



2025-26 TRS-ActiveCare

PRIMARY+PLAN

Resource Guide



BlueCross BlueShield
of Texas

www.bcbstx.com/trsactivecare | 1-866-355-5999

Welcome



Welcome to your TRS-ActiveCare health plan administered by Blue Cross and Blue Shield of Texas. This Resource Guide is full of information and tips to help you use your health plan.

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Know the Terms

Coinsurance: The portion you pay for services after you meet your deductible. It's often a percentage of the costs. For example you pay 20%, and the health care plan pays 80%.

Copay: The set amount you pay for a covered service when you get it. The amount can vary based on the type of service.

Deductible: The annual amount for medical expenses you pay before your plan starts to pay its portion.

Emergency: A sudden and unexpected change in a person's physical or mental condition that needs immediate medical care and could result in:

- placing the person's health in serious jeopardy (including death)
- serious impairment to bodily function
- serious dysfunction of a body part or organ
- serious disfigurement
- serious threat to the health of a fetus

Generic drug: A prescription drug that's the generic equivalent of a brand-name drug listed on your health plan's formulary and costs less than the brand-name drug.

Maximum out of pocket: The maximum amount you pay each year for medical costs. After reaching your MOOP, the plan pays 100% of allowable charges for covered services.

Recommended Clinical Review: An optional review of certain services, procedures and treatments to determine if they're medically necessary. They should be completed before treatment. This helps limit situations where claims are denied afterward.

Premium: The amount you pay monthly for health care coverage.

Preventive care services: Routine health care like screenings, check-ups and patient counseling to prevent illnesses, diseases or other health problems.

Primary Care Provider: The provider you choose to be your first contact for medical care. With TRS-ActiveCare Primary+, your PCP coordinates all your medical care, including hospital admissions and referrals to specialists.

Referral: A written authorization from your PCP to get care from a different contracted provider, specialist or facility.

Specialist: A health care professional whose practice is limited to a certain branch of medicine, like specific procedures, age categories, body systems or certain types of diseases.



Get Connected Using Blue Access for Members

With BAMSM, helpful resources are at your fingertips. You can use BAM from your computer, phone or tablet. You and your covered dependents ages 18 and over can register for a BAM account. Once you're registered, you can get information about your health benefits anytime, anywhere.

Your access, your way:

Digital Member ID

- Share your digital ID card with your doctor's office to stay ahead of check-in.
- You can also view, download, print or reorder it.

Find Care

- Find nearby care providers whether you're at home or traveling.
- Schedule a virtual visit when you're traveling, need after-hours care or just want to skip the waiting room.

Secure Messaging

- Send messages to our trained clinicians.
- Message a Personal Health Guide with questions about your claims.
- All messages are private and secure.
- Send messages* on your schedule.

Go digital! Did you know you can access your member ID card on your phone? Download the **BCBSTX App** and log in with your BAM username and password. Next, click **View ID Card**.

Use Account Settings to Set Your Preferences

- Get your notifications by text, email or mail.
- Choose your language.
- Go paperless to get your Explanation of Benefits more quickly and securely.

Claims, Coverage and Wellness

- Review your benefit highlights, claims or download your Explanation of Benefits.
- View your dependent coverage.
- Opt in to healthy programs and get preventive guidelines, wellness tips and other topics you choose.

It's easy to get started!

1. Go to **www.bcbstx.com/trsactivecare**.
2. Click **Log In** in the upper-right hand corner of the page.
3. Use the information on your ID card to sign up.

Or, text** **BCBSTXAPP** to **33633** to get the BCBSTX App that lets you use BAM on the go.

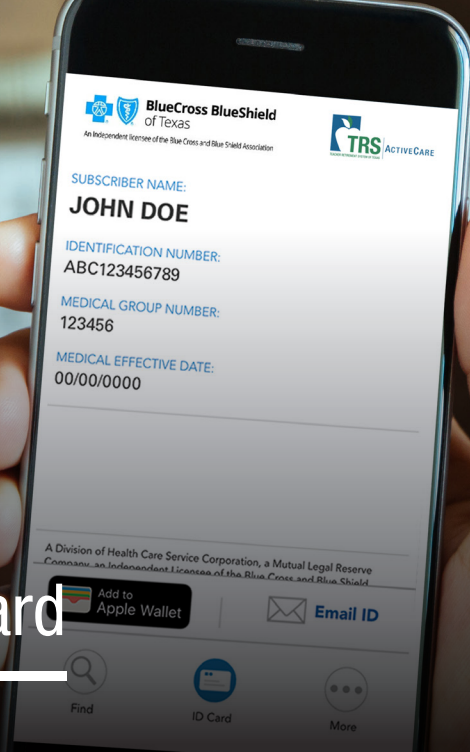
Live chat with a Personal Health Guide

Unable to call a PHG but still need to talk to one? You can live chat with a PHG on your computer through BAM or in the **BCBSTX App** on your phone.

* Clinicians respond during business hours. Please allow two business days for replies. You can send and read messages anytime.

** Message and data rates may apply. Terms and conditions and privacy policy are available at bcbstx.com/mobile/text-messaging.

Digital ID Card



A digital ID card gives you easy access to your coverage information all the time. While you may have received your ID card in the mail upon enrollment, you can also get it digitally. And yes, you can use the digital ID card at doctor's appointments.

There are two ways you can get your digital ID card – on your phone and on your computer.

By phone

1. Download the **BCBSTX App**. You can find it in the Apple App Store or Google Play Store. You can also text **BCBSTXAPP** to **33633**.
2. Log in with your **BAM** username and password. If you don't have one, create an account.
3. On the dashboard, select **View ID Card**.
4. That's it! You're looking at your digital ID card. You can save the ID card directly to your phone for easy access.

By computer

1. Go to **www.bcbstx.com/trsactivecare** and click **Log In**.
2. To log in, use your **BAM** username and password. If you don't have one, create an account.
3. Click on the **ID card icon** on the dashboard.
4. That's it! You're looking at your digital ID card. You can download or print the ID card from here.

BCBSTX App

You can access many plan benefits through the BCBSTX App. With the app, you can:

- get your digital ID card
- find in-network doctors, hospitals and other providers
- keep track of your deductibles and spending
- view claims summaries
- live chat with a PHG

You can find the BCBSTX App in the Apple App Store or Google Play Store. You can also text **BCBSTXAPP** to **33633** for a link to download the app.



Personal Health Guides

Have you ever had a question about benefits, claims or bills? It can be frustrating not knowing where to turn. We're here to make it easy.

Contact a PHG

PHGs are your plan experts. They can help you with anything and everything you need to know about your health plan and benefits. They're available around the clock every day to help you. When you call the number on the back of your ID card, it's a PHG who answers.

Here's what they can do for you:

- find an in-network provider or facility
- schedule appointments
- compare costs and provide estimates for treatments and procedures
- tell you the status of a claim
- explain how your benefits work for specific services or treatments
- connect you to a Health Advisor or a Mental Health PHG
- help you sign up for wellness programs
- show you how to use Provider Finder®, the BCBSTX App and BAM
- show you how to use the tools that come with your plan
- help you with transition of care (the movement of a patient from one setting of care to another, or one plan to another)
- explain your prescription drug benefits
- and more!

If you have a question about anything in this Resource Guide, a PHG has the answer.



Call a PHG at **1-866-355-5999**.



Chat online or through the **BCBSTX App** with your BAM username and password.

Tips to Get the Most from Your Plan

Know Your Benefits

We've made it easy to find answers to questions about your benefits and coverage, how much certain treatments may cost, and how to use the resources and features that come with your plan.

You can:

- Download the BCBSTX App. Just text **BCBSTXAPP** to **33633**.
- Visit the participant website at **www.bcbstx.com/trsactivecare**
- Call a PHG at **1-866-355-5999** or chat through the BCBSTX App.
- Log in to **BAM** at **www.bcbstx.com/trsactivecare**.

Choose a PCP

You're required to choose a PCP from the BCBSTX statewide network. Your PCP manages your health care and coordinates care with other providers. They're your advocate and help you stay on top of your preventive care. They can take care of most health issues and simple medical procedures. PCPs can help you avoid unnecessary medical costs and refer you to quality, in-network specialists when needed.

You can choose the same PCP for the whole family or a different PCP for each family member.

If you use any provider who isn't your PCP or isn't a specialist referred by your PCP, your claims will be denied, even if the provider is in network.

