



## TEHP Consortium Plans

Effective September 1, 2021

AETNA  
EDUCATORS  
HEALTH  
PLAN





## The Texas Educators Health Plan Solution:

### Access

*With the Texas Educators Health Plan, we utilize the [Aetna PPO Network of Providers and Hospitals](#). Your local doctors, medical care providers, facilities and hospitals are part of the Aetna PPO system.*

### Choice

*You are free to access care anywhere within the Aetna Network **without** a PCP Gatekeeper within ALL of our Health Plans. With Texas Educators Health Plan, your family can choose a specialist from the network without a PCP visit. Prescription Drug Formularies are broad, and you can utilize any In-Network Pharmacy.*

### Cost

*Cost is always a factor; however, when it comes to Medical Premiums, a few dollars every month coming out of a teacher's paycheck adds up quickly. Texas Educators Health Plan has built-in several levels of insurance protection to be able to deliver reasonable costs that we hope can be the start of bending the insurance trend downward.*

### Advocacy

*Healthcare in our country is not easy to navigate. Most patients have limited tools to vet-out physician, hospital and ancillary facility quality based on past aggregated outcome data. Texas Educators Health Plan has built-in another layer of help to its Members. Texas Educators Health Plan has the Top Care **ADVOCACY** integrated into the Aetna Network and is equipped to help Members gain **ACCESS** when they want it.*

## Advocacy Continued:



Our Mission to reduce the cost of healthcare while improving quality of care is a bold promise, but our vision is to take a bold approach to providing better value with high quality care.

We are leading the self-funded third party administration (TPA) of healthcare with our best-in-class programs allowing us to focus on the Triple Aim of healthcare (improving the health of our member population, improving member experience, and reducing health care costs) while emphasizing quality and transparency.

Founded in 2013 and based out of Tampa, Florida, our focus is on middle to large employer groups, and since we're privately owned, our attention is on our TPA business without distraction from other segments/competing business lines.

We've built our culture of service around our mission, vision, and values. The result? An intentional, well-defined, and monitored service delivery model that ensures predictable levels of response, resolution, favorable experiences, and continuous improvement.

Healthcare can be confusing, but it doesn't have to be. Our keystone TopCare™ program focuses on member engagement by providing superior service and guidance to empower members throughout their healthcare journey. Regardless of the services they need or where they are in their healthcare journey, our TopCare Guides will help members navigate through their care by identifying high-quality providers that are assessed based on mortality rates, complications, readmissions, patient safety, and inpatient quality.

**Marpai Health: save lives, improve lives,  
radically reduce healthcare spending.**



## Helping You Decide the Best Plan for You

### Aetna Educators HD

PCP Required- **NO**  
\$3000 annual deductible, \$6000 family  
**80/20** Coinsurance  
Out of Pocket max \$7,000/\$14,000 family

### Aetna Educators Low Utilizer

PCP Required- **NO**  
**\$3000** annual deductible, \$6000 family\*  
**80/20** Coinsurance  
Out of Pocket max **\$7,500/\$15,000** family

### Aetna Educators Mid Utilizer

PCP Required- **NO**  
**\$1000** annual deductible, \$2000 family\*  
**80/20** Coinsurance  
Out of Pocket max **\$7,500/\$15,000** family

### Aetna Educators High Utilizer

PCP Required- **NO**  
Added copayment benefits- **YES**  
\$1000 annual deductible, \$2000 family\*  
**80/20** Coinsurance  
Out of Pocket max **\$7,500/\$15,000** family

### TRS Active Care 1HD

PCP Required- **NO**  
\$3000 annual deductible, \$6000 family  
**70/30** Coinsurance  
\$7,000/\$14,000 family

### TRS Primary

PCP Required- **YES**  
**\$2500** annual deductible, \$5000 family  
**70/30** Coinsurance  
**\$8,150/\$16,300** family

### TRS Primary+

PCP Required- **YES**  
**\$1200** annual deductible, \$2400 family  
**80/20** Coinsurance  
**\$6,900/\$13,800** family

### TRS Active Care 2 (No new Enrollees)

PCP Required- **YES**  
Added copayment benefits- **NO**  
\$1000 annual deductible, \$3000 family  
**80/20** Coinsurance  
**\$7,900/\$15,800** family

\*Deductible represents maximum out of pocket expense for member, balance covered by embedded GAP coverage.



