app.

HINGE HEALTH



Hinge Health is a digital musculoskeletal management program with custom physical therapy programs designed by physicians and led by board certified Health coaches. You and your eligible family members get free access to Hinge Health's programs for back, knee, hip, shoulder, or neck pain, which include:

- A free tablet computer and wearable sensors.
- Unlimited 1-on-1 health coaching
- Personalized exercise therapy

TSHBEFIT



TSHBeFit is a Wellness Program, powered by WellRight, is available for members to achieve their personal health and well-being through a collection of holistic activities and is no additional cost to members. It contains a wide range of topics from mental health to preventive care and much more!

DIRECTED CARE PLAN HIGHLIGHTS



	TSHBP HD Plan	TSHBP HD Plan	TSHBP CoPay Plan	TSHBP CoPay Plan
Coverage	In-Network Coverage	Out-of-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Network	HealthSmart - National	N/A	HealthSmart - National	N/A
Plan Deductible Feature	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	Copayments, then Plan pays 100%	Copayments, then Plan pays 100%
Individual/Family Deductible	\$3,500/\$10,500	\$5,000/\$15,000	\$0 Deductible	\$0 Deductible
Individual/Family Maximum Out-of-Pocket	\$3,500/\$10,500	\$5,000/\$15,000	\$4,000/\$11,000	\$5,000/\$15,000
Health Savings Account (HSA) Eligible	Yes	Yes	No	No
Required - Primary Care Provider (PCP)	No	No	No	No
Required - PCP Referral to Specialist	No	No	No	No
Prescription Drug Benefits	Yes - Deductible, then Plan pays 100%	Yes - Deductible, then Plan pays 100%	Yes, copayments, then Plan pays 100%	Yes, copayments, then Plan pays 100%
Doctor Visits				
Preventive Care	Yes - \$0 copay	Yes - \$0 copay	Yes - \$0 copay	Yes - \$0 copay
Virtual Health - Teladoc	\$30 per consultation	\$30 per consultation	\$0 per consultation	\$0 per consultation
Primary Care	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$45 copay	\$60 copay
Specialist	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$70 copay	\$85 copay
Office Services				
Allergy Injections	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$5 copay	\$10 copay
Allergy Serum	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$35 copay	\$40 copay
Chiropractic Services	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$35 copay	\$40 copay
Office Surgery	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$110 copay	\$125 copay
MRI's, Cat Scans, and Pet Scans	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$275 copay	\$325 copay
Urgent Care Facility	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$50 copay	\$75 copay
Care Facilities				
Urgent Care Facility	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$75 copay	\$100 copay
Freestanding Emergency Room	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$500 copay	\$500 copay
Hospital Emergency Room	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$500 copay	\$500 copay
Ambulance Services	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%	\$275 copay	\$275 copay
Outpatient Surgery	Deductible, then Plan pays 100%	In-Network Only	\$650 copay	In-Network Only
Hospital Services	Deductible, then Plan pays 100%	In-Network Only	\$650 copay	In-Network Only
Surgeon Fees	Deductible, then Plan pays 100%	In-Network Only	\$200 copay	In-Network Only
Maternity and Newborn Services				
Maternity Charges (prenatal and postnatal care)	Deductible, then Plan pays 100%	In-Network Only	\$500 copay	In-Network Only
Routine Newborn Care	Deductible, then Plan pays 100%	In-Network Only	\$250 copay	In-Network Only
Prescription Drug Benefits				
Drug Deductible	No Drug Deductible		No Drug Deductible	
Generic	You pay 0% after deductible; \$0 certain generics		\$0 certain generics / \$10 copay	
Preferred Brand	You pay 0% after deductible		\$35 copay or 50% copay / Max \$100	
Non-Preferred	You pay 0% after deductible		\$70 copay or 50% copay / Max \$200	
Specialty	Full Coverage - Participation in the PAP Required - Deductible then Plan pays 100%		Full Coverage - Participation in the PAP Required - 50% copay (Max \$500)	

