

# 2022-23 Medical Plans

Who Can Enroll:	Eligible For:
① Employees/TRS Members working 25 or more hours per week (63-100%)	All types of plans, and the District Contribution to the medical premium
② Employees/TRS Members working between 20-24 hours per week (50-62%)	Medical plan only, with the District Contribution to the premium
③ Employees working between 10-19.9 hours per week (25-49%)	Medical plan only, no District Contribution
④ Substitutes regularly working 10 or more hours per week	Medical plan only, no District Contribution

ActiveCare Primary	Total Monthly Cost (groups ③ & ④)	PISD Contribution	Reduced Monthly Cost (groups ① & ②)
Employee Only	\$410	\$315	\$95
Employee & Spouse	\$1,157	\$315	\$842
Employee & Child(ren)	\$738	\$315	\$423
Employee & Family	\$1,384	\$315	\$1,069

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

ActiveCare HD	Total Monthly Cost (groups ③ & ④)	PISD Contribution	Reduced Monthly Cost (groups ① & ②)
Employee Only	\$422	\$315	\$107
Employee & Spouse	\$1,187	\$315	\$872
Employee & Child(ren)	\$757	\$315	\$442
Employee & Family	\$1,419	\$315	\$1,104

High deductible Nationwide network HSA-eligible
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ActiveCare Primary +	Total Monthly Cost (groups ③ & ④)	PISD Contribution	Reduced Monthly Cost (groups ① & ②)
Employee Only	\$515	\$315	\$200
Employee & Spouse	\$1,259	\$315	\$944
Employee & Child(ren)	\$829	\$315	\$514
Employee & Family	\$1,584	\$315	\$1,269

Lower deductible Copays for doctor visits Statewide network PCP referrals required
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Scott & White HMO	Total Monthly Cost (groups ③ & ④)	PISD Contribution	Reduced Monthly Cost (groups ① & ②)
Employee Only	\$543.35	\$315	\$228.35
Employee & Spouse	\$1,364.92	\$315	\$1,049.92
Employee & Child(ren)	\$873.57	\$315	\$558.57
Employee & Family	\$1,570.98	\$315	\$1,255.98

Lower deductible Copays for doctor visits Regional North Texas network – BSW Premier HMO
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ActiveCare 2	Total Monthly Cost (groups ③ & ④)	PISD Contribution	Reduced Monthly Cost (groups ① & ②)
Employee Only	\$1,013	\$315	\$698
Employee & Spouse	\$2,402	\$315	\$2,087
Employee & Child(ren)	\$1,507	\$315	\$1,192
Employee & Family	\$2,841	\$315	\$2,526

<b>Closed to new enrollees</b> Lower deductible Nationwide network
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	<b>ActiveCare Primary</b> <i>(Blue Cross Blue Shield)</i>	<b>ActiveCare HD</b> <i>(Blue Cross Blue Shield)</i>	<b>ActiveCare Primary +</b> <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 before you meet deductible</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 plans</li> <li>• Copays for doctor visits before you meet deductible</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 / \$3,600
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	\$8,150 / \$16,300	\$7,050 / \$14,100	\$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	\$30 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 Teladoc \$12 medical consultation	RediMD \$30 medical consultation Teladoc \$42 medical consultation		RediMD \$0 medical consultation 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 \$0 copay for certain generics	You pay 20% after deductible; \$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	\$0 if PrudentRx eligible; or You pay 30% after deductible	You pay 20% after deductible	\$0 if PrudentRx eligible; or You pay 30% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply \$75 copay for 61-90 day supply	You pay 25% after deductible	\$25 copay for 31-day supply \$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> <i>(Baylor Scott &amp; White)</i>	<b>ActiveCare 2</b> <i>(Blue Cross Blue Shield)</i>
<b>Plan Summary</b>	<ul style="list-style-type: none"> <li>• Lower deductible</li> <li>• Copays for doctor visits before you meet deductible</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	\$1,900 / \$4,750	\$1,000 / \$3,000	\$2,000 / \$6,000
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Max Out-of-Pocket	\$8,000 / \$15,000	\$7,900 / \$15,800	\$23,700 / \$47,400
Network	BSW Premier HMO North/Central Texas	Nationwide Network	
Primary Care Provider (PCP) Required	No	No	

<b>Doctor Visits</b>			
Primary Care	\$15 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 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)	\$12 / \$30 copay	\$20 / \$45 copay
Preferred Brand	You pay 30% 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	You pay 25% (preferred) / 35% (nonpreferred) after deductible	\$0 if PrudentRx 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 \$75 copay for 61-90 day supply

<sup>2</sup> No PCP copay for first sick visit  
No PCP copay for dependents under age 19

## ID Cards

Everyone will receive a new ID card, which can take up to 2-3 weeks to arrive in the mail. You can still 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)