

Teacher Retirement System of Texas

Frequently Asked Questions: TRS-Care Standard

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General Questions

What is the difference between TRS-Care Standard and TRS-Care Medicare?

TRS-Care Standard is a high-deductible health plan that TRS offers to retirees and their family members under age 65 and not yet eligible for Medicare.

TRS-Care Medicare is for retirees and their eligible family members who are eligible for and enrolled in traditional Medicare. TRS-Care Medicare Advantage is the medical plan and includes the TRS-Care Medicare Rx prescription drug plan.

What are my TRS-Care premiums?

The TRS retiree's Medicare eligibility determines their premium, regardless of their dependents' Medicare status. For example, if you are the TRS retiree and you are not eligible for Medicare and you cover your spouse who is eligible for Medicare, you pay \$689 per month for both of you because, you, as the retiree, are not yet eligible for Medicare.

Visit [2023 TRS-Care Plan Highlights](#) to see your monthly premiums.

How has the TRS-Care fund performed?

TRS-Care saved \$12.7 billion in fiscal year 2021 through reductions to submitted charges, member cost sharing, and refunds and rebates.

Who should I contact if I have questions?

For enrollment and eligibility questions, contact TRS:

- Call **1-888-237-6762**, 7 a.m.–6 p.m. CT, Mon–Fri.
- Email healthcarecomm@trs.texas.gov.
- Visit [TRS-Care Eligibility and Enrollment](#).
- Visit [Teacher Retirement System of Texas](#).

For medical benefits questions, call BlueCross BlueShield of Texas at **1-866-355-5999**, 24 hours a day, 7 days a week or visit [TRS-Care Standard at BCBSTX](#).

For prescription drug questions, call CVS Caremark at **1-844-345-4577**, TTY 711, 24 hours a day, 7 days a week or visit [TRS-Care Standard at CVS Caremark](#).

Eligibility and Enrollment

Which plan am I eligible for?

TRS-Care plan eligibility is based on the retiree's Medicare status:

- TRS-Care Standard is for people without Medicare (generally, people younger than 65).
- TRS-Care Medicare is for people eligible for Medicare (people aged 65 or older).

Visit [TRS-Care Eligibility and Enrollment](#) for more information.

When can I enroll in TRS-Care?

TRS-Care enrollment is available only during specific windows of opportunity.

You have an initial enrollment opportunity to join TRS-Care **when you retire**. If you decide not to enroll in TRS-Care when you retire, you have two other potential chances to enroll:

- **If you have a special enrollment event.** Special enrollment events may arise from an involuntary loss of coverage or when you gain a new dependent through marriage, birth, adoption, or placement for adoption.
- **When you turn 65.**

Visit [TRS-Care Eligibility and Enrollment](#) and [2023 TRS-Care Standard Guide for Participants without Medicare](#) for more information.

If I leave TRS-Care, can I come back?

If a retiree or surviving dependent (including a surviving spouse) leaves TRS-Care, they have limited opportunities to reenter the program:

- **When they have a special enrollment event.** Special enrollment events may arise from an involuntary loss of coverage or when you gain a new dependent through marriage, birth, adoption, or placement for adoption. See page 21 of the [2023 TRS-Care Standard Plan Guide for Participants without Medicare](#) or the special enrollment events section at [TRS-Care Eligibility and Enrollment](#) for details.
- **When they turn 65.**

How do I add a dependent to my existing TRS-Care coverage?

- You may add a new dependent **only** during your Initial Enrollment Period **or** a Special Enrollment Event.
- Call TRS at **1-888-237-6762** to get an enrollment application and complete information about adding new dependents (for example, marriage, adoption, guardianship, divorce).
- The coverage starts the first of the month after TRS receives your application.
- If a dependent *who previously waived TRS-Care coverage* loses other health coverage through no fault of their own, the dependent may qualify for a special enrollment event. They may enroll in TRS-Care within 31 days from the date of they lose their other health coverage. Call TRS to get a Special Enrollment Event application.
- A surviving spouse cannot add a new spouse.

How do I remove a dependent from my TRS-Care coverage?

