

Medical Insurance

Texas Schools Health Benefits Program

EMPLOYEE
BENEFITS

ABOUT TSHBP

The TSHBP is proud to offer a variety of plans and benefits to meet school district needs. All plans are designed so members can easily navigate through their health medical needs.

For full plan details, please visit your benefit website:
www.mybene.itshub.com/orendaeducationcenter



Directed Care Highlights



The TSHBP Directed Care Plans utilize a national network to provide physician and ancillary services access to all members. Enrolled school districts will access the HealthSmart practitioner and ancillary only network to gain access to over 502,309 providers in over 1,421,000 unique locations across the United States.

Please note, hospitals are excluded from the PPO networks. All hospital and other medical facility-based services are accessed via an assigned Care Coordinator.

It is easy to look up providers in your area by looking up providers in your area by clicking on the link below.

<https://tshbp.info/HSNetwork>

Hinge Health



Hinge Health is a digital musculoskeletal management program with custom physical therapy programs designed by physicians and led by board certified Health coaches. You and your eligible family members get free access to Hinge Health's programs for back, knee, hip, shoulder, or neck pain, which may include: a free tablet computer and wearable sensors, unlimited 1-on-1 health coaching, personalized exercise therapy, etc.

TSHBeFit



TSHBeFit is a Wellness Program, powered by WellRight, is available for members to achieve their personal health and well-being through a collection of holistic activities and is no additional cost to members.

Aetna Network Highlights

Aetna Signature Administrators®

You want a network that is comprehensive, is easy to use and can help you save on costs. Look no further. You can now find support through our Aetna Signature Administrators® preferred provider organization network. Discover provider options and reduced costs.

With our network, you now have access to over 1.2 million participating doctors, 8,700 hospitals, and strong, negotiated discounts.

We know quality care is important. So we make sure our doctors successfully complete our credentialing requirements. Our credentialing process meets industry standards, as well as state and federal requirements.

You'll also have access to over 600 Institutes of Excellence™ facilities and Institutes of Quality® facilities. We measure these publicly recognized institutes by clinical performance, outcomes and efficiency. Then, we pass this guidance along to you—so you can choose the best facility.

Ready to search our network? Just visit <http://aetna.com/asa>

Access the MyTSHBP Digital Wallet for easy access to all your benefit resources.



Scan Me

PPO Deductible Credits

With the Aetna PPO plan, if you choose to utilize the services of a Care Coordinator for a procedure or admission to a facility, you may receive up to a \$500 credit toward your deductible. If you have already met your deductible, the \$500 credit will apply to your out-of-pocket maximum!