***The Care Coordinator program must be used to access facility services or no benefits will be available under the Plan**

These services include routine colonoscopy and related services; hospital providers for MRIs, Cat Scans, and Pet Scans; hospital providers for outpatient Lab/Radiology Services; Inpatient Hospital Admissions; Outpatient Hospital/Ambulatory Surgical Facility Services; Maternity and Newborn Services; Rehabilitation/Therapy Services; Extended Care Services; and Other Services including durable medical equipment/supplies, orthotics/prosthetics, facilities for diabetic self-management training, and sleep disorder services. To review the complete plan document and services that require access through the Care Coordinator program, please call 888-803-0081.

NOTE: The TSHBP plan designs and rates are final for the 2023 – 2024 plan year. The TSHBP is a self-funded plan that funds for the annual expected claims expenses (including runout claims), additional reserves for claims, and operational expenses.

PPO PLAN HIGHLIGHTS

		TSHBP AETNA Signature
Coverage		In-Network Only
	Network	AETNA
	Preferred Facility	AETNA
	Plan Deductible Feature	You pay 30% after deductible
	Individual/Family Deductible	\$4,000/\$8,000
	Coinsurance	You pay 30% after deductible
	Individual/Family Maximum Out-of- Pocket	\$9,100/\$18,200
	Health Savings Account (HSA) Eligible	No
	Required - Primary Care Provider (PCP)	No
	Required - PCP Referral to Specialist	No
Doctor Visits		
	Preventive Care	Yes - \$0 copay
	Virtual Health - Teladoc	\$0 per consultation
	Primary Care	\$45 copay
	Specialist	\$70 copay
Care Facilities		
	Urgent Care Facility	\$75 copay
	Freestanding Emergency Room	You pay \$500 copay + 30% after deductible
	Hospital Emergency Room	You pay \$500 copay + 30% after deductible
	Ambulance Services	You pay 30% after deductible
	Outpatient Surgery	You pay 30% after deductible
	Hospital Services	You pay 30% after deductible
	Surgeon Fees	You pay 30% after deductible
Prescription Drug Benefits		
	Drug Deductible	\$500 brand deductible
	Generic	\$15 copay; \$0 for certain generics
	Preferred Brand	You pay 25% after deductible
	Non-Preferred	You pay 50% after deductible
	Specialty	Full Coverage - Participation in the PAP Required - You pay 50% after deductible

The Care Coordinator program is optional.

PPO Deductible Credits

The PPO Deductible Credits: With the Aetna PPO plan, if you choose to utilize the services of a Care Coordinator for a procedure or admission to a facility, you will receive up to a \$500.00 credit toward your deductible. If you have already met your deductible, the credit will apply to your out-of-pocket maximum!

NOTE: The TSHBP plan designs and rates are final for the 2023 – 2024 plan year. The TSHBP is a self-funded plan that funds for the annual expected claims expenses (including runout claims), additional reserves for claims, and operational expenses.

VIRTA TYPE 2 DIABETES PROGRAM



Virta is a medically supervised, research-backed treatment that reverses type 2 diabetes, meaning that patients can lower their blood sugar and A1c, all while reducing diabetes medications and losing weight. 90 Degree Benefits fully covers the cost of Virta, valued at over \$3,000, for all eligible members with type 2 diabetes. For more information visit: <https://tshbp.org/virta-health/>

PRESCRIPTION DRUG BENEFITS



TSHBP's pharmacy benefit is managed by Liviniti. Liviniti uses a Performance Drug List to provide members with a managed selection of pharmacy choices. Liviniti has over 66,000 participating pharmacies nationwide with over 4,500 of those in Texas. You can search for medications with the Liviniti's Search for Medications tool: <https://tshbp.info/DrugPham>. The pharmacy network is comprised of independent and chain pharmacies and the network is noted with the FirstChoice logo on the Pharmacy Locator page. First Choice pharmacies provide the greatest discounts on your prescriptions and can be accessed here: <https://tshbp.info/Rxlocate>.

