



TRS | ACTIVECARE

TEACHER RETIREMENT SYSTEM OF TEXAS

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TRS-ActiveCare BA TRAINING



BlueCross BlueShield of Texas

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2022-23 TRS-ActiveCare Benefit Administrator Training FAQ

This document provides answers to the most common questions TRS received from Benefit Administrators during the TRS-ActiveCare Spring 2022 trainings.

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General Benefits

QUESTION	ANSWER
Does the covered annual vision exam include a consultation for vision correction? Or is it just a screening for eye disease?	The covered annual vision exam is a routine screening, and not for vision correction.
Does TRS offer dental and vision insurance?	Currently, TRS doesn't offer dental or vision coverage. Employees should contact their Benefits Office to inquire about dental and vision insurance.
Is lactation counseling available now, or does it go into effect at the start of the new Plan Year, on 9/1/22?	Yes. Lactation counseling is available now.
Do any of the health care plans cover weight loss surgery?	The TRS-ActiveCare Primary, TRS-ActiveCare Primary+, and TRS-ActiveCare 2 plans do cover bariatric surgery. The TRS-ActiveCare HD plan only covers complications from a prior surgery. The covered surgery must be performed in a Blue Distinction+ facility to be eligible for benefits.
What is the difference between preventive colonoscopy coverage vs. diagnostic coverage?	<p>A preventive colonoscopy screening is 100% covered once every 10 years if the participant meets the recommended guidelines of being age 45 or older. If, during the routine screening, a polyp is detected and removed, a pathology charge might be billed as diagnostic. If this happens, the participant can contact a Personal Health Guide (PHG) at 1-866-355-5999.</p> <p>A colonoscopy becomes diagnostic if a participant is having symptoms or has a family history and needs a colonoscopy outside of the recommended schedule, regardless of the participant's age.</p>
Can you give details on why the TRS-ActiveCare HD plan excludes the insulin cap benefit?	The insulin cap is available to participants enrolled in the TRS-ActiveCare Primary, TRS-ActiveCare Primary+ and TRS-ActiveCare 2 plans. The maximum out-of-pocket cost is capped at \$25 for a 31-day supply and \$75 for a 60- to 90-day supply. The new insulin cap legislation applies only to a "primary care coverage" plan. This supports people with diabetes to move from a less managed high-deductible plan to a plan with a PCP that can help them control their diabetes.
Can you explain why participants on the TRS-ActiveCare HD plan in Regions 4, 6, 10 and 11 are eligible for the Hinge Health musculoskeletal pilot program but not eligible for the Airrosti musculoskeletal pilot program being introduced during the upcoming Plan Year?	<p>Airrosti isn't available on the TRS-ActiveCare HD plan in these regions because of federal regulations. Participants on an HSA-qualified high deductible plan must pay their full deductible before any benefits can be used.</p> <p>Hinge Health is available because it has more health coaches than licensed physical therapists.</p>
Do participants ages 35 and over on the TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans need a referral for a breast cancer screening?	No, a referral isn't needed for a breast cancer screening. If the screening leads to additional services, like an MRI, a referral will be needed for those additional services.
What procedure should we follow when employees enrolled in the TRS-ActiveCare Primary or TRS-ActiveCare Primary+ plans ask about coverage for dependents out of state at college?	<p>If a dependent lives out of state at college, an attestation form can be filled out allowing them to get services from participating providers in their current state. The attestation form will need to be completed annually before services are used out of state and can be found here:</p> <p>www.bcbstx.com/trsactivecare/pdf/trs-attestation-form.pdf</p>

