

It's Your Choice

FOR RATES PLEASE CONTACT OUR OFFICE

An Overview of the Health Plan and Supplemental Hospital Benefit Plan Options for Individual Members of the State Bar of Texas

State Bar of Texas Insurance Trust

The State Bar of Texas Insurance Trust (Trust) was established for the benefit of Members of the State Bar of Texas, their employees, and the eligible dependents of each and has been serving their personal insurance needs for many years. The first Trust sponsored insurance programs were written in 1947. The Trust is governed by seven Trustees, all of whom are attorneys themselves, appointed by the President of the State Bar of Texas. Using their clout as a large purchasing cooperative, the Trustees select top carriers and negotiate quality plans at competitive prices for you and your peers.

Aetna

The Trust selected Aetna Life Insurance Company ("Aetna") to underwrite and administer the medical plans. Aetna is one of the nation's largest health care benefit providers, known for outstanding service to members and for the breadth and quality of its provider network. Aetna has long been a leader in both managed care and in traditional indemnity plans, making it a perfect fit for the needs of attorneys in Texas.

Managed Care

As you may know, managed care is a way of providing care that relies on a group or network of health care providers who are committed to improving the quality of health care services while containing the cost of those services. Key features of managed care include an emphasis on preventive care and a process for paying for care through "copays" where members pay a small flat fee when services are rendered, and no claim forms.

The Trust knows that many of you like the lower cost and ease of managed care plans, while others prefer traditional indemnity plans with the freedom to choose doctors.

To satisfy both, the Trust makes two *types* of medical plans available to its members. Within each plan type are several plan options, each with its own costs, deductibles, copays and coinsurance levels. All plans include coverage for routine physical exams and health care screenings. This brochure provides an overview of the two plan types. For more details about each plan option, please complete the request form in this brochure and send it to the Trust.

Traditional Choice Indemnity Plans

If you want the freedom to select your own providers and you're willing to file claims and start the precertification process for hospital care, this is the plan for you. The three Traditional Choice indemnity plan options allow you the choice of any recognized physician or hospital whenever you need medical treatment. Whether you're at home or away, you have access to any recognized physician or hospital – including specialists – for covered expenses with no referral necessary, ever. The choice is always yours.

Childhood immunization expenses and routine screening for cancer expenses are covered at 100%, with no deductible. For other services, you meet a calendar-year deductible before the plan begins to pay benefits. You pay the provider for medical treatment, and then submit a claim form to Aetna for reimbursement of covered services. Certain expenses such as non-emergency hospital stays require precertification. You precertify by calling the toll-free number on your ID card. Failure to precertify may result in substantially reduced benefits. Also, if your provider charges more than the reasonable and customary amount for a medical service, you must pay the difference between that amount and what the provider charges.

Three Traditional Choice plan options

The Trust offers three Traditional Choice options to choose from. All options work exactly the same way. The differences among them lie in the deductibles and coinsurance limits.

Plan Options	Traditional Choice Plan D	Traditional Choice Plan E	Traditional Choice Plan F
Annual Deductible (per person)	\$1,500	\$3,000	\$5,000
Coinsurance (Plan pays / You Pay)	80% / 20%	80% / 20%	80% / 20%
Hospital Confinement Deductible (per confinement)	\$500	\$500	\$500
Coinsurance Limit (per person)	\$5,000	\$5,000	\$6,000

Open Choice Preferred Provider Organization

The Open Choice preferred provider organization (PPO) is a managed care plan. The plan features a network of doctors, hospitals and other health care providers who provide care at negotiated rates. This plan gives you an important choice. You can use network providers and receive the higher, preferred benefits level. Or you can use non-network providers and still receive benefits but at the lower, non-preferred level. The choice is yours each time you need medical care.

With Open Choice, you don't need to select a primary care physician (PCP) to provide and coordinate your care, and you don't need referrals to network specialists, ever. Each time you need medical care, you decide whether to use a network doctor and get benefits paid at the preferred level or a non-network doctor and have benefits paid at the non-preferred level.

Preferred level of benefits

Your copay is considered payment in full for physician visits, routine physical exams, well child care and health care screenings. For all other services, you pay the coinsurance for your plan after you meet the plan deductible. There are no claim forms to complete, and you are not required to initiate the precertification process for inpatient care and certain outpatient procedures, because network providers do it for you.

Non-preferred benefits

The plan pays a lower percentage of the cost of covered medical services when you receive care from non-network providers. You pay the higher coinsurance amount after you meet the deductible. You also are responsible for initiating the precertification process for inpatient care and certain outpatient procedures and for filing claims for reimbursement of covered services. If the provider charges more than the reasonable and customary amount for a medical service, you must pay the difference.

Four Open Choice options

The Trust offers four Open Choice options. Both options work exactly the same way. The key differences among them lie in the deductibles, copays and coinsurance limits

	Open Choice PPO Plan H		Open Choice PPO Plan I	
	Preferred care	Non-preferred care	Preferred care	Non-preferred care
Copay (Preferred care only)	\$20 PCP	NA	\$25 PCP	NA
Deductible Individual	\$500	\$500	\$750	\$750
Family	\$1,500	\$1,500	\$2,250	\$2,250
Coinsurance (Plan pays/You pay)	90% / 10%	70% / 30%	80% / 20%	60% / 40%
Hospital Confinement Deductible (per confinement)	\$300	\$300	\$300	\$300
Coinsurance Limit Individual	\$1,000	\$2,000	\$2,000	\$4,000
Family	\$2,000	\$4,000	\$4,000	\$8,000

