



TSHBP MEDICAL

BENEFITS AT A GLANCE

Texas Schools Health Benefits Program (TSHBP)

New Plans. Greater Flexibility. More Choices. Member Savings.

The Texas Schools Health Benefits Program (TSHBP) provides 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. We desire to increase member health and well-being and provide tools necessary to identify and manage the health of every member. The TSHBP is proud to offer a variety of plans and benefits to meet school district needs. The TSHBP uses a blended health model that offers two Directed Care plans and one traditional PPO plan. This model will allow members to select their choice of plan types and select from medical plans that can provide lower out of pocket cost and significant savings.

PLAN SUMMARY

	DIRECTED CARE PLANS		AETNA NETWORK PLANS
	High Deductible	CoPay	Aetna Signature
	Directed Care Plan	Direct Care Plan	Traditional PPO Plan
	<ul style="list-style-type: none"> Use CC for Hospital/Surgical Services Compatible with an HSA Embedded Deductible Out-of-Network Benefits 	<ul style="list-style-type: none"> Use CC for Hospital/Surgical Services Co-payments for Services Reduce Out-of-Pocket Out-of-Network Benefits 	<ul style="list-style-type: none"> PPO Network for all physician services Brand Drug Deductible Care Coordinator optional
	In-Network	In-Network	In-Network
Individual/Family Deductible	\$3,500/\$10,500	\$0 Deductible	\$4,000/\$8,000
Coinsurance	None - Plan Pays 100% after deductible	None - Plan Pays 100% after deductible	You pay 30% after deductible
Ind/Fam Out of Pocket	\$3,500/\$10,500	\$4,000/\$11,000	\$10,000/\$20,000
National Network	HealthSmart	HealthSmart	Aetna
PCP Required	No	No	No
PCP Referral to Specialist	No	No	No
Preventive Care	Yes - \$0 copay	Yes - \$0 copay	Yes - \$0 Copay
Primary Care	Deductible then Plan pays 100%	\$45 copay	\$45 copay
Specialist	Deductible then Plan pays 100%	\$70 copay	\$70 copay
Virtual Health	\$30 per consultation	\$0 per consultation	\$0 per consultation
Urgent Care	Deductible then Plan pays 100%	\$75 copay	\$75 copay
Emergency Care	Deductible then Plan pays 100%	\$500 copay	You pay \$500 copay + 30% after deductible
Outpatient Surgery	Deductible then Plan pays 100%	\$650 copay	You pay 30% after deductible
Drug Deductible	No Drug Deductible	No Drug Deductible	\$500 Brand Deductible
Days Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply	30-Day Supply 90-Day Supply
Generics	Deductible then Plan pays 100%	\$0 certain generics / \$10 copay	\$15 copay; \$0 certain generics
Preferred Brand	Deductible then Plan pays 100%	\$35 copay or 50% copay (max \$100)	You pay 25% after deductible
Non-preferred Brand	Deductible then Plan pays 100%	\$70 copay or 50% copay (max \$200)	You pay 50% after deductible
Specialty	Full Coverage - Participation in PAP Required- Deductible then plan pays 100%	Full Coverage -PAP Required- 50% copay (Max \$500)	Full Coverage - PAP Required- 50% after deductible

FREQUENTLY ASKED QUESTIONS

How do I order a Medical ID card?

You can order a Medical ID card from the TSHBP Member Portal located on our website www.tshbp.org. Log into and/or register your account and you will be able to print out a temporary Medical ID card and order a new Medical ID card.

TSHBP MEDICAL RATES (MONTHLY)

Crosby ISD contributes \$273 a month towards the cost of the medical insurance. Rates shown are the cost for the employee.

	DIRECTED CARE PLANS	DIRECTED CARE PLANS	AENTA NETWORK PLANS
	High Deductible	CoPay	Aetna Signature
Employee Only	\$159.00	\$207.00	\$340.00
Employee + Children	\$534.00	\$639.00	\$767.00
Employee + Spouse	\$906.00	\$1,070.00	\$1,329.00
Employee + Family	\$1,272.00	\$1,498.00	\$1,693.00

SUPPLEMENTAL RATES (MONTHLY)

Dental	PPO High	PPO Low	DHMO
Employee	\$27.19	\$18.47	\$12.54
Employee + Spouse	\$54.30	\$36.81	\$24.98
Employee + Children	\$56.36	\$39.85	\$27.05
Employee + Family	\$92.09	\$64.52	\$43.79

DENTAL - Cigna

Dental insurance is a coverage that helps defray the costs of dental care. It insures against the expense of routine care, dental treatment and disease.