For gynecological or maternity care, female participants can see an in-network OB/GYN without getting a referral. Female participants don't have to use an OB/GYN; they can see their PCP for OB/GYN services.

As of Sept. 1, 2025, the following services don't require a referral:

- dermatologist visits
- eye exams (both routine and diagnostic)
- physical therapist visits

Find or Change your PCP

1. Go to **www.bcbstx.com/trsactivecare** and log in to **BAM**.
2. Click on **My Health > Find Care > Medical** then on **Find a Doctor or Hospital**.
3. If you know the name of the PCP you'd like to select, use the **search box**.
4. If you don't have a PCP in mind, under **Browse by Category**, select **Medical Care**.
5. Next, select **Primary Care**.
6. Choose **Family Practice, General Practice, Internal Medicine, Obstetrics & Gynecology** or **Pediatrics** to narrow your search.
7. Pick a **PCP** from the providers listed and click on **View Profile**.
8. Locate the **10-digit provider ID number** on this page. You need this ID number on file.

Once you've chosen a PCP and have the 10-digit provider ID number, you can update your PCP on file anytime by:

- calling a PHG at **1-866-355-5999**
- logging in to BAM and changing your PCP online

The change is effective the first day of the following month. If you need the change to take effect sooner, call a PHG for help.

Go In Network for Care

Your TRS-ActiveCare Primary+ plan *only pays benefits* when you get care from doctors and other providers who are in the BCBSTX statewide network (except in a true medical emergency). If you get out-of-network care, you won't have coverage and you're responsible for paying all associated costs.

Use Your Health and Wellness Tools

Take advantage of the many health and wellness programs that come with your plan – at no extra cost. Get help managing a chronic condition, reaching your fitness goals and improving your overall health. To start exploring health and wellness programs, go to www.bcbstx.com/trsactivecare and click the **Health and Wellbeing** tab.

Use Your Preventive Care Services

Preventive care is a very important part of staying healthy. It can catch small health issues before they become big ones. Treatments are usually more successful and less expensive when health conditions are caught in their earliest stages.

Your health plan covers 100% of your preventive care.

Work with your PCP to stay up to date on:

- annual wellness exams
- health screenings for things like diabetes, cancer or depression
- immunizations
- women's preventive care (check-ups, contraception, prenatal care)
- prescriptions for certain generic preventive drugs, which may include those used for hypertension or depression

Manage Your Prescription Costs

Ask your doctor or pharmacist for generic drugs when available. There's no deductible for generic medications. Generic drugs may help lower your prescription drug expenses. Generics have the same active ingredients in the same amounts as brand-name drugs and work just as well. Generic drugs are approved by the U.S. Food and Drug Administration and are required to provide the same results as their brand-name counterpart.

Ask about low-cost alternatives for the drugs you use if no generic is available.

Use the Express Scripts Mail Order Pharmacy for drugs you take regularly.

Know and compare costs ahead of time with the drug cost estimator at www.express-scripts.com/trsactivecare.

Use SaveOnSP for specialty medications. Certain specialty medications are \$0 with the SaveOnSp copay assistance program.

Research Costs for Care

Checking costs before your appointment can save you money and help you make more informed health care choices.

Use the **Cost Estimator** in Provider Finder to research and compare costs for in-network procedures. It shows you what you may need to pay based on your plan's copay, coinsurance, deductible and other benefits.

You can also call a PHG at **1-866-355-5999** for help with cost estimates and comparisons.

To use the **Cost Estimator** in Provider Finder:

1. Go to www.bcbstx.com/trsactivecare and log in to **BAM**.
2. Click on **My Health > Find Care > Medical** then on **Find a Doctor or Hospital**.
3. In the **Browse by Category** section, click on **Cost Estimates**.
4. Choose from **All Procedures, All Rewarded Procedures, Office Visits/Physicals, Women's Health** or **MRIs and Other Imaging**.
5. Choose a treatment or procedure to narrow your search.
6. You get a list of providers or facilities and their estimated costs. To compare up to four options side-by-side, check the box next to each one and click **Compare** in the lower right corner.

Get Care from Anywhere

Your coverage includes **TRS Virtual Health** powered by Teladoc™ and RediMD™. You can get convenient, quality health care from home or on the go, without going to a doctor's office. Talk with a doctor by phone or video chat when you need help with non-emergency health problems like colds and flu, earaches, headaches and more.



Get Rewarded for Smart Choices with Member Rewards

Prices for the same quality medical services can differ by thousands of dollars within the same region and health plan network. That's why your TRS-ActiveCare Primary+ plan offers Member Rewards, a program that rewards you for choosing a cost-effective, high-quality provider for services like MRIs, CT scans, colonoscopies and mammograms.

- Your rewards may apply toward the cost of future medical or pharmacy expenses by reducing copays or coinsurance for you and your covered dependents.
- You can earn up to \$599 per person, per plan year.
- Unused rewards roll over to the next plan year, but you lose your rewards if you cancel your health plan.

Note: If your PCP is in the Kelsey-Seybold group, you're not eligible for this program.

Here's how the Member Rewards Program works. You can also call a PHG at **1-866-355-5999** for help.

1. Shop online by going to www.bcbstx.com/trsactivecare, clicking on the **Doctors and Hospitals** tab and selecting your plan in the **Provider Finder section**. Next, log in with your **BAM account**.
2. Click on the **Member Rewards** tile to search for a reward-eligible provider or procedure.
3. Once you've made a selection, get a referral from your PCP. Then, schedule an appointment and get the procedure or service done.
4. **Get rewarded!** Once the claim is paid and the provider is verified as reward-eligible, you can use your reward for future copays, coinsurance and other medical expenses.

Choose a Top Quality PCP* or Specialist**

Providers who are highly rated for quality, cost-efficient care and appropriate treatment plans have a Top Performing Physician badge in Provider Finder. This growing list of reward-eligible specialties includes!:

PCP	Surgical	Medical
Family Medicine \$25	Cardiothoracic Surgery \$150	Cardiology \$50
Internal Medicine \$25	Ophthalmology \$50	Gastroenterology \$50
Pediatrics \$25	Orthopedic Surgery \$150	OB/GYN \$25
	Urology \$50	

The dollar amount shown is what you can expect as your reward.



A PHG can help you find a reward-eligible provider or answer questions about Member Rewards. Call a PHG at **1-866-355-5999**.


*One reward per calendar year is given for seeing a PCP.

**Members can receive one reward for seeing a quality specialist and two rewards for going to a quality specialist at a cost-effective, reward-eligible facility per calendar year.

1. Reward-eligible specialties are subject to change.



1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100



Know How Your Plan Works

You're required to choose a PCP. Make sure you only see your PCP or a specialist referred by your PCP for care. If not, the plan will deny your claims, even if the provider is in network.

You only have in-network coverage. If you get care out of network, you have to pay all the billed charges out of your own pocket – except in the case of a true emergency.

Preventive care is covered at 100%. Work with your PCP to stay up to date on check-ups, immunizations and screenings.

You pay coinsurance. Once you meet your deductible, your plan pays a percentage, and you pay a percentage.

You have copays for doctor's visits. When you see your PCP or an in-network specialist referred by your PCP for non-preventive care, you pay a flat fee, or copay.

You have to meet a deductible. The deductible is the amount you pay yearly for covered health care services before your health plan starts to pay. Your health plan pays the full cost of certain preventive benefits and medications, before you meet your deductible.

You have a maximum out-of-pocket limit. This is the maximum amount you pay each year for medical costs. After reaching your MOOP, the plan pays 100% of allowable charges for covered services.

If you cover dependents, it's especially important to understand how deductibles and MOOPs work. Everyone in the family has their own deductible and MOOP. There's also a family deductible and MOOP. Individuals only have to meet their deductible before the plan begins to pay coinsurance. They don't have to meet the family deductible first.



This is how deductibles work:

- Claims that count toward an individual's deductible also count toward the family's deductible. Once an individual meets their deductible, they pay coinsurance and copays, which don't count toward the family deductible.
- After *any* combination of family members meets the family deductible, the entire family only pays coinsurance and copays for medical care and prescriptions for the rest of the plan year.

MOOPs work the same way:

- An individual's deductible, copays and coinsurance all count toward both individual and family MOOPs. Once an individual meets their MOOP, their allowable expenses are covered at 100% for the rest of the year.
- After *any* combination of family members meets the family's MOOP, the entire family's allowable medical care and prescriptions are covered at 100% for the rest of the year.