	Open Choice PPO Plan P		Open Choice PPO Plan Q	
	Preferred care	Non-preferred care	Preferred care	Non-preferred care
Copay (Preferred care only)	\$25 PCP	NA	\$25 PCP \$35 SCP	NA
Deductible Individual	\$1,500	\$1,500	\$2,000	\$2,000
Family	\$4,500	\$4,500	\$6,000	\$6,000
Coinsurance (Plan pays/You pay)	75% / 25%	60% / 40%	70% / 30%	50% / 50%
Hospital Confinement Deductible (per confinement)	\$500	\$500	\$500	\$500
Coinsurance Limit Individual	\$3,750	\$7,500	\$5,000	\$10,000
Family	\$7,500	\$15,000	\$10,000	\$20,000

You may select any of the following for more details on the Open Choice PPO plans:

- [Open Choice PPO Plan H = \(PPO Plan H.pdf\)](#)
- [Open Choice PPO Plan I = \(PPO Plan I.pdf\)](#)
- [Open Choice PPO Plan P = \(PPO Plan P.pdf\)](#)
- [Open Choice PPO Plan Q = \(PPO Plan Q.pdf\)](#)
- [PPO Comparison Sheet = \(PPO/HDHP Comparison.pdf\)](#)

All four Open Choice PPO plan options include prescription drug coverage. When you have your prescriptions filled at a participating pharmacy, you pay: \$15 for Generic, \$25 for Brand and \$40 for Non-Formulary drugs on Plans H & I. On plan P you pay \$20 for Generic, \$30 for Brand and \$50 for Non-Formulary drugs. On plan Q you pay \$20 for Generic, \$30 for Brand and \$50 for Non-Formulary drugs. In addition, Plan Q has a \$1,500 annual Rx benefit limit and \$100 deductible for Brand drugs.

One High-Deductible Health Plan - HSA Compatible

The new qualified High-Deductible Health Plan (HDHP) offered through the Trust can be used in conjunction with a Health Savings Account (HSA), whereby contributions you and/or your employer make to the HSA can be used to pay for current and future eligible medical expenses. A qualified HDHP is a health plan that has an annual deductible that cannot be less than \$1,000 for individual coverage or \$2,000 for family coverage. In addition, under this type of plan, your out-of-pocket payment limit, including the deductible, cannot exceed \$5,100 for individual coverage or \$10,200 for family coverage.

HDHP Plan Option

The Trust offers one HDHP for individual attorneys and their families with a \$2,500 calendar-year deductible for self-only coverage and a \$5,000 calendar-year deductible for family coverage.

	HDHP Plan Option 11	
	Preferred care	Non-preferred care
Non-Specialist Office Visit	80% after Deductible	60% after Deductible
Deductible		
Individual	\$2,500	\$3,000
Family	\$5,000	\$6,000
Coinsurance (Plan pays/You pay)	80% / 20% (for most services)	60% / 40% (for most services)
Hospital Inpatient Per- Confinement Deductible	No separate inpatient per confinement hospital deductible.	No separate inpatient per confinement hospital deductible.
Coinsurance Limit		
Individual	\$3,500	\$4,500
Family	\$7,000	\$9,000

You may select the following for more details on the High-Deductible Health Plan:

- [High-Deductible Health Plan – HSA Compatible = \(HDHP.pdf\)](#)

About the Aetna network

A key reason the Trust selected Aetna to administer its medical plans was the size and quality of its provider network. The network consists of 488,000 physicians, hospitals and other health care professionals, all committed to providing quality medical services at an affordable cost to you. The networks are structured to provide a comprehensive range of medical services and specialties. This way, you have access to network providers for most medical needs.

All providers are screened before being invited to join a network. Each provider's credentials are checked to verify board eligibility, certification in a specialty area, state licensing, admitting privileges at a participating hospital and more. Physician credentials are checked periodically to monitor the ongoing quality of the network.

To find out which doctors are in the Aetna network, visit www.aetna.com and click on DocFind® at the pull-down menu in the Quick Tools box. The site is updated three times a week and offers information such as the provider's hospital affiliation, medical education, board certification and any foreign languages the provider speaks.

Member Services

Aetna Member Services provides timely, accurate assistance from knowledgeable representatives Monday through Friday from 8:00 a.m. to 5:00 p.m., Central time. Participants call a toll-free number when they need:

- Information about network providers
- Information about benefits under you plan
- To precertify a scheduled hospital admission or outpatient procedure, when required by the plan
- To check on the status of a claim

Supplemental Hospital Indemnity Coverage

You may also purchase an additional hospitalization benefit at very affordable rates. The plan pays a daily amount for each day you or a covered family member is confined to the hospital. If you're in the intensive care unit or receiving inpatient cancer treatment, the daily benefit doubles automatically. There's no deductible to meet, and you may spend the money any way you wish.

There are six Hospital Daily Benefit Plans to choose from. All six plans function exactly the same way. The differences are in the benefit amount and the dates on which payments begin.

	Hospital Daily Benefit Plan J	Hospital Daily Benefit Plan K	Hospital Daily Benefit Plan L	Hospital Daily Benefit Plan M	Hospital Daily Benefit Plan N	Hospital Daily Benefit Plan O
Daily Benefit	\$50	\$100	\$150	\$50	\$100	\$150
Maximum Benefits	365 days	365 days	365 days	365 days	365 days	365 days
Benefits Begin on	1 st day of confinement	1 st day of confinement	1 st day of confinement	8 th day of confinement	8 th day of confinement	8 th day of confinement

While every attempt has been made to represent accurately the benefits described in this brochure, the actual provisions (including limitations and exclusions) of the medical plan are contained in legal documents called the Certificate of Coverage and the Summary Plan Description (SPD). If there is a conflict between the benefits described in this brochure and those in the legal documents, the terms of the legal documents will govern.