2019–20 TRS-ActiveCare Plan Highlights

Effective Sept. 1, 2019 through Aug. 31, 2020 | In-Network Level of Benefits[1]

TRS ACTIVECARE
TEACHER RETIREMENT SYSTEM OF TEXAS

Medical Coverage	TRS-ActiveCare 1-HD	TRS-ActiveCare Select/ TRS-ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott and White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)	TRS-ActiveCare 2 **NOTE:** If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees.
Deductible (per plan year)			
In-Network	$2,750 employee only/$5,500 family	$1,200 individual/$3,600 family	$1,000 individual/$3,000 family
Out-of-Network	$5,500 employee only/$11,000 family	Not applicable. This plan does not cover out-of-network services except for emergencies.	$2,000 individual/$6,000 family
Out-of-Pocket Maximum (per plan year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum)	The individual out-of-pocket maximum only includes covered expenses incurred by that individual.		
In-Network	$6,750 individual/$13,500 family	$7,900 individual/$15,800 family	$7,900 individual/$15,800 family
Out-of-Network	$20,250 individual/$40,500 family	Not applicable. This plan does not cover out-of-network services except for emergencies.	$23,700 individual/$47,400 family
Coinsurance			
In-Network Participant pays (after deductible)	20%	20%	20%
Out-of-Network Participant pays (after deductible)	40% of allowed amount unless otherwise noted	Not applicable. This plan does not cover out-of-network services except for emergencies.	40% of allowed amount unless otherwise noted
Office Visit Copay Participant pays	20% after deductible	$30 copay for primary $70 copay for specialist	$30 copay for primary $70 copay for specialist
Diagnostic Lab Participant pays	20% after deductible	20% after deductible (Kelsey Select-plan pays 100%)	20% after deductible
Preventive Care See below for examples	Plan pays 100%	Plan pays 100%	Plan pays 100%
Teladoc® Physician Services	$40 consultation fee (counts toward deductible and out-of-pocket maximum)	Plan pays 100%	Plan pays 100%
High-Tech Radiology (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	$100 copay plus 20% after deductible	$100 copay plus 20% after deductible
Inpatient Hospital Facility Charges Only (preauthorization required)			
In-Network	20% after deductible	$150 copay per day plus 20% after deductible ($750 maximum copay per admission)	$150 copay per day plus 20% after deductible ($750 maximum copay per admission; $2,250 maximum copay per plan year)
Out-of-Network	Plan pays up to $500 per day cap of covered charges after deductible; you pay the excess over the $500 per day cap	Not applicable. This plan does not cover out-of-network services except for emergencies.	Plan pays up to $500 per day cap of covered charges after deductible; you pay the excess of over the $500 per day cap
Urgent Care	20% after deductible	$50 copay per visit	$50 copay per visit
Freestanding Emergency Room Participant pays	$500 copay per visit plus 20% after deductible	$500 copay per visit plus 20% after deductible	$500 copay per visit plus 20% after deductible
Emergency Room (true emergency use) Participant pays	20% after deductible	$250 copay plus 20% after deductible (copay waived if admitted)	$250 copay plus 20% after deductible (copay waived if admitted)
Outpatient Surgery Participant pays	20% after deductible	$150 copay per visit plus 20% after deductible	$150 copay per visit plus 20% after deductible
Bariatric Surgery (only covered if performed at an IOQ facility) Physician charges; Participant pays	$5,000 copay (does apply to out-of-pocket maximum) plus 20% after deductible	Not covered	$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible
Annual Vision Examination (one per plan year; performed by an ophthalmologist or optometrist) Participant pays	20% after deductible	$70 copay for specialist	$70 copay for specialist
Annual Hearing Examination Participant pays	20% after deductible	$30 copay for primary $70 copay for specialist	$30 copay for primary $70 copay for specialist

Preventive Care

Some examples of preventive care frequency and services:

- **Routine physicals** – annually age 12 and over
- **Mammograms** – one every year age 35 and over
- **Smoking cessation counseling** – eight visits per 12 months
- **Well-child care** – unlimited up to age 12
- **Colonoscopy** – one every 10 years age 45 and over
- **Healthy diet/obesity counseling** – unlimited to age 22; age 22 and over – 26 visits per 12 months
- **Well woman exam & pap smear** – annually age 18 and over
- **Prostate cancer screening** – one per year age 50 and over
- **Breastfeeding support** – six lactation counseling visits per 12 months

Note: Covered services under this benefit must be billed by the provider as "preventive care." Non-network preventive care is not paid at 100%. If you receive preventive services from a non-network provider, you will be responsible for any applicable deductible and coinsurance under the TRS-ActiveCare 1-HD and TRS-ActiveCare 2. There is no coverage for non-network services under the TRS-ActiveCare Select plan or TRS-ActiveCare Select Whole Health. For more information, please view the Benefits Booklet at **www.trsactivecareaetna.com**.

