

EPISD Health Plan Summary and Rates

	EPISD CDHP		EPISD Traditional PPO	
	In Network	Out of Network	In Network	Out of Network
Deductible (Plan Year) (indiv/Fam)	\$3,000 / \$6,000	\$6,000 / \$12,000	\$1,250 / \$3,750	\$3,000 / \$9,000
Out of Pocket Maximum (indiv/Fam)	\$3,000 / \$6,000	\$12,000 / \$24,000	\$6,000 / \$12,000	\$12,000 / \$24,000
Coinsurance	0%	40%	20%	40%
Office Visit Co-Pay				
Primary Care	0% after deductible	40% after deductible	\$30	40% after deductible
Specialty Care	0% after deductible	40% after deductible	\$50	40% after deductible
Urgent Care	0% after deductible	40% after deductible	\$50	40% after deductible
Diagnostic Lab	0% after deductible	40% after deductible	20% after deductible	40% after deductible
Preventive Care	0%	40% after deductible	0%	40% after deductible
Teladoc or Virtual Visit	0% after deductible (\$40 fee applies to deductible)	40% after deductible	\$20 copay	\$40 copay
Radiology	0% after deductible	40% after deductible	20% after deductible	40% after deductible
Inpatient Hospital	0% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Hospital	0% after deductible	40% after deductible	20% after deductible	40% after deductible
Free Standing ER	0% after deductible	40% after deductible	\$500 co-pay plus 20% after deductible	40% after deductible
Hospital ER	0% after deductible	40% after deductible	\$500 co-pay plus 20% after deductible	40% after deductible
Bariatric Surgery	Not Covered	Not Covered	Not Covered	Not Covered
Extended Services				
-Skilled Nursing Facility			20% after deductible	40% after deductible
-Home Health				
Annual Vision Exam	0% after deductible		\$30 P / \$50 S	40% after deductible
Annual Hearing Exam	0% after deductible		\$30 P / \$50 S	40% after deductible
Other Medical Expenses				
Physical Therapy, Chiropractic Care, Home Infusion				40% after deductible
Hearing Aids - up to \$1,00 per 36 month period	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Prescription Drug Benefits				
Plan Year Deductible	Medical Deductible applies		None	
30 day supply Retail				
Generic	0% after deductible	N/A	\$10	N/A
Preferred Brand	0% after deductible	N/A	\$35	N/A
Non-Preferred Brand	0% after deductible	N/A	\$60	N/A
90 Day Supply - Mail				
Generic	0% after deductible	N/A	\$20	N/A
Preferred Brand	0% after deductible	N/A	\$70	N/A
Non-Preferred Brand	0% after deductible	N/A	\$120	N/A
Total Monthly Funding Rates				
Employee Only	\$305		\$486	
Employee & Spouse	\$859		\$1,194	
Employee & Children	\$582		\$788	
Employee & Family	\$1,140		\$1,501	
H.S.A. EPISD Contribution	\$500		\$0	

SUMMARY INFORMATION ONLY. REFER TO PLAN DOCUMENTS FOR DETAILS.

