

# 2023-24 Medical Plans

| Who Can Enroll:   | Eligible For:  |
|---|--|
| ❶ Employees/TRS Members working 25 or more hours per week (63-100%)   | All types of plans, and the District Contribution to the medical premium |
| ❷ Employees/TRS Members working between 20-24 hours per week (50-62%) | Medical plan only, with the District Contribution to the premium         |
| ❸ Employees working between 10-19.9 hours per week (25-49%)           | Medical plan only, no District Contribution                              |
| ❹ Substitutes regularly working 10 or more hours per week             | Medical plan only, no District Contribution                              |

| ActiveCare Primary    | Total Monthly Cost (groups ❸ & ❹) | PISD Contribution | Reduced Monthly Cost (groups ❶ & ❷) |
|-----------------------|-----------------------------------|-------------------|-------------------------------------|
| Employee Only         | \$450                             | \$330             | \$120                               |
| Employee & Spouse     | \$1,215                           | \$330             | \$885                               |
| Employee & Child(ren) | \$765                             | \$330             | \$435                               |
| Employee & Family     | \$1,530                           | \$330             | \$1,200                             |

| Plan At a Glance  |
|---|
| Mid-range deductible<br>Copays for doctor visits<br>Statewide network<br>PCP referrals required |

| ActiveCare HD         | Total Monthly Cost (groups ❸ & ❹) | PISD Contribution | Reduced Monthly Cost (groups ❶ & ❷) |
|-----------------------|-----------------------------------|-------------------|-------------------------------------|
| Employee Only         | \$462                             | \$330             | \$132                               |
| Employee & Spouse     | \$1,248                           | \$330             | \$918                               |
| Employee & Child(ren) | \$786                             | \$330             | \$456                               |
| Employee & Family     | \$1,571                           | \$330             | \$1,241                             |

|   |
|---|
| High deductible<br>Nationwide network<br>HSA-eligible |
|---|

| ActiveCare Primary +  | Total Monthly Cost (groups ❸ & ❹) | PISD Contribution | Reduced Monthly Cost (groups ❶ & ❷) |
|-----------------------|-----------------------------------|-------------------|-------------------------------------|
| Employee Only         | \$529                             | \$330             | \$199                               |
| Employee & Spouse     | \$1,376                           | \$330             | \$1,046                             |
| Employee & Child(ren) | \$900                             | \$330             | \$570                               |
| Employee & Family     | \$1,746                           | \$330             | \$1,416                             |

|   |
|---|
| Lower deductible<br>Copays for doctor visits<br>Statewide network<br>PCP referrals required |
|---|

| Scott & White HMO     | Total Monthly Cost (groups ❸ & ❹) | PISD Contribution | Reduced Monthly Cost (groups ❶ & ❷) |
|-----------------------|-----------------------------------|-------------------|-------------------------------------|
| Employee Only         | \$569.76                          | \$330             | \$239.76                            |
| Employee & Spouse     | \$1,432.42                        | \$330             | \$1,102.42                          |
| Employee & Child(ren) | \$916.49                          | \$330             | \$586.49                            |
| Employee & Family     | \$1,648.78                        | \$330             | \$1,318.78                          |

|   |
|---|
| Mid-range deductible<br>Copays for doctor visits<br>Regional North Texas network<br>– BSW Premier HMO |
|---|

| ActiveCare 2          | Total Monthly Cost (groups ❸ & ❹) | PISD Contribution | Reduced Monthly Cost (groups ❶ & ❷) |
|-----------------------|-----------------------------------|-------------------|-------------------------------------|
| Employee Only         | \$1,013                           | \$330             | \$683                               |
| Employee & Spouse     | \$2,402                           | \$330             | \$2,072                             |
| Employee & Child(ren) | \$1,507                           | \$330             | \$1,177                             |
| Employee & Family     | \$2,841                           | \$330             | \$2,511                             |

|  |
|--|
| <b>Closed to new enrollees</b><br>Lower deductible<br>Nationwide network |
|--|

|                     | <b>ActiveCare Primary</b><br><i>(Blue Cross Blue Shield)</i>  | <b>ActiveCare HD</b><br><i>(Blue Cross Blue Shield)</i>  | <b>ActiveCare Primary +</b><br><i>(Blue Cross Blue Shield)</i>   |
|---------------------|---|--|--|
| <b>Plan Summary</b> | <ul style="list-style-type: none"> <li>• Lowest premium</li> <li>• Copays for doctor visits</li> <li>• Statewide network<sup>1</sup></li> <li>• PCP referrals required to see specialists</li> <li>• Not compatible with HSA</li> <li>• No out-of-network coverage</li> </ul> | <ul style="list-style-type: none"> <li>• Lower premium</li> <li>• Compatible with HSA</li> <li>• Nationwide network with out-of-network coverage</li> <li>• No requirement for PCP referrals</li> <li>• Must meet deductible before plan pays for non-preventive care</li> </ul> | <ul style="list-style-type: none"> <li>• Lower deductible than HD and Primary plan</li> <li>• Copays for doctor visits</li> <li>• Statewide network<sup>1</sup></li> <li>• PCP referrals required to see specialists</li> <li>• Not compatible with HSA</li> <li>• No out-of-network coverage</li> </ul> |