But remember: Costs for out-of-network providers won't be covered at all.

Getting a Referral is Easy

You're required to have a PCP to manage your care. If you need to see a specialist, your PCP can refer you to one. Don't worry. The process is simpler than you think!

The way PCPs handle referrals varies. Here are some questions you can ask to learn their process and decide if it's a good fit for you.



Questions to ask your PCP about referrals

- Can I ask for a specialist I found or does your office need to recommend a specialist?
- Do I need to visit with you before you give a referral? If so, can it be done virtually, or does it have to be in-person?
- Can I request a referral over the phone?
- Do you have an online patient portal? If so, can I use it to request a referral?
- Can you refer me to more than one specialist at a time?
- How many days do I typically need to wait between a request and a referral?
- Do you require a follow-up appointment after I see a specialist?
- How long does my referral last?

You may not need a referral for certain medical care outside the care provided by your PCP. Here's what you should know about referrals:

- You don't need a referral for:
 - emergency care
 - annual well-woman visits
 - in-network mental health specialists
 - dermatologist visits
 - eye exams (both routine and diagnostic)
 - physical therapist visits
- You don't have to ask your PCP for a referral every time you visit a specialist. The specialist decides how many visits you have in the referral period.
- A specialist can't recommend you to another specialist; only your PCP can.
- Changing your PCP during a treatment period with a specialist may change your existing authorization.



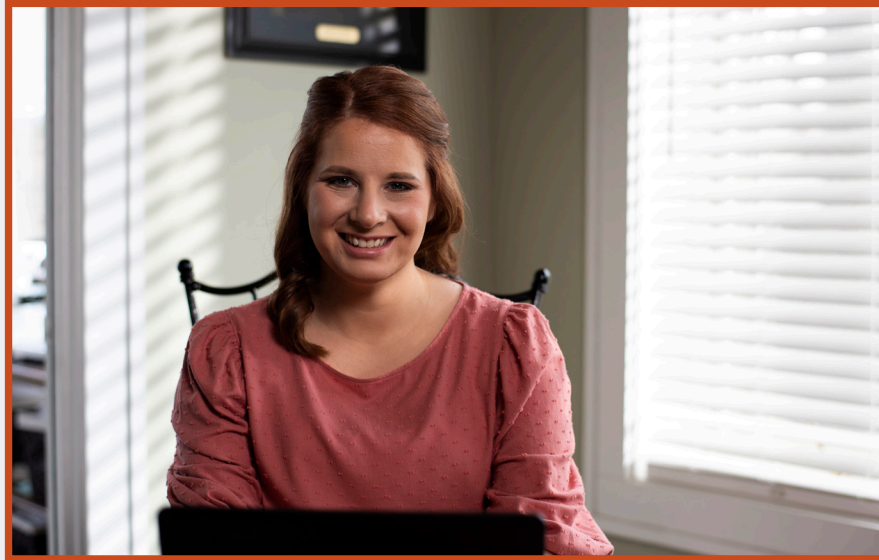
If you have questions about the referral process, call a PHG at **1-866-355-5999** or chat through the BCBSTX App, 24 hours a day, seven days a week.



TRS-ActiveCare Cost Examples

Let's look at three health conditions your TRS-ActiveCare plan covers. These examples show how your plan may cover medical care. Actual costs depend on prices providers and facilities charge and the treatment they provide.

Lauren



Lauren is having a baby. She has nine months of prenatal care, including specialist visits, diagnostic tests, ultrasounds, blood work and other lab tests. She has an uncomplicated hospital delivery that includes professional services, facility services and anesthesia.

What Lauren can do to make the most of her benefits:

- get a referral from her doctor before she sees any specialists, which is required by this plan
- get her lab work in her doctor's office, where she pays nothing
- download the Ovia Health™ apps for free information and coaching for a healthy pregnancy
- take self-guided healthy pregnancy courses through Well onTarget® and earn Blue PointsSM
- see a lactation specialist, which is covered at 100% (maximum six visits)
- get an electric breast pump, which is covered at 100%, or rent a hospital grade breast pump, where she's covered for up to \$150 of the allowed amount

Lauren will get bills for maternity care after her baby is born, which is called **global billing**. Global billing includes prenatal care, delivery and postpartum care. Her first visit with her doctor isn't included in global billing, so she has a copay and coinsurance after she meets her deductible. During her pregnancy, she may need specific tests or procedures outside routine prenatal care. She gets separate bills for that, so copays or coinsurance may apply.

Let's see what having a baby may cost with in-network providers, services, facilities and labs.

This example includes:

- initial OB/GYN visit
- prenatal and postpartum care
- lab work
- hospital and delivery

COST OF CARE \$12,800	TRS-ACTIVECARE PRIMARY+
Deductible	\$1,200
Coinsurance	20% after deductible
Copay for PCP (OB/GYN isn't a specialist) Global billing applies, so Lauren is only charged for the first office visit.	\$15
Labs/ultrasounds	\$0
DELIVERY CHARGES \$11,500	
Coinsurance for delivery	20% after deductible
Anesthesia	20% after deductible
Hospital/facility coinsurance	20% after deductible
WHAT LAUREN MAY PAY BASED ON \$12,800 TOTAL COST OF CARE	
Deductible	\$1,200
Copays	\$15
Coinsurance	\$2,060
Health plan paid	\$9,525
Total paid by Lauren	\$3,275



Gary has Type 2 diabetes. After a brief hospital stay, he now sees his PCP quarterly to manage his condition. His PCP also monitors his blood pressure since diabetes puts him at risk for hypertension. A typical year of care includes visits with his PCP, an annual visit with his endocrinologist, lab visits for blood work and diabetic supplies. Gary also takes insulin.

What Gary can do to make the most of his benefits:

- get a referral from his doctor before he sees any specialists, which is required by this plan
- connect with a Health Advisor who can help him stay on schedule with doctor appointments and screenings and recommend programs to manage his condition
- work one-on-one with a coach at no cost through Well onTarget
- work with a nutritionist through Well onTarget at no cost to help him understand how his diet affects his blood sugar
- use the Fitness Program to find a convenient, affordable gym and earn Blue Points for exercising
- use his prescription drug benefits to get diabetic supplies at no cost
- take advantage of the capped insulin out-of-pocket costs

Let's see what Gary may pay to manage his diabetes with in-network providers, services facilities and labs.

This example includes:

- hospital stay
- specialist visit – one per year
- PCP visits – four per year
- prescription medication

COST OF CARE \$18,300	TRS-ACTIVECARE PRIMARY+
Deductible	\$1,200
Coinsurance	20% after deductible
Copay for PCP	\$15
Copay for specialist	\$70
Hospital/facility coinsurance Based on one night at a cost of \$11,000	20% after deductible
Insulin out-of-pocket costs Based on yearly cost of \$6,000	\$25 for 31-day supply \$75 for 61- to 90-day supply
WHAT GARY MAY PAY BASED ON \$18,300 TOTAL COST OF CARE	
Deductible	\$1,200
Office copays	\$130
Insulin copays	\$300
Coinsurance	\$1,960
Health plan paid	\$14,710
Total paid by Gary	\$3,590



Lily has lower back pain that won't go away. She thought an old sports injury in college was causing her pain. Her doctor ordered an MRI to pinpoint the problem. The MRI uncovered multiple sclerosis as the cause of Lily's back pain. Lily's PCP sent her to a neurologist.

Lily's neurologist prescribed a specialty medication to manage her symptoms, reduce the number of MS attacks and slow the progression of the disease. Her doctor also prescribed physical therapy to help relieve her back pain.

Lily's typical year of care includes an annual exam with her PCP, quarterly visits with her neurologist and lab work.

What Lily can do to make the most of her benefits:

- use an imaging center rather than the hospital for her MRI
- call a PHG to help her find a Member Rewards-eligible imaging center
- use the specialty medication copay assistance program to get medications for \$0
- connect with a Health Advisor who will help her stay on schedule with doctor appointments and screenings and recommend programs to help her learn to manage her condition
- always have lab work done in her doctor's office or an independent lab, where it costs her nothing

Let's see what Lily may pay to get her multiple sclerosis under control and manage it with in-network providers, services and facilities.