Employees have 3 plans to choose from; High PPO, Low PPO and DHMO. The High PPO includes orthodontia for both adults and dependent children.

Vision	Gold	Platinum
Employee	\$7.17	\$12.79
Employee + Spouse	\$12.17	\$21.79
Employee + Children	\$12.17	\$21.79
Employee + Family	\$17.94	\$32.03

VISION - Superior Vision

Vision insurance provides coverage for routine eye examinations and can help with covering some of the costs for eyeglass frames, lenses or contact lenses.

Telehealth—MDLive

Employee and Family	\$12 per family
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TELEHEALTH - MDLive

Telehealth provides 24/7/365 access to board-certified doctors via telephone or video consultations that can diagnose, recommend treatment and prescribe medication. Telehealth makes care more convenient and accessible for non-emergency care when our primary care physician is not available. This benefit is separate from the Telehealth benefit in the medical plans.



Benefit Rate Sheet



RATE SHEET DISCLAIMER

The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at Crosby ISD Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases. All rates are displayed as monthly cost.

Hospital Indemnity	High	Low
Employee	\$32.50	\$17.62
Employee + Spouse	\$56.30	\$30.20
Employee + Children	\$52.86	\$28.14
Employee + Family	\$76.67	\$40.73

HOSPITAL INDEMNITY - Cigna

This is an affordable supplemental plan that pays you should you be in-patient hospital confined. This plan complements your health insurance by helping you pay for costs left unpaid by your health insurance. Pre-existing conditions are waived.

Cancer	High	Low
Employee	\$30.99	\$14.92
Employee + Spouse	\$63.11	\$30.57
Employee + Children	\$43.43	\$21.51
Employee + Family	\$75.56	\$37.16

CANCER - MetLife (Administered by Bay Bridge)

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member are diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment. This policy is guarantee issue. Anyone covered under the current cancer plan for at least 12 months will have continuity of coverage.

Accident	High	Low
Employee	\$14.03	\$9.58
Employee + Spouse	\$22.10	\$15.08
Employee + Children	\$23.34	\$16.06
Employee + Family	\$36.77	\$25.25

ACCIDENT - The Hartford

Do you have kids paying sports, are you a weekend warrior or maybe accident prone? Accident plans are designed to help pay for medical costs associated with accidents and benefits are paid directly to you.

Disability		
Elimination Period	14 Days	30 Days
Rates Per \$100 Of Monthly Payroll	\$0.90	\$0.56

SHORT TERM DISABILITY - Mutual of Omaha

Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury for an extended period of time. Those enrolled in the current short term disability plan will have continuity of coverage. Pre-existing conditions due to pregnancy are waived on this plan.

Benefit Rate Sheet



CB; HFA 8-65-4M! A utual of Omaha

Long Term Disability starts after you have been out on disability for 90 days. This insurance will replace a portion of your income and will pay a monthly benefit. If you are permanently disabled, coverage will continue until you reach your social security retirement age. Those who have been covered under the current long term disability plan will have 8 } 3 } 2 of coverage.

Long Term Disability

Age Bands	Rate Per \$100 of Monthly Payroll
<25	\$0.26
25-29	\$0.26
30-34	\$0.32
35-39	\$0.41
40-44	\$0.56
45-49	\$0.77
50-54	\$1.03
55-59	\$1.38
60-64	\$1.49
65-69	\$1.65
70+	\$2.67

Voluntary Group Life

Age Bands	Employee Rate Per \$10000	Spouse Rate Per \$10000
0-24	\$0.45	\$0.45
25-29	\$0.53	\$0.53
30-34	\$0.64	\$0.64
35-39	\$0.80	\$0.80
40-44	\$0.89	\$0.89
45-49	\$1.34	\$1.34
50-54	\$2.05	\$2.05
55-59	\$3.83	\$3.83
60-64	\$5.88	\$5.88
65-69	\$11.32	\$11.32
70+	\$18.35	\$18.35

LIFE AND AD&D - Lincoln Financial Group

Group term life is the most inexpensive way to purchase life insurance. You have the freedom to select an amount of life insurance coverage you need to help protect the well-being of your family. Guarantee issue for employee, spouse and dependent children.

Accidental Death & Dismemberment is life insurance coverage that pays a death benefit to the beneficiary, should death occur due to a covered accident. Dismemberment benefits are paid to you, according to the benefit level you select, if accidentally dismembered.