| <b>Plan Features</b>                 |                                |                              |                              |                                |
|--------------------------------------|--------------------------------|------------------------------|------------------------------|--------------------------------|
| Type of Coverage                     | In-Network Coverage Only       | In-Network                   | Out-of-Network               | In-Network Coverage Only       |
| Individual/Family Deductible         | \$2,500 / \$5,000              | \$3,000 / \$6,000            | \$5,500 / \$11,000           | \$1,200 / \$2,400              |
| Coinsurance                          | You pay 30% after deductible   | You pay 30% after deductible | You pay 50% after deductible | You pay 20% after deductible   |
| Individual/Family Max Out-of-Pocket  | \$7,500 / \$15,000             | \$7,500 / \$15,000           | \$20,250 / \$40,500          | \$6,900 / \$13,800             |
| Network                              | Statewide Network <sup>1</sup> | Nationwide Network           |                              | Statewide Network <sup>1</sup> |
| Primary Care Provider (PCP) Required | Yes                            | No                           |                              | Yes                            |

| <b>Doctor Visits</b> |            |                              |                              |            |
|----------------------|------------|------------------------------|------------------------------|------------|
| Primary Care         | \$30 copay | You pay 30% after deductible | You pay 50% after deductible | \$15 copay |
| Specialist           | \$70 copay | You pay 30% after deductible | You pay 50% after deductible | \$70 copay |

| <b>Immediate Care</b>   |  |   |                              |  |
|-------------------------|--|---|------------------------------|--|
| Urgent Care             | \$50 copay   | You pay 30% after deductible  | You pay 50% after deductible | \$50 copay   |
| Emergency Care          | You pay 30% after deductible   | You pay 30% after deductible  |                              | You pay 20% after deductible   |
| Virtual Health Programs | RediMD \$0 medical consultation<br>Teladoc \$12 medical consultation | RediMD \$30 medical consultation<br>Teladoc \$42 medical consultation |                              | RediMD \$0 medical consultation<br>Teladoc \$12 medical consultation |

| <b>Prescription Drugs</b> <i>(avoid additional costs by filling 90-day supplies of long-term medications)</i> |   |   |   |
|---|---|---|---|
| Drug Deductible   | Integrated with medical   | Integrated with medical   | \$200 brand deductible  |
| Generics (30 day / 90 day supply)   | \$15 / \$45 copay<br>\$0 copay for certain generics             | You pay 20% after deductible;<br>\$0 copay for certain generics | \$15 / \$45 copay   |
| Preferred Brand   | You pay 30% after deductible                                    | You pay 25% after deductible                                    | You pay 25% after deductible                                    |
| Non-preferred Brand   | You pay 50% after deductible                                    | You pay 50% after deductible                                    | You pay 50% after deductible                                    |
| Specialty (31 day max)  | \$0 if SaveOnSP eligible; or<br>You pay 30% after deductible    | You pay 20% after deductible                                    | \$0 if SaveOnSP eligible; or<br>You pay 30% after deductible    |
| Insulin Out-of-Pocket Costs   | \$25 copay for 31-day supply<br>\$75 copay for 61-90 day supply | You pay 25% after deductible                                    | \$25 copay for 31-day supply<br>\$75 copay for 61-90 day supply |

<sup>1</sup> Call 1-866-355-5999 to expand network coverage on the Primary and Primary+ plans for kids at college out-of-state

|                     | <b>Baylor Scott &amp; White HMO</b><br><i>(Baylor Scott &amp; White)</i>  | <b>ActiveCare 2</b><br><i>(Blue Cross Blue Shield)</i>  |
|---------------------|---|---|
| <b>Plan Summary</b> | <ul style="list-style-type: none"> <li>• Mid-range deductible</li> <li>• Copays for doctor visits</li> <li>• Regional BSW Premier network</li> <li>• No requirement for PCP referrals</li> <li>• Not compatible with HSA</li> <li>• No out-of-network coverage</li> </ul> | <ul style="list-style-type: none"> <li>• Closed to new enrollees</li> <li>• Current enrollees can choose to stay in plan</li> <li>• Copays for doctor visits</li> <li>• Nationwide network with out-of-network coverage</li> <li>• No requirement for PCP referrals</li> <li>• Not compatible with HSA</li> </ul> |