## Your Health Plan Options Include:

### Aetna Educators HD Plan

In and Out of Network coverage

**\*\*No PCP Designation\*\***

Health Spending Account (HSA) Eligible

Benefits subject to Deductible + Coinsurance

### Plan Features

#### Type of Coverage

Individual/Family Deductible

Coinsurance

Individual/Family Maximum Out of Pocket

Network

Primary Care Provider (PCP) Required

Doctor Visits

Primary Care

Specialist

Virtual Health

Urgent Care

Emergency Care

#### In-Network

\$3,000/\$6,000

80/20

\$7,000/\$14,000

**National Aetna PPO**

**None**

Ded + 20%

Ded + 20%

Ded + 20%

\$0 Copay

Ded + 20%

Ded + 20%

#### Out of Network

\$6,000/\$12,000

60/40

\$14,000/\$25,000

Out of Network

No

Ded + 40%

Ded + 40%

Ded + 40%

N/A

Ded + 40%

Ded + 40%

Generics 30 Day Supply

Generics 90 Day Supply

Preferred Brand Name

Non-Preferred Brand

Specialty

20% after Deductible

20% after Deductible

20% after Deductible

20% after Deductible

50% Coinsurance

| \$125 Max per Script

| \$500 Max per Script





## **Aetna Educators Low Utilizer Plan**

**In Network Coverage only**

**\*\*No PCP Designation\*\***

### **National Aetna In Network Plan**

**Includes Copays, Deductible & Coinsurance Benefits**

#### **Plan Features**

	<b>In-Network Coverage Only</b>
<b>Type of Coverage</b>	
<b>Individual/Family Deductible*</b>	<b>\$3,000/\$6,000</b>
<b>Coinsurance</b>	<b>80/20</b>
<b>Individual/Family Maximum Out of Pocket</b>	<b>\$7,500/\$15,000</b>
<b>Network</b>	<b>National Aetna PPO</b>
<b>Primary Care Provider (PCP) Required</b>	<b>No</b>
<b>Primary Care Doctor Visits</b>	<b>\$30 copay</b>
<b>Specialist Doctor Visits</b>	<b>\$70 copay</b>
<b>Virtual Health</b>	<b>\$0 Copay</b>
<b>Urgent Care</b>	<b>\$50 copay</b>
<b>Emergency Care</b>	<b>Ded + 20%</b>
<b>Generics 30 Day Supply</b>	<b>\$0 certain Generics</b>
<b>Generics 90 Day Supply</b>	<b>\$0 certain Generics</b>
<b>Generics</b>	<b>\$10 copay</b>
<b>Preferred Brand Name</b>	<b>\$35 copay</b>
<b>Non-Preferred Brand</b>	<b>20% Coinsurance   \$125 Max</b>
<b>Specialty</b>	<b>50% Coinsurance   \$500 Max</b>



## **Aetna Educators Mid Utilizer Plan**

In Network Coverage only

**\*\*No PCP Designation\*\***

### **National Aetna In Network Plan**

Includes Copays and Coinsurance Benefits with Lower Deductibles

#### **Plan Features**

#### **Type of Coverage**

**Individual/Family Deductible\***

**Coinsurance**

**Individual/Family Maximum Out of Pocket**

**Network**

**Primary Care Provider (PCP) Required**

**Primary Care Doctor Visits**

**Specialist Doctor Visits**

**Virtual Health**

**Urgent Care**

**Emergency Care**

#### **In-Network Plan Only**

**\$1,000/\$2,000**

**80/20**

**\$7,500/\$15,000**

**National Aetna PPO**

**No**

**\$30 copay**

**\$70 copay**

**\$0 Copay**

**\$50 copay**

**Ded + 20%**

**Generics 30 Day Supply**

**Generics 90 Day Supply**

**Generics**

**Preferred Brand Name**

**Non-Preferred Brand**

**Specialty**

**\$0 certain Generics**

**\$0 certain Generics**

**\$10 copay**

**\$35 copay**

**20% Coinsurance | \$125 Max**

**50% after Deductible**



## Aetna Educators High Utilizer Plan

In Network Coverage only

No PCP Designation

In Network Plan

Includes Additional Copay Benefits, Coinsurance Benefits and Lower Deductibles

### Plan Features

#### Type of Coverage

Individual/Family Deductible\*

Coinsurance

Individual/Family Maximum Out of Pocket

Network

Primary Care Provider (PCP) Required

Primary Care Doctor Visits

Specialist Doctor Visits

Virtual Health

Urgent Care

Emergency Care

Labs & X-Rays

Complex Diagnostics (CT/PT/MRI/Nuclear)

Generics 30 Day Supply

Generics 90 Day Supply

Generics

Preferred Brand Name

Non-Preferred Brand

Specialty

#### In-Network Plan Only

\$1,000/\$2,000

80/20

\$7,500/\$15,000

**National Aetna PPO**

**No**

\$30 copay

\$70 copay

\$0 Copay

\$50 copay

Ded + 20%

\$70 Copay

\$500 Copay

\$0 certain Generics

\$0 certain Generics

\$10 copay

\$35 copay

20% Coinsurance | \$125 Max

50% after Deductible