Side by Side Comparison of EPISD Health Plan to TRS Active Care

	TRS 1 HD 9/1/19		TRS Select 9/1/19		TRS 2 9/1/19		EPISD CDHP		EPISD Traditional PPO		
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Deductible (Plan Year) (Indiv/Fam)	\$2,750 / \$5,500	\$5,500 / \$11,000	\$1,200 / \$3,600	N/A	\$1,000 / \$3,000	\$2,000 / \$6,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$1,250 / \$3,750	\$3,000 / \$9,000	
Out of Pocket Maximum (Indiv/Fam)	\$6,750 / \$13,500	\$20,250 / \$40,500	\$7900 / \$15,800	N/A	\$7900 / \$15,800	\$23,700 / \$47,400	\$3,000 / \$6,000	\$12,000 / \$24,000	\$6,000 / \$12,000	\$12,000 / \$24,000	
Coinsurance	20%	40%	20%	N/A	20%	40%	0%	40%	20%	40%	
Office Visit Co-Pay											
Primary Care	20% after deductible	40% after deductible	\$30	N/A	\$30	40% after deductible	0% after deductible	40% after deductible	\$30	40% after deductible	
Specialty Care	20% after deductible	40% after deductible	\$70	N/A	\$70	40% after deductible	0% after deductible	40% after deductible	\$50	40% after deductible	
Urgent Care	20% after deductible	40% after deductible	\$50	N/A	\$50	40% after deductible	0% after deductible	40% after deductible	\$50	40% after deductible	
Diagnostic Lab	20% after deductible	40% after deductible	20% after deductible	N/A	20% after deductible	40% after deductible	0% after deductible	40% after deductible	20% after deductible	40% after deductible	
Preventive Care	0%	40% after deductible	0%	N/A	0%	40% after deductible	0%	40% after deductible	0%	40% after deductible	
Teladoc or Virtual Visit	\$40 fee applies to deductible	N/A	0%	N/A	0%	N/A	0% after deductible (\$40 fee applies to deductible)	40% after deductible	\$20 copay	\$40 copay	
Radiology	20% after deductible	40% after deductible	20% after deductible	N/A	\$100 copay plus 20% after deductible	40% after deductible	0% after deductible	40% after deductible	20% after deductible	40% after deductible	
Inpatient Hospital	20% after deductible	Plan pays up to \$500 per day, member pays everything in excess of \$500 per day	\$150 co-pay per day plus 20% after deductible, 5 day max per admission	N/A	\$150 co-pay per day plus 20% after deductible, 5 day max per admission	Plan pays up to \$500 per day, member pays everything in excess of \$500 per day	0% after deductible	40% after deductible	20% after deductible	40% after deductible	
Outpatient Hospital	20% after deductible	40% after deductible	\$150 co-pay plus 20% after deductible	N/A	\$150 co-pay plus 20% after deductible	\$150 co-pay per visit plus 40% after deductible	0% after deductible	40% after deductible	20% after deductible	40% after deductible	
Free Standing ER	\$500 copay and 20% after deductible	Same as In Network unless non-emergency use, then 40% after deductible	\$500 co-pay plus 20% after deductible	Same as In Network unless non-emergency use, then 40% after deductible	\$500 co-pay plus 20% after deductible	Same as In Network unless non-emergency use, then 40% after deductible	0% after deductible	40% after deductible	\$500 co-pay plus 20% after deductible	40% after deductible	
Hospital ER	20% after deductible	Same as In Network unless non-emergency use, then 40% after deductible	\$250 co-pay plus 20% after deductible	Same as In Network unless non-emergency use, then 40% after deductible	\$250 co-pay plus 20% after deductible	Same as In Network unless non-emergency use, then 40% after deductible	0% after deductible	40% after deductible	\$500 co-pay plus 20% after deductible	40% after deductible	
Bariatric Surgery	20% after deductible and \$5,000 copay	Not Covered	Not Covered	N/A	\$5,000 copay plus 20% after deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
Extended Services -Skilled Nursing Facility -Home Health	20% after deductible	40% after deductible	20% after deductible	N/A	20% after deductible	40% after deductible			20% after deductible	40% after deductible	
Annual Vision Exam	20% after deductible	40% after deductible	\$30	N/A	\$30	40% after deductible	0% after deductible		\$30 P / \$50 S	40% after deductible	
Annual Hearing Exam	20% after deductible	40% after deductible	\$70	N/A	\$70	40% after deductible	0% after deductible		\$30 P / \$50 S	40% after deductible	
Other Medical Expenses											
Physical Therapy, Chiropractic Care, Home Infusion	20% after deductible	40% after deductible	\$70 Specialist Co-pays for office visits, 20% after deductible	N/A	\$70 copay for Specialty Office visit, or 20% after deductible	40% after deductible				40% after deductible	
Hearing Aids - up to \$1,00 per 36 month period	20% after deductible	20% after deductible	20% after deductible	N/A	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	
Prescription Drug Benefits											
Plan Year Deductible	Medical Deductible applies	Medical Deductible applies	\$0 for generic, \$200 brand	N/A	\$0 for generic, \$200 brand		Medical Deductible applies		None		
30 day supply Retail											
Generic	20% after deductible	Member must pay full cost and file for reimbursement of up to 80% of what CVS would have paid in network	\$15	N/A	\$20	Member must pay full cost and file for reimbursement of up to 80% of what CVS would have paid in network	0% after deductible	N/A	\$10	N/A	
Preferred Brand	20% after deductible		25% after deductible min \$40, max \$80	N/A	25% after deductible min \$40, max \$80		0% after deductible	N/A	\$35	N/A	
Non-Preferred Brand	50% after deductible		50% after deductible	N/A	50% after deductible, min \$100, max \$200		0% after deductible	N/A	\$60	N/A	
90 Day Supply - Mail											
Generic	20% after deductible	Member must pay full cost and file for reimbursement of up to 80% of what CVS would have paid in network	\$30	N/A	\$35	Member must pay full cost and file for reimbursement of up to 80% of what CVS would have paid in network	0% after deductible	N/A	\$20	N/A	
Preferred Brand	20% after deductible		25% after deductible min \$105, max \$210	N/A	25% after deductible min \$105, max \$210		0% after deductible	N/A	\$70	N/A	
Non-Preferred Brand	50% after deductible		50% after deductible	N/A	50% after deductible, min \$215, max \$430		0% after deductible	N/A	\$120	N/A	
Monthly Deductions	TRS Monthly Deductions		TRS Monthly Deductions		TRS Monthly Deductions		EPISD Monthly Deductions	Change vs TRS 1HD	EPISD Monthly Deductions	Change vs TRS Select	Change vs TRS AC 2
Employee Only	\$0		\$121		\$417		\$0	\$0	\$51	-\$70	-\$366
Employee & Spouse	\$631		\$932		\$1,585		\$424	-\$207	\$759	-\$173	-\$826
Employee & Children	\$287		\$467		\$832		\$147	-\$140	\$353	-\$114	-\$479
Employee & Family	\$980		\$1,283		\$1,954		\$705	-\$275	\$1,066	-\$217	-\$888
H.S.A. EPISD Contribution	\$0		\$0		\$0		\$500		\$0		

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Employer Contribution Strategy for EPISD Health Plan and TRS-AC effective September 1, 2019

Toward the cost of the EPISD Health Plan:

The District will contribute up to \$435 per employee per month toward the monthly cost of eligible employees. Based on assigned hours, this amount can be less for employees working less than 30 hours.

Toward the eligible Health Savings Account employee plan participants:

The District will contribute \$500 per plan year into a Health Savings Account for eligible enrolled employees as follows:

For all eligible employees enrolled in the EPISD CDHP option on 9/1/19:

\$250 on 9/1/19

For employees enrolled on 9/1/19 still enrolled in the EPISD CDHP on the following March 1st:

\$41.67 per month for the remaining 6 months of the plan year

For New Enrollees into the EPISD CDHP after 9/1/19:

\$41.67 per month effective with the first date of coverage and through the remaining months of the plan year

Toward the cost of the TRS Active Care Health Plan:

The District will contribute up to \$435 per employee per month toward the monthly cost of eligible employees. Based on assigned hours, this amount can be less for employees working less than 30 hours.