



2022-23 Open Enrollment

Goose Creek CISD Medical Plan **Overview**



TSHBP Medical Plans

Goose Creek CISD is now offering **all** of its medical plan options through the Texas Schools Health Benefits Program (TSHBP)!

- 4 Plan Options to Choose From:
 - Directed Care Plans
 - High Deductible Plan
 - Copay Plan
 - Aetna Plan
 - Aetna HD Plan
 - Aetna Signature Plan



TSHBP Directed Care Plans

- ✓ Nationwide Network – **Doctors and Ancillary Care Facilities Only**
- ✓ No Requirement to Designate a Primary Care Physician
- ✓ No Referrals Needed for Specialist Visits
- ✓ In and Out of Network Coverage
- ✓ **Embedded Deductibles** – Once you reach your deductible, that is also your out of pocket maximum for the plan year and your insurance starts to pay 100% of eligible charges! – Tracked by insured member
- ✓ No Coinsurance!
- ✓ **Requires** the use of the Care Coordinator for major diagnostic exams and medical procedures being performed outside of your doctor's office.



TSHBP High Deductible Plan

- Cost
 - Lowest HD Premium Plan
 - Once the Deductible is Met, the Plan Pays 100% - no additional coinsurance!
 - Lowest Out-of-Pocket Expense of any Plan
 - Integrated medical and pharmacy benefit
- Quality
 - Virtual Health Benefit with \$30 Consultation Fee
 - Care Coordinator Services
 - Hospital, Surgical Services, High Dollar Diagnostic Services
 - ACA Preventative Care Services Paid 100% by Plan
- Access
 - Southern Scripts with 66,000 Participating Pharmacies
 - Nationwide PPO Network for Physicians and Ancillary Services - Healthsmart
 - No Requirement for Primary Care Physician or Referrals



TSHBP Copay Plan

- **Cost**
 - All Copays go Toward the Deductible
 - Pay Only Copays until the Deductible is Met, then Plan Pays 100% - no additional coinsurance
 - No Drug Deductible
 - Generic Drugs \$0 Copay at HEB, Costco, Sam's, Walmart and CVS
- **Quality**
 - Virtual Health Benefit with \$0 Copay
 - Care Coordinator Services
 - Hospital, Surgical Services, High Dollar Diagnostic Services
 - ACA Preventative Care Services Paid 100% by Plan
- **Access**
 - Southern Scripts with 66,000 Participating Pharmacies
 - Nationwide PPO Network for Physicians and Ancillary Services - Healthsmart
 - No Requirement for Primary Care Physician or Referrals