SPECIALTY DRUG PROGRAM ASSISTANCE PROGRAM (PAP)

Specialty Drugs refer to a narrowly defined class of extremely high-cost, biologic drugs that often require special handling, administration, and careful adherence to treatment protocols. Specialty drugs that have a net cost of more than \$670 per month, after discount, for a 30-day fill are not covered by the Plan and as such the Texas Schools Health Benefits Program has engaged RxCompass to assist members with securing drug coupons, manufacturer rebates, and governmental finance assistance as needed. The TSHBP may help fund the specialty drug expense for a member for up to 90 days if alternative funding is not available for the drugs.

PLEASE NOTE:

- Specialty drugs administered in a facility setting will be covered as a component of a treatment plan when billed by the facility as a claim cost. Benefits will be provided following the payment parameters established in the plan document, based on the place of service and/or provider administering such medication.
- Specialty drug costs under \$670 per month for a 30-day supply will be covered, subject to any deductible and copayment requirements.
- Participation in the RxCompass drug program is mandatory; however, for any drug for which assistance is not available, coverage under an alternative funding prescription drug program may be available. Deductible and/or out-of-pocket amounts and/or copays, are required for all medication coverage under any alternative prescription drug program.



PREVENTIVE SERVICES

Preventive Services are designed to comply with terms of the Patient Protection and Affordable Care Act (PPACA), current recommendations of the United States Preventive Services Task Force, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention.

Examples of preventive health care services include, but are not limited to—

- Well baby/Well-child care
- Preventive, routine physicals
- Well-woman visits
- Preventive mammograms
- Immunizations
- Preventive colonoscopy
- Prostate cancer screening
- Preventive and screening tests and services must be ordered by a treating health care provider.
- Preventive care does not include diagnostic treatment, lab, x-ray, follow-up care, or maintenance care of existing conditions or chronic disease.

Any plan deductible or copay amounts stated in the Benefit Summary are waived when preventive care services are provided by an in-network provider. When preventive services and diagnostic or therapeutic services occur during the same visit, the member pays applicable deductible or copays for diagnostic or therapeutic services but not for preventive services.

PPO AETNA NETWORK: AETNA SIGNATURE PLAN

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 have access to:

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

Aetna Signature Administrators®

We know quality care is important and 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.

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>

HEALTHSMART NETWORK: TSHBP HD & TSHBP COPAY PLANS

HealthSmart®

The TSHBP Directed Care Plans utilizes a national network to provide physician and ancillary services access to all members. TSHBP members will have access to the HealthSmart Network Solutions' Physician and Ancillary Only Primary PPO which contains approximately 502,309 contracted providers in over 1,421,981 unique locations across the country. Please note, hospitals are excluded from the PPO networks. All hospital and other medical facility-based services are accessed via an assigned Care Coordinator.

TSHBP members will experience the lowest out-of-pocket costs for physician and ancillary medical services when utilizing network providers.

It is easy to look up providers in your area by clicking on the link below. Your searches can be saved to your computer or sent to your email.

Visit <https://tshbp.info/HSNetwork> for a provider near you.



Questions?

Call: (888) 803-0081

Visit: www.TSHBP.org

Educator Healthcare For Texas Schools

The complex block contains three logos. On the left is the 'tshb PROGRAM' logo with a red 't' and blue 'shb'. In the center is the 'FBS health+' logo with 'F', 'B', and 'S' in colored squares and 'health+' in blue text, with 'A Higginbotham Partner' below it. On the right is the '90 DEGREE BENEFITS' logo with '90' in a large blue font, 'DEGREE' and 'BENEFITS' in smaller blue fonts, and the tagline 'A Turn For The Better' at the bottom.

(888) 803-0081 | WWW.TSHBP.ORG