Primary Care Providers (PCPs) and Referrals

QUESTION	ANSWER
Do employees need a referral for an OB/GYN if they're on the TRS-ActiveCare Primary or TRS-ActiveCare Primary+ plan?	No. A referral isn't needed to see an OB/GYN.
Why don't all OB/GYNs have a PCP ID in Provider Finder®?	OB/GYNs can decide if they want to be listed as a PCP or only as a specialist.
Is a referral needed for an annual mammogram?	No, a referral isn't needed for a mammogram. If the mammogram shows further diagnostic testing is needed, a referral will be needed to get the additional testing.
If a participant changes their PCP in Blue Access for Members SM (BAM SM) or with a PHG during the summer, will they need to contact BCBSTX again on or before 9/1/22?	Existing participants on TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans can change their PCP through BAM or with a PHG at 1-866-355-5999 . If the PCP information is correct on 9/1/22, then no action is needed. New participants and dependents electing a plan for the first time will have their PCP information provided through the eligibility files as part of the Annual Enrollment process.
Can a nurse practitioner be selected as a PCP?	Yes. A nurse practitioner can be selected as a PCP if they have a PCP contract with BCBSTX.
If a participant doesn't know the PCP ID, where do they find it?	PCP IDs can be found in Provider Finder at www.bcbstx.com/trsactivecare/doctors-and-hospitals
When new employees are enrolling in the TRS-ActiveCare Primary or TRS-ActiveCare Primary+ plan and don't have a PCP, they might choose any doctor to complete the process. How do they go about changing their PCP later?	A participant can change their PCP in BAM at www.bcbstx.com/trsactivecare or by calling a PHG at 1-866-355-5999 .



Pharmacy/Medication Benefits

QUESTION	ANSWER
Who can answer general questions related to pharmacy/medication-related benefits?	CVS Caremark® 1-866-823-5182 Monday-Friday, 7 a.m.-7 p.m. CT ClientConcierge@CVSHealth.com
Is the \$25 insulin copay for ALL types of insulin?	Starting 9/1/22, the cost of formulary insulins will be capped at \$25 for a 31-day supply and \$75 for a 60- to 90-day supply. The current formulary can be found here: www.caremark.com/managingdiabetes
Is PrudentRx an extra cost to the employee, or is it included in coverage already?	PrudentRx is included at no additional cost and is only available on the TRS-ActiveCare Primary, TRS-ActiveCare Primary+, and TRS-ActiveCare 2 plans. Visit the CVS website for formulary and details about PrudentRX at: info.caremark.com/oe/trsactivecare
Is there a way for employees to enroll in PrudentRx during Annual Enrollment?	No. After Annual Enrollment, participants in the eligible TRS-ActiveCare plans who have been identified through claims data as taking specialty drugs on the <i>PrudentRx Specialty Drug</i> list will get a welcome letter and phone call with information about the program. They'll then need to call PrudentRx at 1-800-578-4403 to register.
How do participants know if they're on specialty tiered medications?	If a participant is enrolled with TRS-ActiveCare Primary, TRS-ActiveCare Primary+ or TRS-ActiveCare 2 plans and are taking a medication or are prescribed a medication that is included on the <i>PrudentRX Specialty Drug</i> list, they will receive a welcome letter and phone call with more information on how to enroll and take advantage of the \$0 cost program. They can also call a PrudentRx Member Associate for information at 1-800-578-4403 , Monday-Friday, 8 a.m. – 8 p.m. EST.
Is there a list of medications that are eligible for the PrudentRx program?	Yes, it can be found on the dedicated website at: www.prudentrx.com/prudentxf/
Is the drug deductible separate from the medical deductible or are they combined?	There's a combined medical and prescription drug deductible for the TRS-ActiveCare HD plan and the TRS-ActiveCare Primary plan. The TRS-ActiveCare Primary+ plan and the TRS-ActiveCare 2 plan have a \$200 brand name prescription deductible that is separate from the medical deductible.
Are we changing from CVS Caremark to PrudentRx?	No. CVS Caremark still administers the TRS-ActiveCare prescription benefits. CVS Caremark has partnered with PrudentRx to lower specialty drug costs for their participants. Employees enrolled in the TRS-ActiveCare Primary, TRS-ActiveCare Primary+, and TRS-ActiveCare 2 plans who are taking specialty drugs on the <i>PrudentRx Specialty Drug</i> list will now receive those drugs from PrudentRx. Specialty drugs through PrudentRx will be covered at 100%, and currently 99% of all specialty drugs are on the <i>PrudentRx Specialty Drug</i> list. Specialty drugs that aren't on the <i>PrudentRx Specialty Drug</i> list can be found through the CVS Caremark Specialty pharmacy, and participants will pay the coinsurance for their plan.
Does PrudentRx offer 90-day prescriptions?	No. Only a 30-day supply for specialty drugs is allowed.
Are TRS-ActiveCare HD plan participants not eligible for any specialty drug coverage through PrudentRX?	No. TRS-ActiveCare HD plan participants have specialty medication coverage through the CVS Caremark Specialty Pharmacy, and coverage is subject to the plan's deductible and coinsurance.

