

Spring ISD Preferred Medical Plan  
HD, Basic, or Enhanced Plan

**WHICH ONE IS  
RIGHT FOR YOU?**



UNIVERSAL BENEFITS  
CONSORTIUM

## CHOOSING YOUR MEDICAL PLAN

Health & Welfare Plan  
Prepared for:  
Spring ISD 2021/22

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# PUT THE POWER BACK IN YOUR HANDS

As a District of Innovation, Spring ISD is choosing to be flexible with the medical coverage offered to employees. That is why you are being given alternative health solutions for the upcoming plan year.

When looking at medical plan options, you'll want to consider a few questions:

- Are your current doctors in network under the plan?
- How much healthcare coverage do you need?
- Will the plan pay for regular care expenses?



**YOU CAN CHOOSE THE  
MEDICAL PLAN AND  
FEATURES THAT WORK  
BEST FOR YOU AND  
YOUR FAMILY.**

# YOU HAVE 3 MEDICAL PLANS TO CHOOSE FROM:

SPRING ISD - AETNA - HD Plan

SPRING ISD - AETNA - Basic Plan

SPRING ISD - AETNA - Enhanced Plan

## BENEFITS

For Spring ISD Preferred Medical Plan Members

- Free access to **Health & Wellness Center**
- AETNA **Nationwide Network** with over 1 million healthcare professionals
- No referral necessary to see a specialist
- No prescription deductible and free generics

**aetna**<sup>®</sup>

WELL  VIA<sup>™</sup>

## HD - PLAN COMPARISON

### SPRING ISD PRFERRED MEDICAL - HD PLAN BENEFITS:

- Free access to Health & Wellness Center
  - Includes primary care physician services and mental health services
- Lower out-of-pocket maximums
- No prescription deductible and free generic brand medicine
- No cost Telemedicine for you and your family

MONTHLY PREMIUM	EMPLOYEE'S EARNING LESS THAN \$25K	
	SPRING ISD/AETNA - HD	TRS ACTIVECARE HD
Employee	\$57.00	\$129.00
Employee + Child(ren)	\$300.00	\$417.00
Employee + Spouse	\$595.00	\$734.00
Employee + Family	\$802.00	\$970.00

MONTHLY PREMIUM	EMPLOYEE'S EARNING BETWEEN \$25K AND \$50K	
	SPRING ISD/AETNA - HD	TRS ACTIVECARE HD
Employee	\$82.00	\$154.00
Employee + Child(ren)	\$325.00	\$442.00
Employee + Spouse	\$620.00	\$759.00
Employee + Family	\$827.00	\$995.00

MONTHLY PREMIUM	EMPLOYEE'S EARNING \$50K OR MORE	
	SPRING ISD/AETNA - HD	TRS ACTIVECARE HD
Employee	\$132.00	\$204.00
Employee + Child(ren)	\$375.00	\$492.00
Employee + Spouse	\$670.00	\$809.00
Employee + Family	\$877.00	\$1,045.00

# SPRING ISD - AETNA - HD Plan (Half-Time Employees)

compared to TRS ActiveCare HD

## HD - PLAN COMPARISON

SPRING ISD PRFERRED MEDICAL - HD PLAN RATES FOR HALF-TIME EMPLOYEES:

- Free access to Health & Wellness Center
  - Includes primary care physician services and mental health services
- Lower out-of-pocket maximums
- No prescription deductible and free generic brand medicine
- No cost Telemedicine for you and your family

MONTHLY PREMIUM	EMPLOYEE'S EARNING LESS THAN \$25K	
	SPRING ISD/AETNA - HD	TRS ACTIVECARE HD
Employee	\$207.00	\$279.00
Employee + Child(ren)	\$478.00	\$594.50
Employee + Spouse	\$833.00	\$971.50
Employee + Family	\$1,040.00	\$1,207.50

MONTHLY PREMIUM	EMPLOYEE'S EARNING BETWEEN \$25K AND \$50K	
	SPRING ISD/AETNA - HD	TRS ACTIVECARE HD
Employee	\$220.00	\$291.50
Employee + Child(ren)	\$490.00	\$607.00
Employee + Spouse	\$845.00	\$984.00
Employee + Family	\$1,052.00	\$1,220.00