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EMPLOYEE BENEFITS

PLAN SUMMARY	DIRECTED CARE PLANS		AETNA NETWORK PLAN
	TSHBP - HD Plan	TSHBP CoPay Plan	Aetna Signature
Directed Care Plan	Directed Care Plan	Directed Care Plan	Traditional PPO Plan
<ul style="list-style-type: none"> Use Care Coordinator for Hospital/Surgical Services Compatible with an HSA Embedded Deductible - no coinsurance Out-of-Network Benefits 	<ul style="list-style-type: none"> Use Care Coordinator 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/hospital services Brand Drug Deductible Care Coordinator is an optional benefit 	
Coverage	In-Network Coverage	In-Network Coverage	In-Network Only
Network	HealthSmart - National	HealthSmart	AETNA
Plan Deductible Feature	Deductible, then Plan pays 100%	Copayments, then Plan pays 100%	Deductible, then Plan pays 70%
Individual/Family Deductible	\$3,500/\$10,500	\$0/\$0	\$4,000/\$8,000
Coinsurance	None - Plan Pays 100% after deductible	None - Plan Pays 100% after deductible	You pay 30% after deductible
Individual/Family Maximum Out-of-Pocket	\$3,500/\$10,500	\$4,000/\$11,000	\$10,000/\$20,000
Health Savings Account (HSA) Eligible	Yes	No	No
Required - Primary Care Provider (PCP)	No	No	No
Required - PCP Referral to Specialist	No	No	No
Doctor Visits			
Preventive Care	Yes - \$0 copay	Yes - \$0 copay	Yes - \$0 copay
Virtual Health - Teladoc	\$30 per consultation	\$0 per consultation	\$0 per consultation
Primary Care	Deductible, then Plan pays 100%	\$45 copay	\$45 copay
Specialist	Deductible, then Plan pays 100%	\$70 copay	\$70 copay
Office Services			
Allergy Injections	Deductible, then Plan pays 100%	\$5 copay	You pay 30% after deductible
Allergy Serum	Deductible, then Plan pays 100%	\$35 copay	You pay 30% after deductible
Chiropractic Services	Deductible, then Plan pays 100%	\$35 copay	\$70 copay
Office Surgery	Deductible, then Plan pays 100%	\$110 copay	You pay 30% after deductible
MRI's, Cat Scans, and Pet Scans	Deductible, then Plan pays 100%	\$275 copay	You pay 30% after deductible
Care Facilities			
Urgent Care Facility	Deductible, the Plan pays 100%	\$75 copay	\$75 copay
Freestanding Emergency Room	Deductible, the Plan pays 100%	\$500 copay	You pay \$500 copay + 30% after ded
Hospital Emergency Room	Deductible, the Plan pays 100%	\$500 copay	You pay 30% after deductible
Ambulance Services	Deductible, the Plan pays 100%	\$275 copay	You pay 30% after deductible
Outpatient Surgery	Deductible, the Plan pays 100%	\$650 copay	You pay 30% after deductible
Hospital Services	Deductible, the Plan pays 100%	\$650 copay	You pay 30% after deductible
Surgeon Fees	Deductible, the Plan pays 100%	\$200 copay	You pay 30% after deductible
Maternity and Newborn Services			
Maternity Charges (prenatal and postnatal care)	Deductible, the Plan pays 100%	\$500 copay	You pay 30% after deductible
Routine Newborn Care	Deductible, the Plan pays 100%	\$250 copay	You pay 30% after deductible
Rehabilitation/Therapy			
Occupational/Speech/Physical	Deductible, the Plan pays 100%	\$55 copay	\$30 copay
Cardiac Rehabilitation	Deductible, the Plan pays 100%	\$110 copay	You pay 30% after deductible
Chemotherapy, Radiation, Dialysis	Deductible, the Plan pays 100%	\$110 copay	You pay 30% after deductible
Home Health Care	Deductible, the Plan pays 100%	\$55 copay	You pay 30% after deductible
Skilled Nursing	Deductible, the Plan pays 100%	\$500 copay	You pay 30% after deductible
Prescription Drug Benefits			
Drug Deductible	Intergrated into Medical	No Drug Deductible	\$500 brand deductible
Generic	Deductible, the Plan pays 100%; \$0 for certain generics	\$0 copay CVS/HEB/Walmart/Costco/Sam's \$10 copay All other net Pharmacies	\$15/\$45 copay; \$0 for certain generics
Preferred Brand	Deductible, the Plan pays 100%	\$35 copay or 50% copay whichever is greater (max \$100)	You pay 25% after deductible
Non-Preferred	Deductible, the Plan pays 100%	\$70 copay or 50% copay whichever is greater (max \$200)	You pay 50% after deductible
Specialty	Full Coverage - PAP Required - Deductible then plan pays 100%	Full Coverage - PAP Required - 50% copay (max \$500)	Full Coverage - PAP Required - You pay 50% after deductible
Employee Cost (District Contribution of \$425)	*Plan Year Rate	*Plan Year Rate	*Plan Year Rate
Employee Only	\$ 13.00	\$ 61.00	\$ 188.00
Employee/Spouse	\$ 753.00	\$ 914.00	\$1159.00
Employee/Child	\$ 384.00	\$ 489.00	\$ 607.00
Employee/Family	\$1116.00	\$1340.00	\$1516.00