

ACTIVATE YOUR HEALTH:

TRS-ActiveCare Plan Highlights 2020-21

► **This new year brings new opportunities to unlock your potential and take charge of your wellness.**

After connecting with your district leaders to learn how we could enhance the quality of your coverage, we're providing improved pricing, more network choices, simplified coverage and a new plan with a lower premium and copays.

Welcome to the 2020-21 TRS-ActiveCare, where you can empower the best you.

What to Know

How to Calculate Your Monthly Premium

| | |
|---|--|
| Total Monthly Premium | |
| ⊖ Your District and State Contributions | |
| ⊖ Your Premium | |
| <hr/> | |
| Calculate Your Monthly Premium | |
| ⊖ | |
| ⊖ | |

Ask your Benefits Administrator for your district's specific premiums.

Learn the Terms

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2020-21 TRS-ActiveCare Plan Highlights Sept. 1, 2020 – Aug. 31, 2021



What's New

- Primary plan with a **lower premium and copays**
- Primary+ (formerly Select) **decreased premiums** by up to 8%
- **Broader networks** of health care providers
- **Lower premiums** for families with children

Leverage Your \$0 Preventive Care*

- Annual routine physicals (ages 12+)
- Annual mammogram (ages 40+)
- Annual OBGYN exam & pap smear (ages 18+)
- Annual prostate cancer screening (ages 45+)
- Well-child care (unlimited up to age 12)
- Healthy diet/obesity counseling (unlimited to age 22; ages 22+ get twenty-six visits per year)
- Smoking cessation counseling (8 visits per year)
- Breastfeeding support (six per year)
- Colonoscopy (ages 50+ once every ten years)

*Available for all plans. See benefits guides for more details.

Did You Know

- Our provider search tool will be available in June.
- Choosing a PCP helps you meet your health goals faster.
- Generic medications save money! Ask your provider if your medicine has a generic.

All TRS-ActiveCare participants have **three plan options**. Each is designed with the unique needs of our members in mind.

| | NEW: TRS-ActiveCare Primary | TRS-ActiveCare HD | NEW: TRS-ActiveCare Primary+ |
|--|--|--|--|
| Plan summary | <ul style="list-style-type: none"> • Lower premium • Copays for doctor visits before you meet deductible • Statewide network • PCP referrals required to see specialists • Not compatible with health savings account (HSA) • No out-of-network coverage | <ul style="list-style-type: none"> • Similar to current 1-HD • Lower premium • Compatible with health savings account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet deductible before plan pays for non-preventive care | <ul style="list-style-type: none"> • Simpler version of the current Select plan • Lower deductible than HD and primary plans • Copays for many services and drugs • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a health savings account (HSA) • No out-of-network coverage |
| If you make no changes during Annual Enrollment, you'll have the following plan... | Only employees that choose this new plan during Annual Enrollment will be enrolled in it. | If you're currently in TRS-ActiveCare 1-HD and you make no change during Annual Enrollment, this will be your plan next year. | If you're currently in TRS-ActiveCare Select and you make no changes during Annual Enrollment, this will be your plan next year. |

| Monthly Premiums | Total Premium | Your Premium | Total Premium | Your Premium | Total Premium | Your Premium |
|-----------------------|---------------|--------------|---------------|--------------|---------------|--------------|
| Employee Only | \$386 | \$ | \$397 | \$ | \$514 | \$ |
| Employee and Spouse | \$1,089 | \$ | \$1,120 | \$ | \$1,264 | \$ |
| Employee and Children | \$695 | \$ | \$715 | \$ | \$834 | \$ |
| Employee and Family | \$1,301 | \$ | \$1,338 | \$ | \$1,588 | \$ |

| Plan Features | In-Network Coverage Only | In-Network | Out-of-Network | In-Network Coverage Only |
|---|------------------------------|------------------------------|------------------------------|------------------------------|
| Type of Coverage | | | | |
| Individual/Family Deductible | \$2,500/\$5,000 | \$2,800/\$5,600 | \$5,500/\$11,000 | \$1,200/\$3,600 |
| Coinsurance | You pay 30% after deductible | You pay 20% after deductible | You pay 40% after deductible | You pay 20% after deductible |
| Individual/Family Maximum Out-of-Pocket | \$8,150/\$16,300 | \$6,900/\$13,800 | \$20,250/\$40,500 | \$6,900/\$13,800 |
| Network | Statewide Network | Nationwide Network | | Statewide Network |
| Primary Care Provider (PCP) Required | Yes | No | | Yes |