2019–20 TRS-ActiveCare Plan Highlights

Prescription Coverage	TRS-ActiveCare 1-HD	TRS-ActiveCare Select/ ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott and White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)	TRS-ActiveCare 2 **NOTE:** If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees.
Drug Deductible (per person, per plan year)	Must meet plan-year deductible before plan pays.[2]	$0 generic; $200 brand	$0 generic; $200 brand
Short-Term Supply at a Retail Location (up to a 31-day supply)			
Tier 1 – Generic	20% coinsurance after deductible, except for certain generic preventive drugs that are covered at 100%.[2]	$15 copay	$20 copay
Tier 2 – Preferred Brand	25% coinsurance after deductible[3]	25% coinsurance (min. $40[4]; max. $80)[3]	25% coinsurance (min. $40[4]; max. $80)[3]
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible[3]	50% coinsurance[3]	50% coinsurance (min. $100[4]; max. $200)[3]
Extended-Day Supply at Mail Order or Retail-Plus Pharmacy Location (60- to 90-day supply)[5]			
Tier 1 – Generic	20% coinsurance after deductible	$45 copay	$45 copay
Tier 2 – Preferred Brand	25% coinsurance after deductible[3]	25% coinsurance (min. $105[4]; max. $210)[3]	25% coinsurance (min. $105[4]; max. $210)[3]
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible[3]	50% coinsurance[3]	50% coinsurance (min. $215[4]; max. $430)[3]
Specialty Medications (up to a 31-day supply)			
Specialty Medications	20% coinsurance after deductible	20% coinsurance	20% coinsurance (min. $200[4]; max. $900)
Short-Term Supply of a Maintenance Medication at Retail Location (up to a 31-day supply) The second time a participant fills a short-term supply of a maintenance medication at a retail pharmacy, they will be charged the coinsurance and copays in the rows below. Participants can save more over the plan year by filling a larger day supply of a maintenance medication through mail order or at a Retail-Plus location.			
Tier 1 – Generic	20% coinsurance after deductible	$30 copay	$35 copay
Tier 2 – Preferred Brand	25% coinsurance after deductible[3]	25% coinsurance (min. $60[4]; max. $120)[3]	25% coinsurance (min. $60[4]; max. $120)[3]
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible[3]	50% coinsurance[3]	50% coinsurance (min. $105[4]; max. $210)[3]

What is a maintenance medication?

Maintenance medications are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

When does the convenience fee apply?

For example, if you are covered under TRS-ActiveCare Select, the first time you fill a 31-day supply of a generic maintenance drug at a retail pharmacy you will pay $15, then you will pay $30 each month that you fill a 31-day supply of that generic maintenance drug at a retail pharmacy. A 90-day supply of that same generic maintenance medication would cost $45, and you would save $180 over the year by filling a 90-day supply.

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician.

[1] Illustrates benefits when in-network providers are used. For some plans non-network benefits are also available; there is no coverage for non-network benefits under the TRS-ActiveCare Select or TRS-ActiveCare Select Whole Health Plan; see Enrollment Guide for more information. Non-contracting providers may bill for amounts exceeding the allowable amount for covered services. Participants will be responsible for this balance bill amount, which maybe considerable.

[2] For TRS-ActiveCare 1-HD, certain generic preventive drugs are covered at 100%. Participants do not have to meet the deductible ($2,750 – individual, $5,500 – family) and they pay nothing out of pocket for these drugs. Find the list of drugs at **info.caremark.com/trsactivecare**.

[3] If a participant obtains a brand-name drug when a generic equivalent is available, they are responsible for the generic copay plus the cost difference between the brand-name drug and the generic drug.

[4] If the cost of the drug is less than the minimum, you will pay the cost of the drug.

[5] Participants can fill 32-day to 90-day supply through mail order.

Monthly Premiums

TRS-ActiveCare Monthly Premium	TRS-ActiveCare 1-HD			TRS-ActiveCare Select/ ActiveCare Select Whole Health			TRS-ActiveCare 2		
	Full monthly premium*	Premium with min. state/district contribution**	Your monthly premium***	Full monthly premium*	Premium with min. state/district contribution**	Your monthly premium***	Full monthly premium*	Premium with min. state/district contribution**	Your monthly premium***
Individual	$378	$153	$ 78	$556	$331	$ 256	$852	$627	$ 552
+Spouse	$1,066	$841	$ 766	$1,367	$1,142	$ 1067	$2,020	$1,795	$ 1720
+Children	$722	$497	$ 422	$902	$677	$ 602	$1,267	$1,042	$ 967
+Family	$1,415	$1,190	$ 1115	$1,718	$1,493	$ 1418	$2,389	$2,164	$ 2089

*If you are not eligible for the state/district subsidy, you will pay the full monthly premium. Please contact your Benefits Administrator for your monthly premium.

****The premium after state, $75 and district, $150 contribution is the maximum you may pay per month. Ask your Benefits Administrator for your monthly cost.** (This is the amount you will owe each month after all available subsidies are applied to your premium.)

***Completed by your benefits administrator. The state/district contribution may be greater than $225.