MONTHLY PREMIUM	EMPLOYEE'S EARNING \$50K OR MORE	
	SPRING ISD/AETNA - HD	TRS ACTIVECARE HD
Employee	\$245.00	\$316.00
Employee + Child(ren)	\$515.00	\$632.00
Employee + Spouse	\$870.00	\$1,009.00
Employee + Family	\$1,077.00	\$1,245.00

# SPRING ISD - AETNA - HD Plan

versus TRS ActiveCare HD

## HD - PLAN COMPARISON

PLAN FEATURES	SPRING/AETNA - HD		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
COVERAGE TYPE				
INDV/FAM DEDUCTIBLE	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$5,500/\$11,000
COINSURANCE	20% After Deductible	40% After Deductible	30% After Deductible	50% After Deductible
INDV/FAM MAX OUT-OF-POCKET	\$7,000/\$14,000	Unlimited	\$7,000/\$14,000	\$20,250/\$40,500
NETWORK	Nationwide		Nationwide	
PRIMARY CARE PROVIDER (PCP) REQUIRED	No		No	

DOCTORS VISITS	SPRING/AETNA - HD		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PRIMARY CARE	20% After Deductible	40% After Deductible	30% After Deductible	50% After Deductible
SPECIALIST	20% After Deductible	40% After Deductible	30% After Deductible	50% After Deductible
VIRTUAL HEALTH	\$0 Per Consultation		\$30 Per Consultation	
SPRING ISD HEALTH & WELLNESS CENTER	100%, No Deductible		Not Covered	

IMMEDIATE CARE	SPRING/AETNA - HD		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
URGENT CARE	20% After Deductible	40% After Deductible	30% After Deductible	50% After Deductible
EMERGENCY CARE	20% After Deductible	40% After Deductible	30% After Deductible	

PRESCRIPTION DRUGS	SPRING/AETNA - HD		TRS ACTIVECARE HD	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DRUG DEDUCTIBLE	None		Integrated with Medical	
GENERIC (30 DAY/90 DAY SUPPLY)	Plan Pays 100%		20% After Deductible	
PREFERRED BRAND	30%/MAIL \$90		25% After Deductible	
NON-PREFERRED BRAND	30%/MAIL \$90		50% After Deductible	
SPECIALTY	50% up to max of \$1,500		20% After Deductible	

# SPRING ISD - AETNA - Basic Plan

compared to TRS ActiveCare Primary

## BASIC - PLAN COMPARISON

### SPRING ISD PREFERRED MEDICAL - BASIC PLAN BENEFITS:

- Free Access to Health & Wellness Center
  - Includes primary care physician services and mental health services
- No referral necessary to see a specialist
- No prescription deductible and free generic brand medicine
- Lower out-of-pocket maximums
- In- and out-of-network benefits
- No cost Telemedicine for you and your family

MONTHLY PREMIUM	EMPLOYEE'S EARNING LESS THAN \$25K	
	SPRING ISD/AETNA - BASIC	TRS ACTIVECARE PRIMARY
Employee	\$62.00	\$117.00
Employee + Child(ren)	\$290.00	\$396.00
Employee + Spouse	\$574.00	\$701.00
Employee + Family	\$776.00	\$930.00

MONTHLY PREMIUM	EMPLOYEE'S EARNING BETWEEN \$25K AND \$50K	
	SPRING ISD/AETNA - BASIC	TRS ACTIVECARE PRIMARY
Employee	\$87.00	\$142.00
Employee + Child(ren)	\$315.00	\$421.00
Employee + Spouse	\$599.00	\$726.00
Employee + Family	\$801.00	\$955.00

MONTHLY PREMIUM	EMPLOYEE'S EARNING \$50K OR MORE	
	SPRING ISD/AETNA - BASIC	TRS ACTIVECARE PRIMARY
Employee	\$137.00	\$192.00
Employee + Child(ren)	\$365.00	\$471.00
Employee + Spouse	\$649.00	\$776.00
Employee + Family	\$851.00	\$1,005.00



# SPRING ISD - AETNA - Basic Plan (Half-Time Employees)

compared to TRS ActiveCare Primary

## BASIC - PLAN COMPARISON

SPRING ISD PREFERRED MEDICAL - BASIC PLAN RATES FOR HALF-TIME EMPLOYEES:

- Free Access to Health & Wellness Center
  - Includes primary care physician services and mental health services
- No referral necessary to see a specialist
- No prescription deductible and free generic brand medicine
- Lower out-of-pocket maximums
- In- and out-of-network benefits
- No cost Telemedicine for you and your family