This example includes:

- PCP visit – one visit to diagnose her MS
- \$0 annual well-woman visit
- specialist visits – four per year
- 12 months of specialty prescription medication at \$8,700 per month before insurance
- MRI
- physical therapy visits – eight visits per year
- lab work – two per year

COST OF CARE \$106,450	TRS-ACTIVECARE PRIMARY+
Deductible	\$1,200
Coinsurance	20% after deductible
Copay for PCP	\$15
Copay for specialist	\$70
Copay for physical therapy	\$15
Coinsurance for high-tech radiology	20% after deductible
Lab work	\$0
Specialty medication copay Based on a yearly cost of \$104,400	\$0 through the specialty medication copay assistance program
WHAT LILY MAY PAY BASED ON \$106,450 TOTAL COST OF CARE	
Deductible	\$750 for MRI
Copays	\$415
Coinsurance	\$0
Health plan paid	\$105,285
Total paid by Lily	\$1,165

Note: When Lily uses third-party copay assistance for any specialty medication, she won't get credit toward her MOOP or deductible for any copay or coinsurance amounts applied by a manufacturer coupon or rebate. Only the amount she pays out of pocket applies toward her deductible and MOOP.

**Some specialty medications may qualify for third-party copay assistance programs, which can lower your out-of-pocket costs.*



TRS Virtual Health

Your coverage includes TRS Virtual Health powered by Teladoc and RediMD. You have convenient, quality health care from home or on the go, without going to a doctor's office.



TRS Virtual Health powered by Teladoc

Teladoc provides medical care for a variety of acute, non-urgent conditions. Confidential mental health services for participants age 13 and older from a licensed therapist, psychologist, psychiatrist or certified drug and alcohol abuse counselor are also available. They can even send your prescriptions to your pharmacy if needed.

Teladoc is available 24/7 for medical treatment and 7 a.m. to 9 p.m. daily for mental health treatment.

General medical conditions treated include:

- allergies
- bronchitis
- cold and flu symptoms
- respiratory infections
- sinus problems
- skin problems
- stomach upset

Mental health conditions treated include:

- alcoholism, addiction and substance-related disorders
- attention disorders
- bipolar, schizophrenia and psychotic disorders
- depressive and anxiety disorders
- eating disorders
- neurocognitive disorders and dementia
- obsessive compulsive and related disorders
- personality disorders

\$12 copay for medical visits | \$0 copay for mental health visits

Immediate family members who don't have a TRS-ActiveCare health plan can also use Teladoc for a medical virtual health appointment at a fixed rate of \$55 per visit.



For more information and to set up your account, go to www.teladoc.com/trsactivecare. You can also download the Teladoc mobile app from the Apple App Store or Google Play Store or call **1-855-Teladoc (1-855-835-2362)** for help.

TRS Virtual Health powered by RediMD*

RediMD provides quality primary care medical services with live diagnosis and treatment online or by phone. They can send prescriptions to your pharmacy if needed. Medical visits are available 24 hours a day, seven days a week.

Conditions treated by RediMD include:

- allergies
- ankle injuries
- asthma
- back and shoulder strains
- chemical exposure
- contusions and bruises
- infections
- pulled muscles
- shortness of breath

\$0 copay for medical visits.

Immediate family members who don't have a TRS-ActiveCare health plan can also use RediMD at a fixed rate of \$35 per visit. Use code **TRS35** when registering this family member.

* RediMD only provides medical health services and does not provide behavioral health services. For behavioral health services, use Teladoc.



For more information and to set up your account, go to www.redimd.com/trsactivecare. Your RediMD registration code is **trsactivecare**. You can also download the RediMD app from the Apple App Store or Google Play Store or call **1-855-942-4900**.



Women's and Family Health

Maternity Coverage

You have maternity coverage with your TRS-ActiveCare plan. Your plan will start to pay for your covered services after you meet your deductible. You're billed for maternity care after childbirth, which is called **global billing**. Global billing includes care before, during and after delivery. Your first visit with your doctor won't be included in global billing, so you'll have a copay or a deductible if it hasn't been met. During your pregnancy, you may need certain tests or procedures outside routine prenatal care that will be billed separately, so copays or coinsurance may apply.

Features of your maternity coverage:

- You don't need a referral from your PCP to see an OB-GYN.
- Your copay to see your OB-GYN is \$15.
- Electric breast pumps are limited to two per plan year (hospital-grade breast pump rentals are covered up to \$150 of allowed amount).
- Lactation specialist visits are covered at 100% (six visits per plan year).

See Lauren's story (page 16) for a maternity cost example.

Women's and Family Health Support

Your plan provides support from fertility through pregnancy, parenting and menopause. We have programs that feature education, coaching and maternity management solutions and tools to help you – at no extra cost.

Ovia Health Apps

There are two Ovia Health apps you can download that offer personalized guidance with educational articles, videos, health tips, tracking and more.

Ovia app:

- understand and track your cycle
- get pregnancy resources
- discover more about postpartum recovery
- access menopause support

Ovia Parenting app:

- learn about your child's health and development
- read expert parenting articles and tips
- get tools and support

You can download the Ovia Health apps from the Apple App Store or Google Play Store.

1. During sign-up, choose **I have Ovia Health as a benefit.**

2. Select **BCBSTX** as your health plan. You'll see a box to enter your employer's name. You can skip this step.

Ovia Health is an independent company that provides maternity and family benefits solutions for Blue Cross and Blue Shield of Texas.

Take Care of Your Mental Health

You have mental health care coverage with several options for getting care.

You can take care of your mental health in person, virtually or digitally.

In person

Use your health care coverage to see a therapist, psychiatrist or other mental health professional for a **\$15 copay**.

- Call an in-network provider.
- Call a PHG at **1-866-355-5999** or chat through the BCBSTX App. A PHG can find a provider and even schedule your appointment.

Virtually

Use Teladoc for care online or over the phone. If you're 13 or older, you can easily schedule an appointment to see a licensed mental health provider at **no cost**.

You can get help for:

- depression and anxiety disorders
- bipolar, schizophrenia and psychotic disorders
- attention disorders
- alcoholism, addiction and substance use-related disorders
- obsessive compulsive and related disorders
- eating disorders
- personality disorders
- neurocognitive disorders and dementia

To get started, visit **www.teladoc.com/trsactivecare**, download the Teladoc mobile app from the Apple App Store or Google Play Store, or call **1-855-Teladoc (1-855-835-2362)**.

Digitally

Learn to Live is a digital mental health program available at no added cost to you. You can take an online assessment to find programs to help with concerns like:

- stress, anxiety and worry
- depression
- insomnia
- social anxiety
- substance abuse

Headway is a mental health platform that removes barriers to getting mental health care. It provides a list of mental health providers in-network for BCBSTX based off your location and concerns. Whether you know what you're looking for or aren't sure where to start, it's easy to find and schedule an appointment. You can even answer questions to match with a provider who fits your needs.

To get started:

- Log in to **BAM**
- Click **My Health > Wellness**
- Choose **Digital Mental Health**

In a crisis, head to the nearest emergency room or **call 911 and tell them it's a mental health emergency**. Saying this is important so the dispatchers know to connect you with the right type of help, like a crisis intervention team.



Health and Wellness Tools

The Well onTarget website at www.wellontarget.com and its companion AlwaysOn® mobile app can help you manage your health and reach your wellness goals. You have personalized programs, tools and resources to get healthier.

To access your Well onTarget account:

1. Log in to **BAM** and click **My Health > Wellness** then **Well onTarget**.
2. Explore ways to get healthier!

Check Your Health Status

Take a health assessment to see how your health measures up. Just answer a few questions about your health and lifestyle and get a personal wellness report with recommended programs to help you get and stay healthy. You can share this report with your PCP.

Improve Your Health and Wellbeing

Find podcasts, videos, articles and self-guided online courses to help you manage:

- asthma
- back pain
- diabetes
- eating well
- sleep issues
- stress
- hypertension
- and more

Work with a Coach

Get one-on-one support by phone or secure online messaging – whatever works for you! Your health coach helps you set and reach goals like losing weight, improving your blood pressure and quitting smoking.

Focus on Fitness

Exercising and staying fit can help lower blood pressure, improve cholesterol levels, keep blood glucose levels in check and maintain a healthy weight. It can even help you avoid bone density loss. Join the Fitness Program to start your fitness journey. With affordable, no-contract memberships, you can go to any participating gym in the nationwide network. You can exercise even when you're traveling! Plus, save on wellbeing services like acupuncture, massage and personal training.

There's also a virtual option so you can stay active from the comfort and convenience of your home. You get unlimited access to live classes and digital fitness and wellness videos.

