



## 2020-2021 Eanes ISD Health Insurance Rates

Eanes ISD health insurance contribution is **\$473.00** per employee per month for 2020-2021 school year.

### TRS-ActiveCare Primary (NEW)

| Coverage Tier         | 2019-2020 TRS Rate | 2019-2020 E/Premium | 2020-2021 TRS Rate | 2020-2021 E/Premium | Premium Difference |
|-----------------------|--------------------|---------------------|--------------------|---------------------|--------------------|
| Employee Only         | -                  | -                   | \$386.00           | \$ 0.00             | -                  |
| Employee & Spouse     | -                  | -                   | \$1,089.00         | \$616.00            | -                  |
| Employee & Child(ren) | -                  | -                   | \$695.00           | \$222.00            | -                  |
| Employee & Family     | -                  | -                   | \$1,301.00         | \$828.00            | -                  |

### TRS-ActiveCare Primary Plan Features

| <u>Plan Features</u>         | <u>2020-2021</u>     |
|------------------------------|----------------------|
| <b>In-Network</b>            |                      |
| Individual Deductible        | \$2,500              |
| Family Deductible            | \$5,000              |
| <b>Out of Pocket Maximum</b> |                      |
| Individual Deductible        | \$8,150              |
| Family Deductible            | \$16,300             |
| <b>Doctor Visits</b>         |                      |
| Primary Care                 | \$30 copay           |
| Specialist                   | \$70 copay           |
| Urgent Care                  | \$50 copay           |
| Emergency Care               | 30% after deductible |
| <b>Prescription Drugs</b>    |                      |
| Generics (30-day supply)     | \$15                 |
| Preferred Brand              | 30% after deductible |
| Non-preferred Brand          | 50% after deductible |
| Specialty                    | 30% after deductible |

### TRS-ActiveCare HD (formerly 1-HD)

| Coverage Tier         | 2019-2020 TRS Rate | 2019-2020 E/Premium | 2020-2021 TRS Rate | 2020-2021 E/Premium | Premium Difference |
|-----------------------|--------------------|---------------------|--------------------|---------------------|--------------------|
| Employee Only         | \$378.00           | \$ 0.00             | \$397.00           | \$ 0.00             | \$0.00             |
| Employee & Spouse     | \$1,066.00         | \$593.00            | \$1,120.00         | \$647.00            | \$54.00            |
| Employee & Child(ren) | \$722.00           | \$249.00            | \$715.00           | \$242.00            | -\$7.00            |
| Employee & Family     | \$1,415.00         | \$942.00            | \$1,338.00         | \$865.00            | -\$77.00           |

### TRS-ActiveCare HD Benefit Changes

| <u>Plan Features</u>                    | <u>2019-2020</u> | <u>2020-2021</u> |
|---|------------------|------------------|
| <b>In-Network</b>                       |                  |                  |
| Individual Deductible                   | \$2,750          | \$2,800          |
| Family Deductible                       | \$5,500          | \$5,600          |
| <b>In-Network Out of Pocket Maximum</b> |                  |                  |
| Individual Deductible                   | \$6,750          | \$6,900          |
| Family Deductible                       | \$13,500         | \$13,800         |

### TR-ActiveCare Primary + (Replacing Select)

| Coverage Tier         | 2019-2020 TRS Rate | 2019-2020 E/Premium | 2020-2021 TRS Rate | 2020-2021 E/Premium | Premium Difference |
|-----------------------|--------------------|---------------------|--------------------|---------------------|--------------------|
| Employee Only         | \$556.00           | \$83.00             | \$514.00           | \$41.00             | -\$42.00           |
| Employee & Spouse     | \$1,367.00         | \$894.00            | \$1,264.00         | \$791.00            | -\$103.00          |
| Employee & Child(ren) | \$902.00           | \$429.00            | \$834.00           | \$361.00            | -\$68.00           |
| Employee & Family     | \$1,718.00         | \$1,245.00          | \$1,588.00         | \$1,115.00          | -\$130.00          |

### TR-ActiveCare Primary + Benefit Changes

| <u>Plan Features</u>                    | <u>2019-2020</u> | <u>2020-2021</u> |
|---|------------------|------------------|
| <b>In-Network</b>                       |                  | No Changes       |
| Individual Deductible                   | \$1,200          |                  |
| Family Deductible                       | \$3,600          |                  |
| <b>In-Network Out of Pocket Maximum</b> |                  |                  |
| Individual Deductible                   | \$7,900          | \$6,900          |
| Family Deductible                       | \$15,800         | \$13,800         |

### TR-ActiveCare 2

| Coverage Tier         | 2019-2020 TRS Rate | 2019-2020 E/Premium | 2020-2021 TRS Rate | 2020-2021 E/Premium | Premium Difference |
|-----------------------|--------------------|---------------------|--------------------|---------------------|--------------------|
| Employee Only         | \$852.00           | \$379.00            | \$937.00           | \$464.00            | \$85.00            |
| Employee & Spouse     | \$2,020.00         | \$1547.00           | \$2,222.00         | \$1,749.00          | \$202.00           |
| Employee & Child(ren) | \$1,267.00         | \$794.00            | \$1,393.00         | \$920.00            | \$126.00           |
| Employee & Family     | \$2,389.00         | \$1916.00           | \$2,627.00         | \$2,154.00          | \$238.00           |

