

# 2019–20 TRS-ActiveCare Plan Highlights

Effective Sept. 1, 2019 through Aug. 31, 2020 | In-Network Level of Benefits<sup>1</sup>



Medical Coverage	TRS-ActiveCare 1-HD	TRS-ActiveCare Select/ TRS-ActiveCare Select Whole Health <small>(Baptist Health System and HealthTexas Medical Group; Baylor Scott and White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)</small>	TRS-ActiveCare 2 <small><b>NOTE:</b> 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.</small>
<b>Deductible</b> (per plan year)			
<b>In-Network</b>	\$2,750 employee only/\$5,500 family	\$1,200 individual/\$3,600 family	\$1,000 individual/\$3,000 family
<b>Out-of-Network</b>	\$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
<b>Out-of-Pocket Maximum</b> (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.		
<b>In-Network</b>	\$6,750 individual/\$13,500 family	\$7,900 individual/\$15,800 family	\$7,900 individual/\$15,800 family
<b>Out-of-Network</b>	\$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
<b>Coinsurance</b>			
<b>In-Network</b> Participant pays (after deductible)	20%	20%	20%
<b>Out-of-Network</b> 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
<b>Office Visit Copay</b> Participant pays	20% after deductible	\$30 copay for primary \$70 copay for specialist	\$30 copay for primary \$70 copay for specialist
<b>Diagnostic Lab</b> Participant pays	20% after deductible	20% after deductible	20% after deductible
<b>Preventive Care</b> See below for examples	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Teladoc® Physician Services</b>	\$40 consultation fee (counts toward deductible and out-of-pocket maximum)	Plan pays 100%	Plan pays 100%
<b>High-Tech Radiology</b> (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible
<b>Inpatient Hospital Facility Charges Only (preauthorization required)</b>			
<b>In-Network</b>	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)
<b>Out-of-Network</b>	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
<b>Urgent Care</b>	20% after deductible	\$50 copay per visit	\$50 copay per visit
<b>Freestanding Emergency Room</b> 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
<b>Emergency Room</b> (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)
<b>Outpatient Surgery</b> Participant pays	20% after deductible	\$150 copay per visit plus 20% after deductible	\$150 copay per visit plus 20% after deductible
<b>Bariatric Surgery (only covered if performed at an IOQ facility)</b> 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
<b>Annual Vision Examination</b> (one per plan year; performed by an ophthalmologist or optometrist) Participant pays	20% after deductible	\$70 copay for specialist	\$70 copay for specialist
<b>Annual Hearing Examination</b> 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.trselectivecareatna.com](http://www.trselectivecareatna.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
	<b>Drug Deductible</b> (per person, per plan year)	Must meet plan-year deductible before plan pays. <sup>2</sup>	\$0 generic; \$200 brand
<b>Short-Term Supply at a Retail Location</b> (up to a 31-day supply)			
Tier 1 - Generic	20% coinsurance after deductible, except for certain generic preventive drugs that are covered at 100%. <sup>2</sup>	\$15 copay	\$20 copay
Tier 2 - Preferred Brand	25% coinsurance after deductible <sup>3</sup>	25% coinsurance (min. \$40 <sup>4</sup> ; max. \$80) <sup>3</sup>	25% coinsurance (min. \$40 <sup>4</sup> ; max. \$80) <sup>3</sup>
Tier 3 - Non-Preferred Brand	50% coinsurance after deductible <sup>3</sup>	50% coinsurance <sup>3</sup>	50% coinsurance (min. \$100 <sup>4</sup> ; max. \$200) <sup>3</sup>
<b>Extended-Day Supply at Mail Order or Retail-Plus Pharmacy Location</b> (60- to 90-day supply) <sup>5</sup>			
Tier 1 - Generic	20% coinsurance after deductible	\$45 copay	\$45 copay
Tier 2 - Preferred Brand	25% coinsurance after deductible <sup>3</sup>	25% coinsurance (min. \$105 <sup>4</sup> ; max. \$210) <sup>3</sup>	25% coinsurance (min. \$105 <sup>4</sup> ; max. \$210) <sup>3</sup>
Tier 3 - Non-Preferred Brand	50% coinsurance after deductible <sup>3</sup>	50% coinsurance <sup>3</sup>	50% coinsurance (min. \$215 <sup>4</sup> ; max. \$430) <sup>3</sup>
<b>Specialty Medications</b> (up to a 31-day supply)			
Specialty Medications	20% coinsurance after deductible	20% coinsurance	20% coinsurance (min. \$200 <sup>4</sup> ; max. \$900)
<b>Short-Term Supply of a Maintenance Medication at Retail Location</b> (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 <sup>3</sup>	25% coinsurance (min. \$60 <sup>4</sup> ; max. \$120) <sup>3</sup>	25% coinsurance (min. \$60 <sup>4</sup> ; max. \$120) <sup>3</sup>
Tier 3 - Non-Preferred Brand	50% coinsurance after deductible <sup>3</sup>	50% coinsurance <sup>3</sup>	50% coinsurance (min. \$105 <sup>4</sup> ; max. \$210) <sup>3</sup>

## 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.

<sup>1</sup> 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 may be considerable.

<sup>2</sup> 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](http://info.caremark.com/trsactivecare).

<sup>3</sup> 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.

<sup>4</sup> If the cost of the drug is less than the minimum, you will pay the cost of the drug.

<sup>5</sup> 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 semi-monthly deduction***	Full monthly premium*	Premium with min. state/district contribution**	Your semi-monthly deduction***	Full monthly premium*	Premium with min. state/district contribution**	Your semi-monthly deduction***
Individual	\$378	\$153	\$76.50	\$556	\$331	\$165.50	\$852	\$627	\$313.50
+Spouse	\$1,066	\$841	\$420.50	\$1,367	\$1,142	\$571.00	\$2,020	\$1,795	\$897.50
+Children	\$722	\$497	\$248.50	\$902	\$677	\$338.50	\$1,267	\$1,042	\$521.00
+Family	\$1,415	\$1,190	\$595.00	\$1,718	\$1,493	\$746.50	\$2,389	\$2,164	\$1,082.00

\*If you are not eligible for the state/district subsidy, you will pay the full monthly premium.

\*\*The premium after state, \$75 and district, \$150 contribution is the maximum you may pay per month. (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 is \$225.