- Group instructors and wellness professionals lead live classes.
- Digital fitness videos include cardio bootcamps, strength training, barre, yoga and more. Choose from more than 45 categories.

To get started, log in to **BAM** and click on **My Health > Wellness**, then click **Fitness Program**. There, you can enroll, search for nearby fitness locations and learn more about the program.



Reward Yourself with Blue Points

Earn points for regularly participating in healthy activities like:

- taking a health assessment twice a year
- linking a fitness device
- completing a self-directed online wellness program
- working with a health coach
- exercising
- and more

Blue365® Discount Program

Blue365 is free to join and offers premier health and wellness discounts. Some ongoing deals include:

- Fitbit®
- Sun Basket | Nutrisystem®
- Reebok | SKECHERS®
- eMindful

Sign up at www.blue365deals.com/bcbstx to have weekly deals emailed to you.

You can redeem your points for gift cards when you're ready to treat yourself.

It's easy to get started with Blue Points:

1. Go to www.bcbstx.com/trsactivecare.
2. Log in to your **BAM** account.
3. Go to **My Health > Wellness** and select **Well onTarget**.

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at www.wellontarget.com for further information.



For more information about Well onTarget, call a PHG at **1-866-355-5999**, or chat through the BCBSTX App anytime. You can also go to www.bcbstx.com/trsactivecare and click on the **Health and Wellbeing** tab.

The Well onTarget program is offered to you as a part of your employer-sponsored benefits. Participation in the Well onTarget program, including the completion of a Health Assessment, is voluntary and you are not required to participate. Visit Well onTarget for complete details and terms and conditions.

AlwaysOn is owned and operated by Onlife Health Inc. an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide digital health management for members with coverage through BCBSTX.

Individuals must be at least 18 years old to purchase a membership. The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

Your health plan includes resources to help you make the most of your benefits.

You can talk to a nurse whenever you need help with minor health issues.

Health issues happen, 24 hours a day, seven days a week. That's why we have registered nurses waiting to talk when you call our 24/7 Nurseline.* Our nurses can answer your health questions and help you decide if you should go to an emergency room, urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- dizziness or severe headaches
- cuts or burns
- back pain
- high fever
- sore throat
- a baby's nonstop crying
- and other health issues

Plus when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics also available in Spanish.

Call the **24/7 Nurseline** at **1-833-968-1770** for help.

Get extra support with a Health Advisor

Health Advisors are nurses and other medical professionals who personally support you every step of the way through an acute or chronic health issue. They're available at no cost to you and your covered family members.

Health Advisors are your single point of contact for:

- guidance after a hospital stay or major surgery
- help managing a chronic condition
- getting the care you need for serious illnesses or injuries
- help with a high-risk pregnancy
- understanding a new diagnosis
- scheduling appointments and coordinating treatments, including travel

Call a PHG at **1-866-355-5999** to connect with a Health Advisor.

Airrosti Remote Recovery

You can get physical therapy services to fix muscle and joint pain fast – **at no additional cost.**

Airrosti Remote Recovery focuses on chronic pain relief through a variety of at-home exercises and physical therapy. It's designed to help you get pain relief in the following areas:

- arm
- foot
- hip
- knee
- lower back
- neck
- shoulder
- wrist
- and more

Each Airrosti Remote Recovery treatment plan includes:

- accurate diagnosis through assessment and orthopedic testing
- a personalized recovery plan to help you get your function and mobility back and reduce pain
- continued one-on-one support with your provider through the Airrosti app

For more information and to schedule an appointment, visit **www.airrosti.com/trs** or call **1-800-404-6050**.

Health Advisors do not replace the care of a doctor. It would be best to talk to your doctor about any medical questions or concerns.

* For medical emergencies, call 911. The 24/7 Nurseline is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.



TRS-ActiveCare Primary+ Plan Highlights

It's important to remember **you don't have out-of-network coverage** with this plan. Your TRS-ActiveCare Primary+ plan only pays benefits when you get care from doctors and other providers who are in the BCBSTX statewide network, except in a true medical emergency. **If you get out-of-network care, you won't have coverage, and you're responsible for paying all costs for your care.**

You're also required to choose a PCP with this plan. If you use any provider who isn't your PCP or a specialist referred by your PCP, your claims will be denied, even if the provider is in network.

Overview of Plan Benefits and Costs

TRS-ACTIVECARE PRIMARY+			
PLAN FEATURES		OTHER SERVICES	
Type of Coverage	In-Network Coverage Only	Type of Coverage	In-Network Coverage Only
Individual/Family Deductible	\$1,200/\$2,400	Diagnostic Labs	Office/Independent lab: You pay \$0
Coinsurance	You pay 20% after deductible		Outpatient hospital: You pay 20% after deductible
Individual/Family MOOP	\$6,900/\$13,800	High-Tech Radiology	You pay 20% after deductible
Network	Statewide	Outpatient Costs (Professional and facility)	You pay 20% after deductible
PCP Required	Yes	Inpatient Costs (Professional and facility)	You pay 20% after deductible
DOCTOR VISITS		Bariatric Surgery	Facility – You pay 20% after deductible Professional – You pay a \$5,000 copay* + 20% after deductible (Only covered at select BDC+ facilities within in-network physician)
Primary Care	\$15 copay		
Specialist	\$70 copay		
Mental Health	\$15 copay		
TRS Virtual Health		Annual Vision Examination (One per plan year; performed by an ophthalmologist or optometrist)	Specialist \$70 copay
Teladoc			
Medical	\$12 copay	Annual Hearing Exam (One per plan year)	PCP \$15 copay Specialist \$70 copay
Mental Health	\$0 copay - Psychiatrist, Psychologist, Licensed Clinical Social Worker		
RediMD	\$0 copay		
IMMEDIATE CARE		*Copay for bariatric surgery doesn't apply toward the MOOP	
Urgent Care	\$50 copay		
Emergency Care	You pay 20% after deductible		
Freestanding Emergency Room	You pay a \$500 copay + 20% after deductible		

Blue Distinction® Centers

Blue Distinction® Centers+ are designated specialty care facilities that meet national measures for quality and cost-efficient care. When you use a BDC+, you get the most from your benefits. BDC+ facilities have a record of quality care, expert treatment and better overall patient results. To find a BDC+, call a PHG at **1-866-355-5999**.

Note: Designation as BDC+ facility means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at any facilities, call a PHG. Call your provider before making an appointment to verify the most current information on their net workparticipation status. Neither Blue Cross and Blue Shield Association nor any of its licensees are responsible for any damages, losses or noncovered charges that may result from receiving care from a provider designated as a Blue Distinction Center.

Prescription Benefits

Your health plan includes prescription drug benefits administered by Express Scripts by Evernorth.

The pharmacy deductible is integrated with the medical deductible. Like your medical benefits, you have to meet a deductible before the plan starts paying its share of prescription drug costs, unless they're generic. There's no deductible for generic medications.

You have options for filling prescriptions and saving on your medications.

Short-term prescriptions (up to a 31-day supply)

Visit any pharmacy in-network. To find an in-network pharmacy, visit www.express-scripts.com/trsactivecare.

Long-term prescriptions (up to a 90-day supply)

- Use the Express Scripts® Pharmacy for free medication delivery. You can transfer prescriptions easily online, by phone or on the Express Scripts app. Auto-refills and refill reminders are available so you never miss a prescription.
- Visit a participating retail pharmacy to fill up to a 90-day supply of maintenance medications.
- Choose a three-month supply at www.express-scripts.com/90day. You can also call them at **1-844-367-6108**.

Accredo Specialty Pharmacy for Specialty Medications (limited to a 31-day supply)

Specialty medications are drugs that manage a chronic or genetic condition. They may be injected, infused, inhaled or taken orally and may require special handling.

- Use the Accredo Specialty Pharmacy. Accredo is the specialty pharmacy that provides personalized care to individuals with chronic and complex health conditions.
- Some specialty medications qualify for third-party copay assistance programs, which can lower your out-of-pocket costs.
- For more information, you can call Accredo at **1-800-596-7701**.

SaveOnSP Copay Assistance Program for Specialty Medications

Specialty medications can be very expensive, so we partnered with SaveOnSP to reduce your out-of-pocket costs. **If your medications are on the SaveOnSP Specialty Drug list, you pay \$0 for your medications.**

How it works

Your pharmacy benefits work with SaveOnSP to enroll you in the program. Your information is on file, so when your provider prescribes a medication or if you're already taking one or more medications on the *SaveOnSP Specialty Drug* list, you'll get a welcome letter and phone call with information about the program. Then call SaveOnSP at **1-800-683-1074** to get your specialty medication at a reduced price.