### TR-ActiveCare 2 Benefit Changes

| <u>Plan Features</u>                    | <u>2019-2020</u><br><b>**NO NEW ENROLLEES**</b> | <u>2020-2021</u><br><b>**NO NEW ENROLLEES**</b> |
|---|---|---|
| <b>In-Network</b>                       |   | No Changes                                      |
| Individual Deductible                   | \$1,000   |   |
| Family Deductible                       | \$3,000   |   |
| <b>In-Network Out of Pocket Maximum</b> |   | No Changes                                      |
| Individual Deductible                   | \$7,900   |   |
| Family Deductible                       | \$15,800  |   |

### Scott and White HMO

| Coverage Tier         | 2019-2020 TRS Rate | 2019-2020 E/Premium | 2020-2021 TRS Rate | 2020-2021 E/Premium | Premium Difference |
|-----------------------|--------------------|---------------------|--------------------|---------------------|--------------------|
| Employee Only         | \$558.54           | \$85.54             | \$551.10           | \$78.10             | -\$7.44            |
| Employee & Spouse     | \$1,306.58         | \$833.58            | \$1,382.06         | \$909.06            | \$75.48            |
| Employee & Child(ren) | \$876.76           | \$403.76            | \$883.50           | \$410.50            | \$6.74             |
| Employee & Family     | \$1,457.28         | \$984.28            | \$1,478.56         | \$1,005.56          | \$21.28            |

### Scott and White - Benefit Changes

| <u>Plan Features</u>         | <u>2019-2020</u> | <u>2020-2021</u> |
|------------------------------|------------------|------------------|
| <b>Deductible</b>            |                  |                  |
| Individual Deductible        | \$950            | \$950            |
| Family Deductible            | \$2850           | \$2850           |
| <b>Out of Pocket Maximum</b> |                  |                  |
| Individual Deductible        | \$7,450          | \$7,450          |
| Family Deductible            | \$14,900         | \$14,900         |

### TX School Health Benefits HD (NEW)

| Coverage Tier         | 2019-2020<br>TSHBP Rate | 2019-2020<br>E/Premium | 2020-2021<br>TSHBP Rate | 2020-2021<br>E/Premium | Premium<br>Difference |
|-----------------------|-------------------------|------------------------|-------------------------|------------------------|-----------------------|
| Employee Only         | -                       | -                      | \$345.00                | \$ 0.00                | -                     |
| Employee & Spouse     | -                       | -                      | \$965.00                | \$492.00               | -                     |
| Employee & Child(ren) | -                       | -                      | \$659.00                | \$186.00               | -                     |
| Employee & Family     | -                       | -                      | \$1,274.00              | \$801.00               | -                     |

### TX School Health Benefits HD Plan Features

| <u>Plan Features</u>         | <u>2020-2021</u>      |
|------------------------------|-----------------------|
| <b>In-Network</b>            |                       |
| Individual Deductible        | \$3,000               |
| Family Deductible            | \$9,000               |
| <b>Out of Pocket Maximum</b> |                       |
| Individual Deductible        | \$3,000               |
| Family Deductible            | \$9,000               |
| <b>Doctor Visits</b>         |                       |
| Primary Care                 | 100% after deductible |
| Specialist                   | 100% after deductible |
| Urgent Care                  | 100% after deductible |
| Emergency Care               | 100% after deductible |
| TRS Virtual Health           | \$30 per consultation |
| <b>Prescription Drugs</b>    |                       |
| Generics                     | 100% after deductible |
| Preferred Brand              | 100% after deductible |
| Non-preferred Brand          | 100% after deductible |
| Specialty                    | Not Covered           |

### TX School Health Benefits CoPay (NEW)

| Coverage Tier         | 2019-2020<br>TSHBP Rate | 2019-2020<br>E/Premium | 2020-2021<br>TSHBP Rate | 2020-2021<br>E/Premium | Premium<br>Difference |
|-----------------------|-------------------------|------------------------|-------------------------|------------------------|-----------------------|
| Employee Only         | -                       | -                      | \$386.00                | \$ 0.00                | -                     |
| Employee & Spouse     | -                       | -                      | \$1,095.00              | \$622.00               | -                     |
| Employee & Child(ren) | -                       | -                      | \$750.00                | \$277.00               | -                     |
| Employee & Family     | -                       | -                      | \$1,450.00              | \$977.00               | -                     |

### TX School Health Benefits CoPay Plan Features

| <u>Plan Features</u>                | <u>2020-2021</u>                              |
|-------------------------------------|---|
| <b>In-Network</b>                   |   |
| Individual Deductible               | \$3,500                                       |
| Family Deductible                   | \$10,500                                      |
| <b>Out of Pocket Maximum</b>        |   |
| Individual Deductible               | \$3,500                                       |
| Family Deductible                   | \$10,500                                      |
| <b>Doctor Visits</b>                |   |
| Primary Care                        | \$35 copay                                    |
| Specialist                          | \$35 copay                                    |
| Urgent Care                         | \$50 copay                                    |
| Emergency Care                      | \$500 copay                                   |
| TRS Virtual Health                  | \$0 per consultation                          |
| <b>Prescription Drugs</b>           |   |
| Generics (30-day supply)            | \$0 at select pharmacies, other \$10/20 copay |
| Preferred Brand (30-day supply)     | \$35 or 50% copay to \$100                    |
| Non-preferred Brand (30-day supply) | \$70 or 50% copay to \$200                    |
| Specialty                           | Not Covered                                   |