You can remove dependents from your coverage any time. Call TRS at **1-888-237-6762** to ask for the form to remove dependents. You must complete, sign and return the form to TRS to remove your dependents.

You must specify which dependent you want to remove from coverage. If you do not sign the request, TRS cannot process it. The termination starts on the first of the month after TRS gets your request.

Once you remove a dependent from your coverage, you may not get a chance to add them back later.

If I terminate TRS-Care coverage, when will my annuity change?

You'll see the change at the end of the month you terminate your coverage. For example, if you terminate coverage starting Jan. 1, your Jan. 31 annuity check will reflect the change. Your last day of coverage would be Dec. 31 (the previous month). Insurance is due at the end of each month.

How do I completely terminate my TRS-Care coverage?

Contact TRS for a cancellation form (TRS 700B). You must sign and notarize the form. Once TRS cancels your TRS-Care coverage, you will have a 31-day grace period to contact TRS for a reinstatement form or to receive instructions to submit a written reinstatement request starting from the effective date of termination. Reinstatement of coverage will start the first of the following month assuming TRS receives your documentation within the 31-day grace period. After this 31-day grace period, you can't reenroll in TRS-Care unless you have a special enrollment event, qualifying life event or reach age 65.

Cancellations take effect the first day of the month after TRS gets your notarized 700B.

If you are a surviving spouse of a TRS retiree and enrolled in TRS-Care, send TRS a written request to cancel your TRS-Care coverage. The request must have your signature.

Who do I contact about my Consolidated Omnibus Budget Reconciliation Act (COBRA) options?

Blue Cross and Blue Shield of Texas (BCBSTX) administers COBRA. Call TRS at **1-888-237-6762** to see if you are eligible for COBRA and request an application. Once enrolled in COBRA, talk to a Personal Health Guide at **1-866-355-5999** for help.

Do I need to do anything to stay enrolled in TRS-Care Standard?

If you are enrolled in TRS-Care Standard, you don't need to do a thing. You'll stay enrolled until you decide to cancel your coverage. Go to [TRS-Care Standard at BCBSTX](#) to learn more about your medical benefits and [TRS-Care Standard at CVS Caremark](#) to review your prescription drug benefits.

Medical Questions – Blue Cross and Blue Shield of Texas

ID Cards

Will I get a new ID card for the 2023 plan year?

TRS-Care Standard participants will get a new ID card for the 2023 plan year.

How can I get another ID Card?

Use the BCBSTX App, go to [TRS-Care Standard at BCBSTX](#) and log in to Blue Access for MembersSM (BAMSM), or call a Personal Health Guide at **1-866-355-5999** to ask for a new ID card.

Benefits

What are my TRS-Care Standard plan benefits?

Find more information about benefits at [TRS-Care Standard at BCBSTX](#).

When I retire, I'll switch from my current insurance to TRS-Care Standard. Will I have to meet a new deductible when I change?

Yes. You will have to meet a new deductible under TRS-Care Standard.

How can I find out what services, procedures and equipment TRS-Care Standard covers?

Visit www.bcbstx.com/trscarestandard/coverage. Check out the Summary of Benefits & Coverage, and the Benefits Booklet. You can also call a Personal Health Guide at **1-866-355-5999**.

Does the plan qualify as a high-deductible plan that's eligible for a Health Savings Account (HSA)?

Yes. The TRS-Care Standard plan qualifies as a high-deductible plan and is eligible for an HSA that you can set up outside of TRS.

What is the difference between preventive and diagnostic services at a doctor's visit?

A preventive care service is to prevent certain illnesses and diseases. A diagnostic service is to find the nature and cause of an illness or other medical concerns, along with the method of treatment.

Are treatments for pre-existing conditions covered as preventive?

If you are getting care for a known medical condition, that care is diagnostic.

Are colonoscopies preventive?

TRS-Care Standard covers screening colonoscopies as preventive service with a \$0 copay. If you have a history of colon cancer or had polyps removed in a past colonoscopy, ongoing colonoscopies are diagnostic and covered as an outpatient surgery.

Does BCBSTX offer transportation to and from medical appointments?