Accidental Death & Dismemberment

Employee Rate Per \$10,000	Spouse Rate Per \$10,000	Child Rate For \$10,000 (to age 26)
\$0.28	\$0.30	\$0.35

Children Voluntary Life

\$10,000.00	\$2.00
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Emergency Transportation

Monthly Cost

Employee+Family	\$14.00
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MEDICAL TRANSPORTATION - MASA

Medical Transport covers emergency transportation to and from appropriate medical facilities by covering the out-of-pocket costs that are not covered by insurance. It can include emergency transportation via ground ambulance, air ambulance and helicopter.

PERMANENT LIFE INSURANCE - 5 Star

Permanent life insurance is a life policy where your premiums lock in at the age you are when the policy goes into effect and do not increase as you age. Your death benefit also will not reduce. Coverage continues until age 121. This policy also has a quality of life benefit that may be used if the insured permanently loses the ability to perform 2 of the 6 Activities of Daily Living without significant assistance or has cognitive impairment such as dementia or Alzheimer's and requires supervision.

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Critical Illness		
Age Bands	Employee Rate Per \$10000	Spouse Rate Per \$10000
<24	\$1.56	\$1.24
25-29	\$2.40	\$1.83
30-34	\$2.76	\$2.04
35-39	\$4.80	\$3.74
40-44	\$7.60	\$6.15
45-49	\$11.80	\$10.54
50-54	\$17.99	\$19.42
55-59	\$23.14	\$28.85
60-64	\$28.89	\$36.83
65-69	\$36.47	\$44.54
70-74	\$52.66	\$60.36
75-79	\$62.87	\$90.66
80-84	\$83.96	\$104.14
85+	\$113.22	\$140.81

CRITICAL ILLNESS - Cigna

Critical Illness insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with, or experiences a critical illness such as cancer, heart attack, stroke, paralysis, Alzheimer's, ALS, Parkinson's and other covered conditions. It pays a lump sum benefit directly to you to help with expenses associated with the illness. This policy is guarantee issue. Anyone covered under the current critical illness plan for at least 12 months will have continuity of coverage at the same benefit amount. This plan is guarantee issue.

LEGAL AND IDENTITY THEFT SERVICES - LegalShield

Legal plans provide benefits that cover the most common legal needs you may encounter - like creating a standard will, living will, healthcare power of attorney, contract and document review, IRS assistance or buying a home.

Identity theft protection plans monitor your credit accounts, social security, social media accounts and transaction records. If your identity is compromised, full credit and identity resolution services are also included.

	ID Only	Legal Only	ID+Legal
Employee	\$12.95	-----	\$34.90
Employee + Family	\$22.95	\$21.95	\$41.90

Benefit Rate Sheet



Health Savings Account (HSA) -

Gulf Coast Educators Federal Credit Union

Medical reimbursement account that allows you to set aside pre-tax money from your paycheck to use for medical, dental, vision, and prescription cost for you.

- Must be enrolled in High Deductible plan to enroll
- Account balance will rollover from year to year
- Stays with you even if you change jobs or retire
- Unlike an FSA, funds are NOT front loaded - only the balance is available
- Funds can be used towards IRS approved medical, dental and vision expenses for you and your family

HSA	2023
HSA Contribution Limit (employer + employee)	Self-only \$3,850 Family: \$7,750
HSA catch-up contributions (age 55 or older)	\$1,000

Flexible Spending Account (Flex) - Higginbotham

Medical reimbursement account that allows you to set aside pre-tax money from your paycheck to use for medical, dental, vision, and prescription cost for you.

- Not tied to enrollment of a specific medical plan
- Funds available upfront on a debit card
- Use it or lose it – If balance is remaining on card at 8/31, you have an additional 75 days to use the balance. Funds remaining after 75 days are forfeited.
- Funds can be used towards IRS approved medical, dental and vision expenses for you and your family

FSA	2023
FSA Contribution Limit	\$3,050

Employer Assistance Program (EAP) - Lincoln Financial Group

Provides 24/7 Access to all full time employees and their Household

- 5 Face to Face Counseling Session (per issue, per household member). If deemed necessary by counselor, 1-2 additional sessions will be approved with no cost to the member
- Unlimited Telephonic Sessions

Receive Assistance With (see plan summary for more information):

- Retirement
- Relationships
- Disabilities
- Financial Planning
- Stress
- Time Management
- Child/Elder Care

This benefit is paid for by Crosby ISD

Basic Life & AD&D - Lincoln Financial Group

All full time employees will receive a \$10,000 basic life insurance which includes a matching amount of accidental death & dismemberment.

This benefit is paid for by Crosby ISD