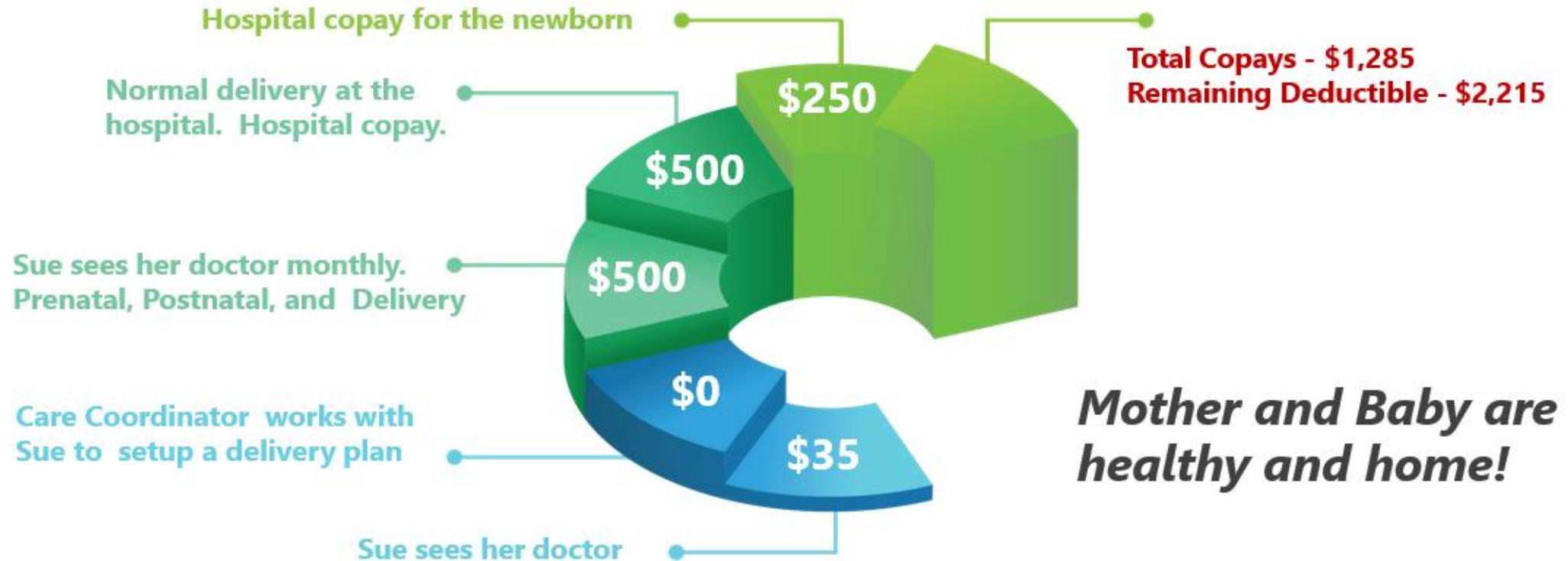
Directed Care Plan Highlights



PLAN SUMMARY	DIRECTED CARE PLANS	
	High Deductible (Current)	CoPay (Current)
	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 	Directed Care Plan <ul style="list-style-type: none"> • Use CC for Hospital/ Surgical Services • Co-payments for Services • Reduce Out-of-Pocket • Out-of-Network Benefits
Plan Features	In-Network	In-Network
Individual/Family Deductible	\$3,000/\$9,000	\$3,500/\$10,500
Coinsurance	None - Plan Pays 100% after deductible	None - Plan Pays 100% after deductible
Ind/Fam Out of Pocket	\$3,000/\$9,000	\$3,500/\$10,500
National Network	HealthSmart	HealthSmart
PCP Required	No	No
PCP Referral to Specialist	No	No
Doctor Visits		
Preventive Care	Yes - \$0 copay	Yes - \$0 copay
Primary Care	Deductible, then Plan pays 100%	\$35 copay
Specialist	Deductible, then Plan pays 100%	\$35 copay
Virtual Health	\$30 per consultation	\$0 per consultation
Care Facilities		
Urgent Care	Deductible, then Plan pays 100%	\$50 copay
Emergency Care	Deductible, then Plan pays 100%	\$500 copay
Outpatient Surgery	Deductible, then Plan pays 100%	\$500 copay
Care Facilities		
Drug Deductible	Integrated with medical	No deductible
Days 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
Preferred Brand	Deductible, then Plan pays 100%	\$35 copay or 50% copay (max \$100)
Non-preferred Brand	Deductible, then Plan pays 100%	\$70 copay or 50% copay (max \$200)
Specialty	Limited - PAP Required	Limited - PAP Required

Directed Care CoPay Example

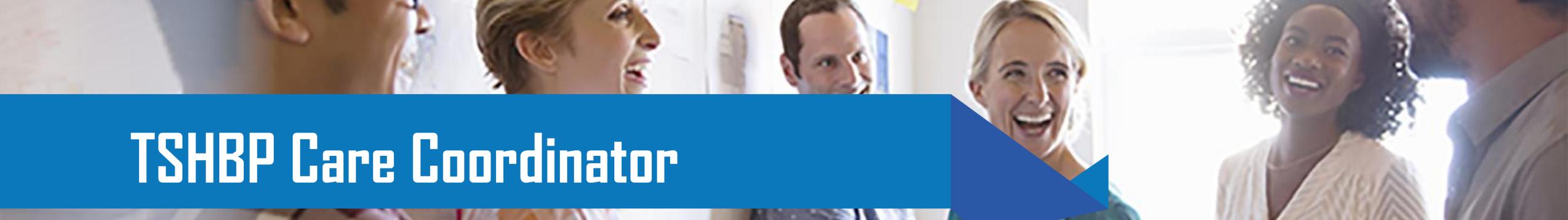
Sue is Having a Baby



Directed Care CoPay Example

Tom and His Knee Pain





TSHBP Care Coordinator

“The single point of contact” concierge service that enhances the member experience related to questions regarding their benefit plans, health care providers, medical procedures, prescriptions, billing and more!

- Hospital PPO network is eliminated
- Access point for facility care becomes a personal concierge
- Provides “white glove” service to assist members
- One phone number for all services
- Focus is on quality and care
- Care Coordinator will guide employees through the healthcare maze

Healthsmart Provider Directory

When looking up providers in the Healthsmart network, **only** use the search feature on the TSHBP website at www.tshbp.org



Hospital or Facility Search Options:

For any non-emergent medical procedure needed in a hospital setting, please contact the Care Coordinator at 888-803-0081. The Care Coordinator will schedule facility care on behalf of all members. The process involves outreach to several facilities in the area and will take into consideration member preference, the physician/surgeon's treating privileges and quality standards of the facility and price. Any facility can be considered by the Care Coordinator, which is why HealthSmart is only to be used for access to doctors and non-hospital services.

Provider Lookup

- 1 Choose your Network Plan**
HEALTHSMART PPOs
Texas Schools Health Benefits Program
- 2 Enter Location**
ENTER LOCATION INFORMATION AND CHOOSE DISTANCE.
City [] State []
OR Zip []
Find providers within 10 miles of this location.
- 3 Choose Provider Options**
SEARCH FOR A PHYSICIAN OR FACILITY AND SELECT SEARCH CRITERIA.
 PHYSICIAN SEARCH OPTIONS
First Name [] Last Name []
OR Specialty [Select]
Select up to 10 Physician Specialties.
Language [Select]
Select up to 5 Languages.
 HOSPITAL OR FACILITY SEARCH OPTIONS
Name []

QUESTIONS? Need Help?
Get detailed help on using our Provider Lookup.



