



Tulsa Public Schools Health Care Benefits Overview

The State of Oklahoma (OMES/EGID) offers a wide range of quality insurance benefits to TPS employees to help meet their health care needs. For health insurance there are six plans available – three PPO (Preferred Provider Organization) plans and three HMO (Health Maintenance Organization) plans.

PLEASE NOTE: Any deductibles, copays, or other expenses discussed below are based on employee only coverage. Additional costs will apply if family members are also covered.

Healthcare Plans at a Glance

Note: Be sure to review each plan's details in full before making a decision on which plan is best for you.

	PPO		HDHP	HMO
	<i>HealthChoice High</i>	<i>HealthChoice Basic</i>	<i>HealthChoice High Deductible</i>	<i>HMO</i>
<ul style="list-style-type: none"> • Any doctor, any hospital (in-network less expensive) • Lowest deductible • Least out-of-pocket at time of service • Pays at 80% after \$750 deductible 	✓			
<ul style="list-style-type: none"> • Any doctor, any hospital (in-network is less expensive) • Plan pays first \$500 of medical expenses per year; 50% coinsurance thereafter • Considered major medical coverage only 		✓		
<ul style="list-style-type: none"> • High deductible (\$1,750) before coverage kicks in at 80% • Health savings account option • Most out-of-pocket 			✓	
<ul style="list-style-type: none"> • Requires primary care physician • Copays per service • No dealing with insurance processes • In-network services are less expensive 				✓

The following pages include additional details about each of the plans and plan types in the chart above.

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PPO Plan Details

Our PPO plans are the HealthChoice plans which give you the freedom to choose any provider or hospital and receive some type of reimbursement. To minimize out-of-pocket costs, be sure to use in-network providers.

Common traits of all of our PPO plans:

- **Deductible** – a specified amount of money the member pays before the health plan will start to pay for medical costs and procedures.
- **Coinsurance** – the percentage of the cost due to the provider after insurance payment is made. Coinsurance is paid by the employee.
- **In-network and out-of-network providers** – using in-network providers lowers the employee’s out-of-pocket responsibility.
- **Plan year maximum** – the total dollar amount that a member could pay per year. After the plan year maximum is paid, the insurance plan pays 100% of additional costs.

PPO Plan Options		
Plan	Overview	Details
HealthChoice High	The most popular PPO plan is the HealthChoice High plan. About 80% of employees enroll in this plan because it offers office visit copays without having to meet the annual deductible. This plan has the lowest deductible and lowest out-of-pocket costs of all the HealthChoice plans. It’s also a good choice for employees who want a PPO and who would like to pay the least out-of-pocket at the time of service.	<ul style="list-style-type: none"> • For anything outside of an office visit, the \$750 deductible must be met before the plan starts to pay its 80% portion on services • The maximum risk out-of-pocket per year is \$3,300 per individual • Least out-of-pocket costs compared to the other HealthChoice plans
HealthChoice Basic	For those employees who are looking to save on monthly premiums but are willing to take a larger out-of-pocket risk, HealthChoice provides the HealthChoice Basic plan. The Basic plan is a good choice for employees who want a PPO and who are looking for major medical coverage only.	<ul style="list-style-type: none"> • Plan pays the first \$500 of medical expenses for all covered services. If you don’t spend the full \$500 in a plan year, then you never pay anything to a provider out-of-pocket. • If you do use the full \$500, then you must meet a \$1,000 deductible per year before the plan will start to pay 50% of allowed charges. • The maximum risk out-of-pocket per year is \$4,000 per individual.
HealthChoice High Deductible Plan	For employees who are looking for a qualified High Deductible Health Plan (HDHP) or who want to open a Health Savings Account (HSA) and have unused funds rollover year-to-year, The HealthChoice High Deductible plan might be a good option.	<ul style="list-style-type: none"> • Both prescription and medical services must be paid in full by the member until the \$1,750 deductible is met • After the deductible is met, the HDHP plan pays 80% for your covered services and works like the HealthChoice High Option plan. • The maximum risk out-of-pocket for this plan per year is \$6,000.

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HMO Plan Details

For those members who don't like dealing with insurance processes (checking providers, deductibles, and coinsurance) or who don't mind selecting a Primary Care Physician, the State offers HMO plans.

- HMO plans have a copay for each service so you will know the amount owed at the time of treatment.
- HMO plans require that you choose a Primary Care Physician (PCP) to help guide you on your healthcare journey.
- HMO plan also have an out-of-pocket maximum that varies by plan.

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