No. BCBSTX does not provide transportation services for plan participants.

How should I determine where to go for care?

Call the 24/7 Nurseline at **1-833-968-1770**. A registered nurse can help you decide if you should go to an emergency room (ER), urgent care center or make an appointment with your doctor.

Primary Care Provider (PCP) and Referrals

Am I required to have a PCP?

No. TRS-Care Standard does not require a PCP. But we recommend having a PCP to help manage your health care needs.

How can I find a PCP?

Use BCBSTX's Provider Finder at www.bcbstx.com/trscarestandard. Click on **Doctors and Hospitals**. You can also call a Personal Health Guide at **1-866-355-5999** for help.

Do I need a referral or prior authorization to see a specialist?

You do not need a referrals and prior authorizations to see a specialist. But be sure to use in-network providers to ensure the highest level of benefits.

Provider Finder and In-Network Providers

How can I find an in-network provider or hospital?

Use Provider Finder to see providers and hospitals in the nationwide network. Go to www.bcbstx.com/trscarestandard and click on **Doctors and Hospitals** to search. Or log in to BAM for personalized Provider Finder results or call a Personal Health Guide at **1-866-355-5999**.

What is the name of my health plan's network?

Your health plan's network is Blue Choice PPO. **To check if your provider is in-network**, ask if they're a *PPO contracting provider with BCBSTX's Blue Choice PPO* **instead** of asking if they accept BCBSTX.

Can my current doctor become an in-network provider?

Nominate a provider for the BCBSTX network at www.bcbstx.com/trscarestandard. Click on **Doctors and Hospitals** and then **Nominate a Provider**. Check Provider Finder or call a Personal Health Guide at **1-866-355-5999** after 30 to 60 days to check the provider's status.

BCBSTX App

[What is Blue Access for Members \(BAM\)?](#)

BAM is a secure website for TRS-Care Standard participants. Use it to view claims, download an explanation of benefits (EOB) statement, look for providers, chat with Personal Health Guides, and more. To get the BCBSTX App, text **BCBSTXAPP to 33633** or search BCBSTX in the Apple App Store or Google Play Store.

Out-of-State Coverage

[Do I have coverage outside of Texas?](#)

Yes. You have nationwide coverage, so TRS-Care Standard covers you if you move or travel out of state. You also have emergency care when you travel internationally.

[What happens if my dependent lives out of state?](#)

If your dependents are out of state for any length of time, you can continue to use BCBSTX's extensive nationwide network of providers. Go to or call a **Personal Health Guide** at **1-866-355-5999** for help finding an in-network provider.

TRS Virtual Health (Telemedicine)

[Do I have a virtual health \(telemedicine\) option?](#)

Yes. You have low cost virtual care options through Teladoc® and RediMD™ for medical and mental health.* You can see a doctor 24/7 or make an appointment with a mental health specialist, whether you are traveling, taking a lunch break or want care from the comfort of home. Download the Teladoc and RediMD App from the Apple App Store or Google Play Store.

RediMD charges a \$30 copay per visit. Teladoc charges a \$42 copay per visit. Both copays apply to your deductible. When you meet your deductible, the plan pays 80% and you pay 20%.

*RediMD does not provide mental health care.

[What are my virtual mental health benefits through TRS?](#)

- Psychiatrist (initial consultation) = \$185 before deductible/\$37 after deductible
- Psychiatrist (ongoing consultations) = \$95 before deductible/\$19 after deductible
- Psychologist or licensed clinical social worker consultations = \$85 before deductible/\$17 after deductible

[Can a Teladoc or RediMD provider write me a prescription from anywhere?](#)

Teladoc and RediMD have providers throughout the United States. The provider you see can send a prescription to a pharmacy near you, if necessary, but they can't fill ongoing prescriptions. The provider may be able to fill a prescription if they feel it's medically necessary until you can see your physician in person. They also can't prescribe controlled substances.

The Fitness Program and Blue PointsSM

What is the Fitness Program?

Discounted gym and fitness memberships are available through the Fitness Program. With affordable, no-contract memberships, you can go to any participating gym facility in the program's nationwide network. You can exercise even when you are traveling. Plus, save on wellbeing services like acupuncture, massage and personal training. You must be age 18 or older to buy a membership.