ID Cards

QUESTION	ANSWER
Can employees who have been on a plan other than TRS-ActiveCare register for BAM after they make their annual enrollment selections even though they won't have benefits until 9/1/22?	No. Participants will need their ID number to register for BAM which won't be available until 9/1/22.
Can you confirm if new hires and current employees will receive a new ID card, even if there are no changes to their PCP?	Yes. All participants enrolled in TRS-ActiveCare plans administered by BCBSTX and CVS Caremark will receive new cards to reflect updated benefit information.
Is there a CVS Caremark employer portal where we can access participant prescription IDs?	Yes. Go to info.caremark.com/trsactivecare and you can print a temporary ID card for a participant.

HMO

QUESTION	ANSWER
Is the 24/7 Nurseline available now for the Blue Essentials – South Texas HMO and Blue Essentials – West Texas HMO?	Yes. The 24/7 Nurseline is available now.
Will a participant's PCP selection carry over if they change from their current HMO to a different HMO?	Yes, but only if the participant is moving between the two Blue Essentials plans.
Are the TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans considered an HMO or PPO?	These are physician-directed plans powered by the Blue Cross and Blue Shield of Texas Blue Essentials HMO network. However, these are not your traditional HMO plans. TRS has developed the network so participants have access to providers statewide and also have emergency coverage outside of Texas. If participants need assistance in finding a network provider, a Personal Health Guide can help your staff and providers at 1-866-355-5999 to ensure no delays in care.

Eligibility and Enrollment

QUESTION	ANSWER
What happens if someone is hired after the supplemental enrollment window?	They have 31 days from date of hire to make their election as a new hire enrollment.
Can we start terminating employees who are leaving for another school district?	Yes. You may submit terminations now, but they won't go through until 8/1/22 with coverage ending 8/31/22.
Is this a passive enrollment?	Yes. TRS is holding a passive enrollment this Plan Year.

TRS-Virtual Health Care

QUESTION	ANSWER
What is the cost for RediMD™ and Teladoc®?	<p>For participants enrolled in the TRS-ActiveCare Primary, TRS-ActiveCare Primary+ and TRS-ActiveCare 2 plans:</p> <ul style="list-style-type: none"> • \$0 for RediMD • \$12 copay for Teladoc <p>For participants enrolled in the TRS-ActiveCare HD Plan:</p> <ul style="list-style-type: none"> • \$30 consult fee for RediMD* • \$42 medical consult fee for Teladoc <p><small>* medical telehealth visits through RediMD apply to the deductible. Once the deductible is met, the plan pays 70% of the \$30 consult fee. Participants pay 30% after deductible.</small></p>
How can a participant register for RediMD and Teladoc?	<p>For RediMD:</p> <ul style="list-style-type: none"> • go to www.redimd.com/trsactivecare and click register • enter the code trsactivecare when prompted • complete their profile • they can also call RediMD customer service at 1-866-989-CURE (1-866-989-2873) <p>For Teladoc:</p> <ul style="list-style-type: none"> • go to www.teladoc.com/trsactivecare • click on set up your account • they can also download the mobile app from the Apple App Store or Google Play Store to set up their account • or call 1-855-Teladoc (1-855-835-2362) to speak with a Teladoc representative
Can non-covered dependents also use Teladoc and RediMD for a fee? Do they sign up under the participant's account?	Participants can share virtual health services with household members that aren't covered by a TRS-ActiveCare plan by registering them through their own accounts. There is a \$55 cost per visit for Teladoc and \$35 cost per visit for RediMD.



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