MONTHLY PREMIUM	EMPLOYEE'S EARNING LESS THAN \$25K	
	SPRING ISD/AETNA - BASIC	TRS ACTIVECARE PRIMARY
Employee	\$220.00	\$267.00
Employee + Child(ren)	\$490.00	\$410.00
Employee + Spouse	\$845.00	\$938.00
Employee + Family	\$1,052.00	\$1,167.50

MONTHLY PREMIUM	EMPLOYEE'S EARNING BETWEEN \$25K AND \$50K	
	SPRING ISD/AETNA - BASIC	TRS ACTIVECARE PRIMARY
Employee	\$225.00	\$279.50
Employee + Child(ren)	\$480.00	\$423.00
Employee + Spouse	\$824.00	\$951.00
Employee + Family	\$1,026.00	\$1,180.00

MONTHLY PREMIUM	EMPLOYEE'S EARNING \$50K OR MORE	
	SPRING ISD/AETNA - BASIC	TRS ACTIVECARE PRIMARY
Employee	\$377.00	\$304.00
Employee + Child(ren)	\$669.00	\$448.00
Employee + Spouse	\$1,039.00	\$976.00
Employee + Family	\$1,363.00	\$1,205.00



# SPRING ISD - AETNA - Basic Plan

versus TRS ActiveCare Primary

## BASIC - PLAN COMPARISON

PLAN FEATURES	SPRINGISD /AETNA BASIC		TRS ACTIVECARE PRIMARY
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
COVERAGE TYPE	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
INDV/FAM DEDUCTIBLE	\$2,500/\$5,000	\$4,000/\$8,000	\$2,500/\$5,000
COINSURANCE	20% After Deductible	40% After Deductible	30% After Deductible
INDV/FAM MAX OUT-OF-POCKET	\$8,000/\$16,000	Unlimited	\$8,150/\$16,300
NETWORK	Nationwide		Only Statewide
PRIMARY CARE PROVIDER (PCP) REQUIRED	No		Yes/Referral req. for specialist

DOCTORS VISITS	SPRING ISD/AETNA - BASIC		TRS ACTIVECARE PRIMARY
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
PRIMARY CARE	20% After Deductible	40% After Deductible	\$30 Copay
SPECIALIST	20% After Deductible	40% After Deductible	\$70 copay/Referral Required
VIRTUAL HEALTH	\$0 Per Consultation		\$0 Per Consultation
SPRING ISD HEALTH & WELLNESS CENTER	100%, No Deductible		Not Covered

IMMEDIATE CARE	SPRING ISD/AETNA - BASIC		TRS ACTIVECARE PRIMARY
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
URGENT CARE	20% After Deductible	40% After Deductible	\$50 Copay
EMERGENCY CARE	20% After Deductible	40% After Deductible	30% After Deductible

PRESCRIPTION DRUGS	SPRING ISD/AETNA - BASIC		TRS ACTIVECARE PRIMARY
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
DRUG DEDUCTIBLE	None		Integrated with Medical
GENERIC (30 DAY/90 DAY SUPPLY)	Plan Pays 100%		\$15/\$45 Copay
PREFERRED BRAND	30%/MAIL \$90		30% After Deductible
NON-PREFERRED BRAND	30%/MAIL \$90		50% After Deductible
SPECIALTY	50% up to max of \$1,500		30% After Deductible

# SPRING ISD - AETNA - Enhanced Plan

compared to TRS ActiveCare Primary+

## ENHANCED - PLAN COMPARISON

### SPRING ISD PREFERRED MEDICAL - ENHANCED PLAN BENEFITS:

- Free Access to Health & Wellness Center
  - Includes primary care physician services and mental health services
- No referral necessary to see a specialist
- No prescription deductible and free generic brand medicine
- In- and out-of-network benefits
- No cost Telemedicine for you and your family

MONTHLY PREMIUM	EMPLOYEE'S EARNING LESS THAN \$25K	
	SPRING ISD/AETNA ENHANCED	TRS ACTIVECARE PRIMARY+
Employee	\$214.00	\$242.00
Employee + Child(ren)	\$479.00	\$524.00
Employee + Spouse	\$789.00	\$859.00
Employee + Family	\$1,113.00	\$1,200.00