| Doctor Visits | | | | |
|--------------------|----------------------|------------------------------|------------------------------|----------------------|
| Primary Care | \$30 copay | You pay 20% after deductible | You pay 40% after deductible | \$30 copay |
| Specialist | \$70 copay | You pay 20% after deductible | You pay 40% after deductible | \$70 copay |
| TRS Virtual Health | \$0 per consultation | \$30 per consultation | | \$0 per consultation |

| Immediate Care | | | | |
|--------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Urgent Care | \$50 copay | You pay 20% after deductible | You pay 40% after deductible | \$50 copay |
| Emergency Care | You pay 30% after deductible | You pay 20% after deductible | | You pay 20% after deductible |
| TRS Virtual Health | \$0 per consultation | \$30 per consultation | | \$0 per consultation |

| Prescription Drugs | | | |
|--|---|--|------------------------------|
| Drug Deductible | Integrated with medical | Integrated with medical | \$200 brand deductible |
| Generics (30-Day Supply / 90-Day Supply) | \$15/\$45 copay; \$0 for certain generics | You pay 20% after deductible; \$0 for certain generics | \$15/\$45 copay |
| Preferred Brand | You pay 30% after deductible | You pay 25% after deductible | You pay 25% after deductible |
| Non-preferred Brand | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible |
| Specialty | You pay 30% after deductible | You pay 20% after deductible | You pay 20% after deductible |

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

| TRS-ActiveCare 2 |
|--|
| <ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many drugs and services • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals |
| If you're currently in TRS-ActiveCare 2, and you make no changes during Annual Enrollment, you will remain in TRS-ActiveCare 2 next year. |

| Total Premium | Your Premium |
|---------------|--------------|
| \$937 | \$ |
| \$2,222 | \$ |
| \$1,393 | \$ |
| \$2,627 | \$ |

| In-Network | Out-of-Network |
|------------------------------|------------------------------|
| \$1,000/\$3,000 | \$2,000/\$6,000 |
| You pay 20% after deductible | You pay 40% after deductible |
| \$7,900/\$15,800 | \$23,700/\$47,400 |
| Nationwide Network | |
| No | |

| | |
|----------------------|------------------------------|
| \$30 copay | You pay 40% after deductible |
| \$70 copay | You pay 40% after deductible |
| \$0 per consultation | |

| | |
|---|------------------------------|
| \$50 copay | You pay 40% after deductible |
| You pay a \$250 copay plus 20% after deductible | |
| \$0 per consultation | |

| |
|---|
| \$200 brand deductible |
| \$20/\$45 copay |
| You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max) |
| You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max) |
| You pay 20% after deductible (\$200 min/\$900 max)/ No 90-Day Supply of Specialty Medications |

Compare Pricing for Common Medical Services

REMEMBER:

You can use the cost estimator tool on www.bcbstx.com/trsactivecare starting Sept. 1 to shop for the best prices through different providers.

| Benefit | TRS-ActiveCare Primary | TRS-ActiveCare HD | | TRS-ActiveCare Primary+ | TRS-ActiveCare 2 | |
|--|---|--|---|--|---|--|
| | In-Network Only | In-Network Only | Out-of-Network | In-Network Only | In-Network | Out-of-Network |
| Diagnostic Labs* | Office/Independent Lab: You pay \$0 | You pay 20% after deductible | You pay 40% after deductible | Office/Independent Lab: You pay \$0 | Office/Independent Lab: You pay \$0 | You pay 40% after deductible |
| | Outpatient: You pay 30% after deductible | | | Outpatient: You pay 20% after deductible | Outpatient: You pay 20% after deductible | |
| High-Tech Radiology | You pay 30% after deductible | You pay 20% after deductible | You pay 40% after deductible | You pay 20% after deductible | You pay 20% after deductible + \$100 per procedure copay | You pay 40% after deductible + \$100 per procedure copay |
| Outpatient Costs | You pay 30% after deductible | You pay 20% after deductible | You pay 40% after deductible | You pay 20% after deductible | You pay 20% after deductible (\$150 facility copay per incident) | You pay 40% after deductible (\$150 facility copay per incident) |
| Inpatient Hospital Costs | You pay 30% after deductible | You pay 20% after deductible | You pay 40% after deductible (\$500 facility per day maximum) | You pay 20% after deductible | You pay 20% after deductible (\$150 facility copay per day) | You pay 40% after deductible (\$500 facility per day maximum) |
| Freestanding Emergency Room | You pay \$500 copay + 30% after deductible | You pay 20% after deductible + \$500 copay | You pay 40% after deductible + \$500 copay | You pay \$500 copay + 20% after deductible | You pay \$500 copay + 20% after deductible | You pay \$500 copay + 40% after deductible |
| Bariatric Surgery | Facility – You pay 30% after deductible | Not Covered | Not Covered | Facility – You pay 20% after deductible | Facility – You pay 20% after deductible (\$150 facility copay per day) | Not Covered |
| | Professional Services – You pay \$5,000 copay + 30% after deductible | | | Professional Services – You pay \$5,000 copay + 20% after deductible | Professional Services – You pay \$5,000 copay + 20% after deductible | |
| | (Only covered if rendered at a BDC+ facility) | | | (Only covered if rendered at a BDC+ facility) | (Only covered if rendered at a BDC+ facility) | |
| Annual Vision Examination (one per plan year; performed by an ophthalmologist or optometrist) | You pay \$70 copay | You pay 20% after deductible | You pay 40% after deductible | You pay \$70 copay | You pay \$70 copay | You pay 40% after deductible |
| Annual Hearing Exam (one per plan year) | \$30 PCP copay \$70 specialist copay | You pay 20% after deductible | You pay 40% after deductible | \$30 PCP copay \$70 specialist copay | \$30 PCP copay \$70 specialist copay | You pay 40% after deductible |


