

2008-2009 Plan Highlights

Effective September 1, 2008 through August 31, 2009



TRS-ActiveCare

TEACHER RETIREMENT SYSTEM OF TEXAS

	ActiveCare 1		ActiveCare 2		ActiveCare 3	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Deductible (per plan year; individual/family)	\$1,100/\$3,000		\$500/\$1,500		None	\$500/\$1,500
Out-of-Pocket Maximum (per plan year; individual/family; does not include deductible/copays)	\$2,000/\$6,000		\$2,000/\$6,000		\$1,000 per individual	\$3,000 per individual
Coinsurance Plan pays (up to allowable amount) Participant pays (after deductible)	80% 20%	60% 40%	80% 20%	60% 40%	80% 20%	60% 40%
Office Visit Copay Participant pays	20% after deductible	40% after deductible	\$25 for primary \$35 for specialist	40% after deductible	\$20 for primary \$30 for specialist	40% after deductible
Preventive Care Copay Services limited to one per person per plan year: routine physicals, OB/GYN well-woman exams, routine mammograms, and eye exams. Other services include well-baby exams, immunizations, hearing exams, and PSA, colorectal cancer, osteoporosis screenings	Plan pays 100% per visit (no copay up to \$500 per person, per plan year; remaining charges will be subject to deductible and coinsurance)	Participant pays 40% after deductible	Participant pays \$25 for primary \$35 for specialist (no plan year maximum)	Participant pays 40% after deductible	Participant pays \$20 for primary \$30 for specialist (no plan year maximum)	Participant pays 40% after deductible
Prescription Drugs Drug Deductible (per individual, per plan year)	Subject to \$1,100 plan year deductible		\$50		\$50	
Retail Short-Term (up to a 30-day supply) • Generic Copay • Brand Copay (preferred list) • Brand Copay (non-preferred list)	After deductible, plan pays 80%; patient pays 20%	Participant pays 100% of the cost at the time of purchase and will be reimbursed 80% after deductible by Medco	Participant pays: \$10 \$25* \$45*	** See Note Below	Participant pays: \$10 \$25* \$40*	** See Note Below
Retail Maintenance (after second fill; up to a 30-day supply) • Generic Copay • Brand Copay (preferred list) • Brand Copay (non-preferred list)	After deductible, plan pays 80%; patient pays 20%	Participant pays 100% of the cost at the time of purchase and will be reimbursed 80% after deductible by Medco	Participant pays: \$15 \$35* \$60*	** See Note Below	Participant pays: \$15 \$35* \$55*	** See Note Below
Mail Order (up to a 90-day supply) • Generic Copay • Brand Copay (preferred list) • Brand Copay (non-preferred list)	After deductible, plan pays 80%; patient pays 20%	N/A	Participant pays: \$20.00 \$62.50* \$112.50*	N/A	Participant pays: \$20.00 \$62.50* \$100.00*	N/A
Monthly Premium Cost						
Employee Only	\$266		\$354		\$477	
Employee and Spouse	\$606		\$806		\$1,085	
Employee and Child(ren)	\$424		\$564		\$760	
Employee and Family	\$667		\$886		\$1,193	

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

* If the patient obtains a brand-name drug when a generic equivalent is available, the patient will be responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug. ** Prescription drug claims for non-network pharmacies should be submitted to Medco. For Activecare 2 and ActiveCare 3, the participant will be reimbursed the amount that would have been charged by a network pharmacy, less the required copayment.