| <b>Plan Features</b>                 |  |                              |                              |
|--------------------------------------|--|------------------------------|------------------------------|
| Type of Coverage                     | In-Network Coverage Only               | In-Network                   | Out-of-Network               |
| Individual/Family Deductible         | \$2,400 / \$4,800                      | \$1,000 / \$3,000            | \$2,000 / \$6,000            |
| Coinsurance                          | You pay 25% after deductible           | You pay 20% after deductible | You pay 40% after deductible |
| Individual/Family Max Out-of-Pocket  | \$8,150 / \$16,300                     | \$7,900 / \$15,800           | \$23,700 / \$47,400          |
| Network                              | BSW Premier HMO<br>North/Central Texas | Nationwide Network           |                              |
| Primary Care Provider (PCP) Required | No                                     | No                           |                              |

| <b>Doctor Visits</b> |                         |            |                              |
|----------------------|-------------------------|------------|------------------------------|
| Primary Care         | \$20 copay <sup>2</sup> | \$30 copay | You pay 40% after deductible |
| Specialist           | \$70 copay              | \$70 copay | You pay 40% after deductible |

| <b>Immediate Care</b>   |                              |  |                              |
|-------------------------|------------------------------|--|------------------------------|
| Urgent Care             | \$45 copay                   | \$50 copay   | You pay 40% after deductible |
| Emergency Care          | \$500 copay after deductible | \$250 copay plus 20% after deductible                                |                              |
| Virtual Health Programs | \$0 per consultation         | RediMD \$0 medical consultation<br>Teladoc \$12 medical consultation |                              |

| <b>Prescription Drugs</b> <i>(avoid additional costs by filling 90-day supplies of long-term medications)</i> |   |  |
|---|---|--|
| Drug Deductible   | \$200 brand deductible                  | \$200 brand deductible   |
| Generics (30 day / 90 day supply)   | \$14 / \$35 copay                       | \$20 / \$45 copay  |
| Preferred Brand   | You pay 35% after deductible            | You pay 25% after deductible (30-day \$40 min/\$80 max / 90-day \$105 min/\$210 max)   |
| Non-preferred Brand   | You pay 50% after deductible            | You pay 50% after deductible (30-day \$100 min/\$200 max / 90-day \$215 min/\$430 max) |
| Specialty (31 day max)  | You pay 35% after deductible            | \$0 if SaveOnSP eligible; or You pay 30% after deductible (\$200 min/\$900 max)        |
| Insulin Out-of-Pocket Costs   | Covered under applicable category above | \$25 copay for 31-day supply<br>\$75 copay for 61-90 day supply                        |

## Learn the Terms

### Premium

The monthly amount you pay for coverage

### Deductible

The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion

### Copay

The set amount you pay for a covered service at the time you receive it

### Coinsurance

The portion you're required to pay for services after you meet your deductible, often a specified percentage of the costs

### Out-of-Pocket Maximum

The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services

<sup>2</sup> No PCP copay for first sick visit  
No PCP copay for dependents under age 18

### ID Cards

Everyone on a BCBS plan will receive a new Express Scripts prescription ID card. You'll also receive a new medical ID card if you change plans. You can always access a digital ID card online:

**BCBS plans:**

[www.bcbstx.com/trsactivecare](http://www.bcbstx.com/trsactivecare)

**Baylor Scott & White HMO:**

[myBSWhealth.com](http://myBSWhealth.com)

### Provider Search

[BCBS provider search](#)

or call 1-866-355-5999

[Baylor Scott & White HMO provider search](#)

or call 1-844-633-5325

### \$0 Preventive Care

All plans have 100% coverage for in-network preventive care.

- Annual routine physicals (ages 12+)
- Annual mammogram (ages 35+)
- Annual OBGYN exam & pap smear (ages 18+)
- Annual prostate cancer screening (ages 45+)
- Well-child care
- Healthy diet/obesity counseling
- Smoking cessation counseling
- Breastfeeding support
- Colonoscopy (ages 45+ once every 10 years)

### Choose a PCP

If you enroll in the **Primary** or **Primary +** plans, you must select a PCP. Establishing care with a PCP is an important step in prioritizing your health and taking charge of your wellness. Your PCP will help you meet your health goals and will refer you to a specialist if needed.

[BCBS provider search](#)

Make note of the provider's **10-digit PCP ID**. You will need this to complete your online enrollment.

### Virtual Health Programs

**BCBS plans:**

Teladoc or RediMD

**Baylor Scott & White HMO:**

MyBSWHealth or MDLive

### Extra Features

All plans have programs to support you through your **pregnancy**, or with your **fitness, nutrition, weight loss** goals, and much more.

After you receive your ID card, you can login to learn more:

**BCBS plans:**

[www.bcbstx.com/trsactivecare](http://www.bcbstx.com/trsactivecare)

**Baylor Scott & White HMO:**

[myBSWhealth.com](http://myBSWhealth.com)