*Pre-certification for genetic and specialty testing may apply. Contact your Personal Health Guide at 1-866-355-5999 with questions.

2020-21 Health Maintenance Organization Plans and Premiums for Select Regions of the State

REMEMBER:

Remember that when you choose an HMO, you're choosing a regional network.

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas another regional plan option.

| | Central and North Texas Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i> | Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i> | Blue Essentials - West Texas HMO <i>Brought to you by TRS-ActiveCare</i> |
|---|--|--|--|
|  | You can choose this plan if you live in one these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson | You can choose this plan if you live in one these counties: Cameron, Hildalgo, Starr, Willacy | You can choose this plan if you live in one these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum |

| Total Monthly Premiums | Total Premium | Your Premium | Total Premium | Your Premium | Total Premium | Your Premium |
|------------------------|---------------|--------------|---------------|--------------|---------------|--------------|
| Employee Only | \$551.10 | \$ | \$491.54 | \$ | \$534.42 | \$ |
| Employee and Spouse | \$1,382.06 | \$ | \$1,182.52 | \$ | \$1,287.58 | \$ |
| Employee and Children | \$883.50 | \$ | \$766.96 | \$ | \$835.68 | \$ |
| Employee and Family | \$1,478.56 | \$ | \$1,258.52 | \$ | \$1,370.12 | \$ |

| Plan Features | | | |
|---|------------------------------|------------------------------|------------------------------|
| Type of Coverage | In-Network Coverage Only | In-Network Coverage Only | In-Network Coverage Only |
| Individual/Family Deductible | \$950/\$2,850 | \$500/\$1,000 | \$950/\$2,850 |
| Coinsurance | You pay 20% after deductible | You pay 20% after deductible | You pay 25% after deductible |
| Individual/Family Maximum Out-of-Pocket | \$7,450/\$14,900 | \$4,500/\$9,000 | \$7,450/\$14,900 |

| Doctor Visits | | | |
|---------------|------------|------------|------------|
| Primary Care | \$20 copay | \$25 copay | \$20 copay |
| Specialist | \$70 copay | \$60 copay | \$70 copay |

| Immediate Care | | | |
|----------------|------------------------------|------------------------------|---|
| Urgent Care | \$50 copay | \$75 copay | \$50 copay |
| Emergency Care | \$500 copay after deductible | You pay 20% after deductible | \$500 copay before deductible plus 25% after deductible |

| Prescription Drugs | | | |
|---------------------|---|-------------------------------|---|
| Drug Deductible | \$150 (excl. generics) | \$100 | \$150 |
| Days Supply | 30-Day Supply / 90-Day Supply | 30-Day Supply / 90-Day Supply | 30-Day Supply / 90-Day Supply |
| Generics | \$5/\$12.50 copay | \$10/\$30 copay | \$5/\$12.50 copay ACA Preventative: \$0 |
| Preferred Brand | 30% after deductible | \$40/\$120 copay | 30% after deductible |
| Non-preferred Brand | 50% after deductible | \$65/\$195 copay | 50% after deductible |
| Specialty | 15%/25% after deductible (preferred/nonpreferred) | You pay 20% after deductible | 15%/25% after deductible (preferred/nonpreferred) |

trs.texas.gov