

2023-2024 HEB ISD Health Insurance for Subs & Part-Time Employees

ActiveCare HD, Primary, Primary+, 2

Blue Cross Blue Shield 866-355-5999

www.bcbstx.com/trsactivecare

Teladoc - www.member.teladoc.com/trsactivecare

RediMD - www.redimd.com

HMO

Scott & White 844-633-5325

<https://trs.swhp.org>

MDLive - www.mdlive.com/swhp

In Network Benefits	ActiveCare Primary (Employee Pays)	ActiveCare Primary+ (Employee Pays)	ActiveCare HD (Employee Pays)	Scott & White HMO (Employee Pays)
MEDICAL BENEFITS			Deductible must be met before benefits are paid; HSA Compatible	
Deductible				
Individual	\$2,500	\$1,200	\$3,000	\$2,400
Family	\$5,000	\$2,400	\$6,000	\$4,800
Maximum Out-of-Pocket <i>(includes deductible, coinsurance & copays)</i>				
Individual	\$7,500	\$6,900	\$7,500	\$8,150
Family	\$15,000	\$13,800	\$15,000	\$16,300
Coinsurance	30%	20%	30%	25%
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Office Visit Copay				
PCP / Specialist	\$30 / \$70	\$15 / \$70	30% ^①	\$20 ^{②③} / \$70
Virtual Health	\$0 ^④ / \$12 ^⑤	\$0 ^④ / \$12 ^⑤	\$30 ^④ / \$42 ^⑤	Plan pays 100% ^⑥
Urgent Care	\$50	\$50	30% ^①	\$45
Emergency Room	30% ^①	20% ^①	30% ^①	\$500 copay ^①
Inpatient Hospitalization	30% ^①	20% ^①	30% ^①	25% ^①
OTHER PLAN FEATURES				
Out of Network Benefits?	NO	NO	YES	NO
Network	Statewide	Statewide	Nationwide	Statewide
Primary Care Provider (PCP) required?	YES	YES	NO	NO
Referrals needed to see a specialist?	YES	YES	NO	NO
PRESCRIPTION DRUGS				
Drug Deductible	Subject to medical deductible	\$0 Generic \$200 Brand	Subject to medical deductible	\$0 Generic \$200 Brand
Tier 1 - Generic	\$15 ^⑨	\$15	20% ^{①⑨}	\$14 ^⑩
Tier 2 - Preferred Brand	30% ^①	25% ^⑦	25% ^①	35% ^⑦
Tier 3 - Non-Pref Brand	50% ^①	50% ^⑦	50% ^①	50% ^⑦
Specialty Drugs	30% ^{①⑧}	30% ^{⑦⑧}	20% ^①	35% ^⑦
PREMIUMS	MONTHLY	MONTHLY	MONTHLY	MONTHLY
Employee Only	\$461.00	\$541.00	\$475.00	\$596.96
Employee & Spouse	\$1,245.00	\$1,407.00	\$1,283.00	\$1,501.90
Employee & Child(ren)	\$784.00	\$920.00	\$808.00	\$960.68
Employee & Family	\$1,568.00	\$1,786.00	\$1,615.00	\$1,728.86

① After the MEDICAL deductible has been met

② First in-person sick visit \$0 copay

③ No copay for PCP visits for dependents age 19 and under

④ RediMD

⑤ Teladoc

⑥ MDLive or MyBSWHealth

⑦ After the PRESCRIPTION deductible has been met

⑧ \$0 if SaveOnSP eligible

⑨ Certain generic preventive drugs are covered 100%

⑩ ACA Preventive Drugs - \$0 copay