Is your doctor not in our network? You can [Nominate a Provider](#)



Can't find your doctor?



TSHBP Directed Care Prescriptions

HD Plan

- Member pays 100% of the cost of medications until deductible is met
- ACA Preventative Drug List – No Member Cost
 - Aspirin
 - Bowel preparation
 - Breast cancer prevention
 - Generic contraceptives
 - Fluoride supplements
 - Tobacco cessation
 - Routine immunizations
- Specialty Drugs – Not Covered/Limited

CoPay Plan

- No Drug Deductible
- 30-Day Supply
 - Generic
 - \$0 (CVS, Heb, Walmart, Costco, Sam's)
 - \$10 copay
 - Preferred Brand (Tier 2)
 - \$35 copay or 50% up to \$100
 - Non-Preferred Brand (Tier 3)
 - \$70 copay or 50% up to \$200
- 90-Day Supply
 - 2x copay for 30-day supply
- Specialty Drugs – Not Covered/Limited



TSHBP Directed Care Specialty Drugs

- **TSHBP Covers Specialty Drugs When:**
 - Used in a facility setting as a component of treatment
 - Specialty drugs when cost is under \$670
- **TSHBP Does NOT Cover Specialty Drugs When:**
 - Cost is Over \$670/mo and is taken at home (outside of facility setting)
- TSHBP Has an Additional Policy to Fund Specialty Drugs Over \$670 for the first 90 Days
 - Southern Scripts and Payer Matrix – Assistance
 - Patient Assistance Programs and Copay Assistance Programs
 - Assistance to Provide Funding to Reduce or Eliminate Cost
 - To date **97%** of those needing specialty drugs have been placed in an assistance program and are incurring \$0 out of pocket cost for their medication.

Search for Medications for Texas Schools Health Benefits Program

Search Medication and get important medication plan coverage information

i.e. Humira

Search

 Disclaimer: The formulary list is a guide providing tier designati... [Read More](#)

Member Services



Documents and
Forms



Pharmacy Benefit
Member Portal



Network Pharmacy
Locator



Mail Order

Search for Medications for Texas Schools Health Benefits Program

Search Medication and get important medication plan coverage information

jardiance

Search

 Disclaimer: The formulary list is a guide providing tier designati... [Read More](#)

Medication Name	Strength	Route/Method	Formulary Tier	Specialty	Coverage Restrictions
Jardiance	10 MG	Oral (PO)	2	No	
Jardiance	25 MG	Oral (PO)	2	No	



TSHBP Aetna Plans

- ✓ Nationwide Network – **Aetna Signature Network**
- ✓ No Requirement to Designate a Primary Care Physician
- ✓ No Referrals Needed for Specialist Visits
- ✓ In Network Coverage
- ✓ Deductible Plus Coinsurance to Reach Max Out of Pocket – Tracked by insured member
- ✓ Use of the Care Coordinator for major diagnostic exams and medical procedures being performed outside of your doctor's office is optional.
- ✓ Full coverage for Specialty Drugs (will go through payer assistance program first)
- ✓ Plans are most similar to current TRSAC plans

Aetna Plan Highlights



PLAN SUMMARY	AETNA NETWORK PLANS	
	Aetna HD (New)	Aetna Signature (New)
	Traditional PPO Plan <ul style="list-style-type: none"> • Compatible with an HSA • Network for all physician and hospital services 	Traditional PPO Plan <ul style="list-style-type: none"> • Lowest Deductible Plan • Brand Drug Deductible • Network for all physician and hospital services
Plan Features	In-Network	In-Network
Individual/Family Deductible	\$3,000/\$6,000	\$2,000/\$4,000
Coinsurance	You pay 30% after deductible	You pay 25% after deductible
Ind/Fam Out of Pocket	\$7,000/\$14,000	\$7,500/\$15,000
National Network	Aetna	Aetna
PCP Required	No	No
PCP Referral to Specialist	No	No
Doctor Visits		
Preventive Care	Yes - \$0 copay	Yes - \$0 Copay
Primary Care	You pay 30% after deductible	\$30 copay
Specialist	You pay 30% after deductible	\$70 copay
Virtual Health	\$30 per consultation	\$0 per consultation
Care Facilities		
Urgent Care	You pay 30% after deductible	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 25% after deductible
Outpatient Surgery	You pay 30% after deductible	You pay 25% after deductible
Care Facilities		
Drug Deductible	Integrated with medical	\$500 brand deductible
Days Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply
Generics	You pay 20% after deductible; \$0 for certain generics	\$15/\$45 copay
Preferred Brand	You pay 25% after deductible	You pay 25% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible
Specialty	Full Coverage - PAP Required	Full Coverage - PAP Required

Aetna Plans Provider Search:
<https://www.aetna.com/asa>