If you don't enroll in SaveOnSP or choose to opt out of the program, you'll pay 30% coinsurance for your medications and won't get the \$0 out-of-pocket benefit.

Note: When you use third-party copay assistance for any specialty medication, you won't get credit toward your MOOP or deductible for any copay or coinsurance amounts applied by a manufacturer coupon or rebate. Only the amount you pay out of pocket applies toward your deductible and MOOP.



For more details, call Express Scripts' Member Services at **1-844-367-6108**, available 24/7.

Prescription Drug Benefits Summary

BENEFIT	TRS-ACTIVECARE PRIMARY+
Drug Deductible (per person, per plan year)	\$200 per participant (brand drugs only)
MOOP	Integrated with medical
Short-Term Supply (up to a 31-day supply)	
Generic	\$15 copay
Preferred Brand with Generic	25% coinsurance (Max \$100)
Non-Preferred Brand	50% coinsurance
Insulin Out-of-Pocket Cost	\$25 copay
Long-Term Supply (61- to 90-day supply)	
Generic	\$45 copay
Preferred Brand with Generic	25% coinsurance (Max \$265)
Non-Preferred Brand	50% coinsurance
Formulary Insulin Out-of-Pocket	\$75 copay
Specialty Medications through Accredo (up to a 31-day supply)	
Specialty Medications	30% coinsurance after deductible
Specialty Medications through SaveOnSP copay assistance program	
Specialty Medications on the SaveOnSP Drug List	\$0 copay

Diabetic Meter and Supplies

METER AND SUPPLIES	TRS-ACTIVECARE PRIMARY+
Preferred Brand Blood Glucose Meter	\$0 copay
Short-Term Retail Supplies	\$0 for select needles, lancets and syringes.
90-Day Supply at Express Scripts Mail or In-network Participating Retail Pharmacy	\$0 for needles, lancets and syringes, regardless of brand. To get test strips at no added cost, you must use the preferred brand.

Coinsurance applies after deductible.

SaveOnSP is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide pharmacy benefit management for members with coverage through BCBSTX.

Prescription Answers and Information Online 24/7

Once you enroll in TRS-ActiveCare, register with Express Scripts at www.express-scripts.com/trsactivecare. Log in anytime to fill or refill long-term prescriptions, find drug coverage and price information, talk with a registered pharmacist, view your prescription history, download the app and much more.



Contacts and Resources

CONTACT/RESOURCE	TELEPHONE/WEB	DESCRIPTION
Personal Health Guide	1-866-355-5999 Chat through the BCBSTX App	Get answers and information about your TRS-ActiveCare plan benefits, providers, ID cards and more.
BCBSTX/TRS-ActiveCare	www.bcbstx.com/trsactivecare	Find everything you need to know about your health plan and benefits.
Pharmacy Benefits	Express Scripts 1-844-367-6108 www.express-scripts.com/trsactivecare	Get information about your prescription drug benefits and services. Available 24/7.
TRS Virtual Health	RediMD 1-855-942-4900 www.redimd.com/trsactivecare Teladoc 1-855-Teladoc (1-855-835-2362) www.teladoc.com/trsactivecare	Schedule virtual consultations with board-certified doctors. Available 24/7.
24/7 Nurseline	1-833-968-1770	Talk with a registered nurse for help with minor health problems. Available 24/7.

Important Notices

Teacher Retirement System of Texas Notice of Privacy Practices

The Teacher Retirement System of Texas administers your health benefits plan and your pension plan pursuant to federal and Texas law. This notice is required by the privacy regulations adopted pursuant to the federal Health Insurance Portability and Accountability Act of 1996 as amended by the Health Information Technology for Economic and Clinical Health Act of 2009.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully. This notice also sets out TRS's legal obligations concerning your health information. Additionally, this notice describes your rights to control your health information.

Federal law requires TRS to maintain and protect the privacy of your health information. Your protected health information is individually identifiable health information, including genetic information and demographic information, collected from you or created or received by TRS that relates to:

- your past, present or future physical or mental health or condition;
- the health care you receive; or
- the past, present or future payment for the provision of health care for you.

Unsecured protected health information is protected health information that is not secured through the use of a technology or methodology that renders the protected health information unusable, unreadable or indecipherable.

The effective date of this notice was April 14, 2003, and it was revised on Sept. 1, 2020. Texas law already makes your member information, including your protected health information, confidential. Therefore, following the original implementation of this notice and the implementation of this notice as revised, TRS did not and is not changing the way it protects your information. On April 14, 2003, the new rights and other terms in this notice, as originally drafted, automatically applied. Likewise, as subsequently revised, the rights and other terms of this notice continue to automatically apply. You do not need to do anything to get privacy protection for your health information.

Federal law requires that TRS provide you with this notice about its privacy practices and its legal duties regarding your protected health information. This notice explains how, when and why TRS uses and discloses your protected health information. By law, TRS must follow the privacy practices that are described in the most current privacy notice.

TRS reserves the right to change its privacy practices and the terms of this notice at any time. Changes will be effective for all of your protected health information that TRS maintains. If TRS makes an important change that affects what is in this notice, TRS will mail you a new notice within 60 days of the change. This notice is on the TRS website, and TRS will post any new notice on its website at **www.trs.texas.gov**.

How TRS May Use and Disclose Your Protected Health Information

Certain uses and disclosures do not require your written permission. For any use or disclosure of your protected health information that is described immediately below, TRS and/or Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare may use and disclose your protected health information without your written permission (an authorization).

- **For all activities that are included within the definitions of “payment,” “treatment” and “health care operations” as set out in 45 C.F.R. Section 164.501, including the following noted below.** This notice does not contain all of the activities found within these definitions; refer to 45 C.F.R. Section 164.501 for a complete list. When “TRS” is used below in describing these reasons, the auditors, actuarial consultants, lawyers, health plan administrators and pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare are intended to be included.
 - **For treatment.** TRS is not a medical provider and does not directly participate in decisions about what kind of health treatment you should receive. TRS also does not maintain your current medical records. However, TRS may disclose your protected health information for treatment purposes. For example, TRS may disclose your protected health information if your doctor asks that TRS disclose the information to another doctor to help in your treatment.
 - **For payment.** Here are two examples of how TRS might use or disclose your protected health information for payment. TRS may use or disclose your information to prepare a bill for medical services to you or another person or the company responsible for paying the bill. The bill may include information that identifies you, the health services you received and why you received those services. The second example is that TRS could use or disclose your protected health information to collect your premium payments.
 - **For health care operations.** TRS may use or disclose your protected health information to support health plan administration functions. TRS may provide your protected health information to its accountants, attorneys, consultants and others in order to make sure TRS is complying with the laws that affect it. For example, your protected health information may be given to people looking at the quality of the health care you received. Another example of health care operations is TRS using and sharing this information to manage its business and perform its administrative activities.
- When federal, state or local law, judicial or administrative proceedings, or law enforcement requires a use or disclosure. For example, upon receipt of your request for disability retirement benefits, TRS and members of the Medical Board may use your protected health information to determine if you are entitled to a disability retirement. TRS may disclose your protected health information:
 - To a federal or state criminal law enforcement agency that asks for the information for a law enforcement purpose;
 - To a law enforcement official for the purpose of alerting law enforcement of your death if TRS has a suspicion that your death may have resulted from criminal conduct;
 - To the Texas Attorney General to collect child support or to ensure health care coverage for your child;
 - In response to a subpoena if the TRS Executive Director determines that you will have a reasonable opportunity to contest the subpoena;
 - To a governmental entity, an employer or a person acting on behalf of the employer to the extent that TRS needs to share the information to perform TRS’s business;
 - To the Texas Legislature or agencies of the state or federal government, including, but not limited to health oversight agencies for activities authorized by law, such as audits; investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities. Oversight agencies seeking this information include government agencies that oversee; (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs, and (iv) compliance with civil rights laws;