MONTHLY PREMIUM	EMPLOYEE'S EARNING BETWEEN \$25K AND \$50K	
	SPRING ISD/AETNA ENHANCED	TRS ACTIVECARE PRIMARY+
Employee	\$239.00	\$267.00
Employee + Child(ren)	\$504.00	\$549.00
Employee + Spouse	\$814.00	\$884.00
Employee + Family	\$1,138.00	\$1,225.00

MONTHLY PREMIUM	EMPLOYEE'S EARNING \$50K OR MORE	
	SPRING ISD/AETNA ENHANCED	TRS ACTIVECARE PRIMARY+
Employee	\$289.00	\$317.00
Employee + Child(ren)	\$554.00	\$599.00
Employee + Spouse	\$864.00	\$934.00
Employee + Family	\$1,188.00	\$1,275.00

# SPRING ISD - AETNA - Enhanced Plan (Half-Time Employees)

compared to TRS ActiveCare Primary+

## ENHANCED - PLAN COMPARISON

### SPRING ISD PREFERRED MEDICAL - ENHANCED PLAN RATES FOR HALF-TIME EMPLOYEES:

- Free Access to Health & Wellness Center
  - Includes primary care physician services and mental health services
- No referral necessary to see a specialist
- No prescription deductible and free generic brand medicine
- In- and out-of-network benefits
- No cost Telemedicine for you and your family

MONTHLY PREMIUM	EMPLOYEE'S EARNING LESS THAN \$25K	
	SPRING ISD/AETNA ENHANCED	TRS ACTIVECARE PRIMARY+
Employee	\$245.00	\$392.00
Employee + Child(ren)	\$515.00	\$701.50
Employee + Spouse	\$870.00	\$1,096.50
Employee + Family	\$1,077.00	\$1,437.50

MONTHLY PREMIUM	EMPLOYEE'S EARNING BETWEEN \$25K AND \$50K	
	SPRING ISD/AETNA ENHANCED	TRS ACTIVECARE PRIMARY+
Employee	\$250.00	\$404.50
Employee + Child(ren)	\$505.00	\$714.00
Employee + Spouse	\$849.00	\$1,109.00
Employee + Family	\$1,051.00	\$1,450.00

MONTHLY PREMIUM	EMPLOYEE'S EARNING \$50K OR MORE	
	SPRING ISD/AETNA ENHANCED	TRS ACTIVECARE PRIMARY+
Employee	\$402.00	\$429.50
Employee + Child(ren)	\$694.00	\$739.00
Employee + Spouse	\$1,064.00	\$1,134.00
Employee + Family	\$1,388.00	\$1,475.00

# SPRING ISD - AETNA - Enhanced Plan

versus TRS ActiveCare Primary+

## ENHANCED - PLAN COMPARISON

PLAN FEATURES	SPRING ISD/AETNA ENHANCED		TRS ACTIVECARE PRIMARY+
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
COVERAGE TYPE			IN-NETWORK ONLY
INDV/FAM DEDUCTIBLE	\$1,200/\$2,400	\$3,000/\$6,000	\$1,200/\$3,600
COINSURANCE	20% After Deductible	40% After Deductible	20% After Deductible
INDV/FAM MAX OUT-OF-POCKET	\$7,000/\$14,000	Unlimited	\$6,900/\$13,800
NETWORK	Nationwide		Only Statewide

DOCTORS VISITS	SPRING ISD/AETNA ENHANCED		TRS ACTIVECARE PRIMARY+
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
			IN-NETWORK ONLY
PRIMARY CARE	20% After Deductible	Deductible, \$60%	\$30 Copay
SPECIALIST	20% After Deductible	40% After Deductible	\$70 copay/Referral Required
VIRTUAL HEALTH	\$0 Per Consultation		\$0 Per Consultation

IMMEDIATE CARE	SPRING ISD/AETNA ENHANCED		TRS ACTIVECARE PRIMARY+
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
			IN-NETWORK ONLY
URGENT CARE	20% After Deductible	40% After Deductible	\$50 Copay

PRESCRIPTION DRUGS	SPRING ISD/AETNA ENHANCED		TRS ACTIVECARE PRIMARY+
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
			IN-NETWORK ONLY
DRUG DEDUCTIBLE	None		\$200 Brand Deductible
GENERIC (30 DAY/90 DAY SUPPLY)	Plan Pays 100%		\$15/\$45 Copay
PREFERRED BRAND	30%/MAIL \$90		25% After Deductible
NON-PREFERRED BRAND	30%/MAIL \$90		50% After Deductible