- To a public health authority for the purpose of preventing or controlling disease; and
- If required by other federal, state or local law.
- **For specific government functions.** TRS may disclose protected health information of military personnel and veterans in certain situations. TRS may also disclose protected health information to authorized federal officials for conducting national security, such as protecting the President of the United States, or conducting intelligence activities, or to the Texas Legislature or agencies of the state or federal government, including, but not limited to health oversight agencies, for activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, civil, administrative, or criminal proceedings or actions, or other activities. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs, and (iv) compliance with civil rights laws.
- **Business associates.** TRS has contracts with individuals and companies (business associates) that help TRS in its business of providing health care coverage and in making disability retirement benefit decisions. Some of the functions these companies provide are: performing audits; performing actuarial analysis; adjudication and payment of claims; customer service support; utilization review and management; coordination of benefits; subrogation; pharmacy benefit management; and technological functions. TRS may disclose your protected health information to its business associates so that they can perform the services that TRS has asked them to do. To protect your health information, however, TRS requires that these companies follow the same rules that are set out in this notice and to notify TRS in the event of a breach of your unsecured protected health information.
- **Executor or Administrator.** TRS may disclose your protected health information to the executor or administrator of your estate.
- **Health-Related Benefits.** TRS or one of its business associates may contact you to provide appointment reminders. They may also contact you to give you information about treatment alternatives or other health benefits or services that may be of interest to you.
- **Legal Proceedings.** TRS may disclose your protected health information: (1) in the course of any judicial or administrative proceeding, including, but not limited to, an appeal of denial of coverage or benefits; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized by law); and (3) when necessary to provide evidence of a crime that occurred on our premises.
- **Coroners, Medical Examiners, Funeral Directors, and Organ Donation.** TRS may disclose protected health information to a coroner or medical examiner for purpose of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. TRS also may disclose, as authorized by law, protected health information to funeral directors so that they may carry out their duties. Further, TRS may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.
- **Research.** TRS may disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.
- **To Prevent a Serious Threat to Health or Safety.** Consistent with applicable federal and state laws, TRS may disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, such as disclosures to prevent disease, help with product recalls, report adverse reactions to medications, or report suspected abuse, neglect or domestic violence.
- **Inmates.** If you are an inmate of a correctional institution, TRS may disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

- **Workers' Compensation.** TRS may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work related injuries or illnesses.
- **To your personal representative.** TRS may provide your protected health information to a person representing or authorized by you, or any person that you tell TRS in writing is acting on your behalf.
- **To an entity assisting in disaster relief.** TRS may also disclose your protected health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your protected health information, then TRS may, using our professional judgment, determine whether the disclosure is in your best interest. TRS will attempt to gain your personal authorization when possible before making such disclosures.

Certain Uses and Disclosures Requiring an Opportunity to Agree or to Object

Under the following circumstances, TRS may use or disclose protected health information, provided that TRS informs you in advance of the use or disclosure and you have an opportunity to agree to or prohibit or restrict the use or disclosure of your protected health information. TRS may inform you orally or in writing of and obtain your oral or written agreement or objection to the use or disclosure of your protected health information. TRS will follow your instructions.

- TRS may disclose to a family member, other relative, or a close personal friend, or any other person you identify, your protected health information that (i) is directly relevant to such person's involvement with your health care or payment related to your health care, or (ii) serves to notify or assist in the notification of your location, general condition, or death.
- TRS may use or disclose your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of notifying or assisting in the notification of your location, general condition, or death.

If you are not able to communicate your preference to TRS, for example because you are unconscious, TRS may share your protected health information if TRS believes it is in your best interest to do so.

Certain Disclosures that TRS is Required to Make

The following is a description of disclosures that TRS is required by law to make:

- **Disclosures to the Secretary of the U.S. Department of Health and Human Services.** TRS is required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Regulations.
- **Disclosures to you.** TRS is required to disclose to you most of your protected health information in a "designated record set" when you request access to this information, including information maintained electronically. Generally, a "designated record set" contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. TRS is also required to provide, upon your request, an accounting of the disclosures of your protected health information. In many cases, your protected health information will be in the possession of a plan administrator or pharmacy benefits manager. If you request protected health information, TRS will work with the administrator or pharmacy benefits manager to provide your protected health information to you.

Certain Uses and Disclosures of Genetic Information that Cannot Be Made

TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare are prohibited from using or disclosing genetic information for underwriting purposes.

Certain Uses and Disclosures of Protected Health Information that Will Not Be Made

The following uses and disclosures of protected health information will not be made by TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare:

- Uses and disclosures that constitute marketing purposes;
- Uses and disclosures that constitute the sale of your protected health information; and
- Uses and disclosures that constitute fundraising purposes.

All Other Uses and Disclosures Require Your Prior Written Authorization

The following uses and disclosures will be made by TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare only with written permission (an authorization) from you:

- Most uses and disclosures of psychotherapy notes; and
- For any other use or disclosure of your protected health information that is not described in this notice.

If you provide TRS with such an authorization, you may cancel (revoke) the authorization in writing at any time, and this revocation will be effective for future uses and disclosures of your protected health information. Revoking your written permission will not affect a use or disclosure of your protected health information that TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare already made, based on your written authorization.

Your Rights

The following is a description of your rights with respect to your protected health information:

- **The Right to Request Limits on Uses and Disclosures of Your Protected Health Information.** You can ask that TRS limit how it uses and discloses your protected health information. TRS will consider your request but is not required to agree to it. If TRS agrees to your request, TRS will put the agreement in writing and will follow the agreement unless you need emergency treatment, and the information that you asked to be limited is needed for your emergency treatment. You cannot limit the uses and disclosures that TRS is legally required to make. If you are enrolled in TRS-ActiveCare, you may request a restriction in writing to: Blue Cross and Blue Shield of Texas, PO Box 805106, Chicago, IL 60680-4112. In your request, state: (1) the information whose disclosure you want to limit, and (2) how you want to limit our use and/or disclosure of the information. If you are enrolled in TRS-Care, you may request a restriction by writing to: Blue Cross and Blue Shield of Texas, PO Box 805106, Chicago, IL 60680-4112. In your request, state: (1) the information whose disclosure you want to limit, and (2) how you want to limit our use and/or disclosure of the information. You have the right to request that your protected health information not be disclosed to TRS if you have paid for the service received in full.
- **The Right to Choose How TRS Sends Protected Health Information to You.** You can ask that TRS send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, courier service instead of U.S. mail) only if not changing the address or the way TRS communicates with you could put you in physical danger. You must make this request in writing. You must be specific about where and how to contact you. TRS must agree to your request only if:
 - You clearly tell TRS that sending the information to your usual address or in the usual way could put you in physical danger; and
 - You tell TRS a specific alternative address or specific alternative means of sending protected health information to you. If you ask TRS to contact you via an email address, TRS will not send protected health information by email unless it is possible for the protected health information to be encrypted.

- **The Right to See and Get Copies of Your Protected Health Information.** You can look at or get copies of your protected health information that TRS has or that a business associate maintains on TRS's behalf. You must make this request in writing. If your protected health information is not on file at TRS and TRS knows where the information is maintained, TRS will tell you where you can ask to see and get copies of your information. You may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set that is in the possession of TRS or a business associate of TRS. If you request copies of your protected health information, TRS can charge you a fee for each page copied, for the labor involved in compiling and copying the information, and for postage if you request that the copies be mailed to you. Instead of providing the protected health information you request, TRS may provide you with a summary or explanation of the information, but only if you agree in advance to:
 - Receive a summary or explanation instead of the detailed protected health information; and
 - Pay the cost of preparing the summary or explanation.

The fee for the summary or explanation will be in addition to any copying, labor, and postage fees that TRS may require. If the total fees will exceed \$40, TRS will tell you in advance. You can withdraw or change your request at any time. TRS may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your protected health information, you may request that the denial be reviewed. TRS will choose a licensed health care professional to review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, the denial will not be reviewable. If this event occurs, TRS will inform you in our denial that the decision is not reviewable.

- **The Right to Get a List of TRS's Uses and Disclosures of Your Protected Health Information.** You have the right to get a list of TRS's uses and disclosures of your protected health information. By law, TRS is not required to create a list that includes any uses or disclosures:
 - To carry out treatment, payment, or health care operations;
 - To you or your personal representative;
 - Because you gave your permission;
 - For national security or intelligence purposes;
 - To corrections or law enforcement personnel; or
 - Made prior to three (3) years before the date of your request, but in no event made before April 14, 2003.
- TRS will respond to your request within 60 days of receiving it. TRS can extend this deadline one time by an additional 30 days. If TRS extends its response time, TRS will tell you in writing the reasons for the delay and the date by which TRS will provide the list. The list will include:
 - The date of the disclosure or use;
 - The person or entity that received the protected health information;
 - A brief description of the information disclosed; and
 - Why TRS disclosed or used the information.
- If TRS disclosed your protected health information because you gave TRS written permission to disclose the information, instead of telling you why TRS disclosed information, TRS will give you a copy of your written permission. You can get a list of disclosures for free every 12 months. If you request more than one list during a 12-month period, TRS can charge you for preparing the list, including charges for copying, labor, and postage to process and mail each additional list. These fees will be the same as the fees allowed under the Texas Public Information Act. TRS will tell you in advance of the fees it will charge. You can withdraw or change your request at any time.

- **The Right to Correct or Update Your Protected Health Information.** If you believe there is a mistake in your protected health information or that a piece of important health information is missing, you can ask TRS to correct or add the information. You must request the correction or addition in writing. Your letter must tell TRS what you think is wrong and why you think it is wrong. TRS will respond to your request within 60 days of receiving it. TRS can extend this deadline one time by an additional 30 days. If TRS extends its response time, it must tell you in writing the reasons for the delay and the date by which TRS will respond. Because of the technology used to store information and laws requiring TRS to retain information in its original text, TRS may not be able to change or delete information, even if it is incorrect. If TRS decides that it should correct or add information, it will add the correct or additional information to your records and note that the new information takes the place of the old information. The old information may remain in your record. TRS will tell you that the information has been added or corrected. TRS will also tell its business associates that need to know about the change to your protected health information. TRS will deny your request if your request is not in writing or does not have a reason why the information is wrong or incomplete. TRS will also deny your request if the protected health information is:
 - Correct and complete;
 - Not created by TRS; or
 - Not part of TRS's records.

TRS will send you the denial in writing. The denial will say why your request was denied and explain your right to send TRS a written statement of why you disagree with TRS's denial. TRS's denial will also tell you how to complain to TRS or the Secretary of the Department of Health and Human Services. If you send TRS a written statement of why you disagree with the denial, TRS can file a written reply to your statement. TRS will give you a copy of any reply. If you file a written statement disagreeing with the denial, TRS must include your request for an amendment, the denial, your written statement of disagreement and any reply when TRS discloses the protected health information that you asked to be changed; or TRS can choose to give out a summary of that information with a disclosure of the protected health information that you asked to be changed. Even if you do not send TRS a written statement explaining why you disagree with the denial, you can ask that your request and TRS's denial be attached to all future disclosures of the protected health information that you wanted changed.

- **The Right to be Notified of a Breach of Unsecured Protected Health Information.** You have the right to be notified and TRS has the duty to notify you of a breach of your unsecured protected health information. A breach means the acquisition, access, use or disclosure of your unsecured protected health information in a manner not permitted under HIPAA that compromises the security or privacy of your protected health information. If this occurs, you will be provided information about the breach and how you can mitigate any harm as a result of the breach.
- **The Right to Get This Notice.** You can get a paper copy of this notice on request.
- **The Right to File a Complaint.** If you think that TRS has violated your privacy rights concerning your protected health information, you can file a written complaint with the TRS Privacy Officer by mailing your complaint to:

Privacy Officer

Teacher Retirement System of Texas
 PO Box 149676
 Austin, Texas 78714-0185

All complaints must be in writing.

You may also send a written complaint to:

Region VI, U.S. Department of Health & Human Services

Regional Manager, Office for Civil Rights
 1301 Young Street, Suite 106
 Dallas, Texas 75202
 Email to ocrmail@hhs.gov

Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

Finally, you may send a written complaint to:

Texas Office of the Attorney General

PO Box 12548
Austin, Texas, 78711-2548
1-800-806-2092

TRS will not penalize or in any other way retaliate against you if you file a complaint.

More information

Please contact in writing the Privacy Officer, at the following address, if you have any questions about the privacy practices described in this notice or how to file a complaint.

Privacy Officer

Teacher Retirement System of Texas
PO Box 149676
Austin, Texas 78714-0185

If you want more information about this notice or how to exercise your rights, please contact the TRS Telephone Counseling Center at **1-800-223-8778 (TTY: 711)**.

Notice About the Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed
- surgery and reconstruction of the other breast to produce a symmetrical appearance
- prostheses
- treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please refer to your SCHEDULE OF COVERAGE. If you would like more information on WHCRA benefits, call your Personal Health Guide at **1-866-355-5999**.

NOTICE OF NON-DISCRIMINATION AND AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES

DISCRIMINATION IS AGAINST THE LAW

TRS complies with applicable Federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability or sex. TRS provides free aids and services, such as: written information in other formats (large print, audio, accessible electronic formats, other formats), qualified interpreters (including sign language interpreters), and written information in other languages.

If you need these services, call **1-888-237-6762 (TTY: 711)**.

If you believe that TRS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance in person or by mail, fax or email:

MAIL: Section 1557 Coordinator
PO Box 149676
Austin, Texas 78714-0185

FAX: 1-512-542-6575

EMAIL: **section1557coordinator@trs.texas.gov**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services online, by mail or by phone at:

ONLINE: **www.ocrportal.hhs.gov/ocr/portal/lobby.jsf**

MAIL: U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building,
Washington, D.C. 20201

PHONE: 1-800-368-1019, 1-800-537-7697 (TTY: 711)

Airrosti is a separate company that has contracted with Blue Cross and Blue Shield of Texas to provide back and joint pain resolution services for members with coverage through BCBSTX.

In-clinic care, if elected, will be subject to regular plan benefits. You'll receive a complimentary recovery kit only after you register to begin your Airrosti Remove Recovery care plan and complete your first remote consultation with your Airrosti provider.

Teladoc and the Teladoc logo are trademarks of Teladoc, Inc. and may not be used without written permission. Teladoc is being provided to TRS-ActiveCare members and members of plans administered by TRS-ActiveCare. Teladoc and Teladoc physicians are independent contractors and are neither agents nor employees of TRS-ActiveCare or plans administered by TRS-ActiveCare. Teladoc is not available in all states. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe Drug Enforcement Administration controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.

Virtual and telephonic visits are powered by exclusive software owned and operated by RediMD. It is important to verify and understand the terms and conditions of your benefit plan. Terms and conditions may apply based on plan design with limitations and exclusions. Virtual and telephonic services provided are not to be accepted as a health plan or act as a pharmacy distributor or prescription manager. RediMD reserves the sole right to deny care when it believes the risk of possible abuse is present. A virtual visit with RediMD does not provide assurances prescription orders will be issued and RediMD does not prescribe DEA-controlled substances, non-therapeutic drugs or drugs which may be harmful or lead to abuse. RediMD operates in many different states and is subject to regulatory rules and jurisdictional limitations. Oversight and program management, including contracted providers, of the virtual medicine services provided are solely controlled by RediMD. RediMD and the RediMD logo are registered trademarks of RediMD LLC and may not be used without written permission.

Teladoc and RediMD are independent companies that has contracted with your employer to provide virtual doctor visits. Both Teladoc and RediMD do not offer Blue Products or Services.

Express Scripts, Inc., including its affiliates, is an independent company that contracts directly with the Teacher Retirement System of Texas to provide pharmacy benefit management and programs. Express Scripts, Inc. does not provide Blue Cross and Blue Shield of Texas products or services and is solely responsible for the products and services it provides.

Learn to Live provides educational behavioral health programs. Members considering further medical treatment should consult with a physician. Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of Texas.

Ovia Health is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide maternity and family benefits solutions for members with coverage through BCBSTX.

Headway is a separate company that has contracted with Blue Cross and Blue Shield of Texas to provide behavioral health management for members with coverage through BCBSTX.

Accredo is a specialty pharmacy that is contracted to provide services to members of Blue Cross and Blue Shield of Texas. The relationship between Accredo and Blue Cross and Blue Shield of Texas is that of independent contractors. Accredo is a trademark of Express Scripts Development Inc.

Blue365 is a discount program only for BCBSTX members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Employees should check their benefit booklet or call the Customer Service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSTX reserves the right to stop or change this program at any time without notice.

Hearing services are provided by Start Hearing, Beltone™, HearUSA and TruHearing®. Vision services are provided by ContactsDirect®, Croakies, Davis VisionSM, EyeMed Vision Care, Glasses.com, Jonathan Paul Fitovers, and LasikPlus®. The relationship between these vendors and Blue Cross and Blue Shield of Texas is that of independent contractors.

BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.



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