How much does the Fitness Program cost?

The Fitness Program has an initiation fee of \$19. Monthly fees range from \$19 to \$99, depending on the size of the gym network you choose. It's easy to sign up.

1. Go to www.bcbstx.com/trscarestandard and log in to BAM.
2. Click on **Wellness** and then **Fitness Program**. On this page, you can **enroll**, search for nearby fitness locations and learn more about the program.
3. Click **Enroll Now**. Then search and select the fitness location that's best for you. Remember, you can visit any participating fitness location in your plan after you sign up.
4. Verify your personal information and method of payment. Print or download your Fitness Program ID card. You may also ask to get your ID card in the mail.
5. Visit a fitness location today!

What are Blue Points and how do they work?

Blue Points is a special program that lets you earn points to redeem for things like books, music, sporting goods, electronics, entertainment — anything that motivates you to keep making healthy choices. You earn Blue Points when you:

- take a health assessment
- link a fitness device
- exercise
- complete an online, self-directed course

Are Blue Points available for dependents?

Blue Points are available for dependents eighteen and older with a BAM account.

Vision and Dental Benefits

Does TRS-Care Standard offer vision or dental benefits?

- No. TRS-Care Standard does not offer routine vision and dental benefits.
- TRS-Care Standard covers routine eye exams if you have diabetes. Exams are subject to the deductible and coinsurance.
- TRS-Care Standard covers glasses within 12 months after intraocular surgery or accidental injury. The plan covers 80% of your first pair of glasses, frames, lenses or contact lenses, after you meet your deductible, up to the allowed amount.
- TRS-Care Standard may cover dental services if they are a medical service.
- Call a Personal Health Guide at **1-866-355-5999** for more benefit questions.

Claims and Billing

[I paid out of pocket for a doctor's appointment. How do I submit that information?](#)

Call a Personal Health Guide at **1-866-355-5999** for a medical claim form. The medical claim form is also at **www.bcbstx.com/trscarestandard** under **Tools and Resources**.

[Are treatments for pre-existing conditions covered as preventive?](#)

If you are getting care for a known medical condition, it is considered diagnostic.

[What is the allowed amount?](#)

In-network providers have negotiated rates, or allowed amounts, in their contracts. The allowed amount is the maximum amount TRS-Care Standard will pay for a covered service.

The allowed amount is lower for out-of-network providers, so always see in-network providers to avoid [balance billing](#). In areas where there is no network, your plan covers medical expenses based on reasonable and customary charges, determined by claims from the same types of providers in a geographic region.

[Can an out-of-network provider balance bill me?](#)

[Balance billing](#) is when a medical provider or facility bills patients the difference between provider charges and insurance company allowed amounts. In-network providers may not balance bill for covered services. To prevent balance billing, be sure to use in-network doctors and providers.

Prescription Drug Questions – CVS Caremark

[Who is the pharmacy benefit manager for TRS-Care Standard?](#)

CVS Caremark is the pharmacy benefit manager (PBM) for TRS-Care Standard. If you have questions, call CVS Caremark at **1-844-345-4577**, 24 hours a day, 7 days a week. Visit [CVS Caremark for TRS-Care Standard](#) for more information.

Is my local pharmacy in the network?

You may use any pharmacy in the CVS Caremark retail network. The pharmacy doesn't need to be a CVS store. You can fill long-term supplies (up to 90-day supplies) of maintenance medications at Retail-Plus pharmacies.

If you are not yet eligible for Medicare, visit the [TRS-Care Standard prescription drug plan pharmacy locator](#) to find a pharmacy near you, including Retail-Plus pharmacies.

How can I find a Retail-Plus Network Pharmacy?

For a list of Retail-Plus network pharmacies:

1. Go to [CVS Caremark for TRS-Care Standard](#).
2. Click "Retail-Plus Pharmacy Locator" under "Find a Pharmacy in Your Area."
3. Enter your address or zip code.
4. Look for the pharmacies that say "Retail 90."

Call CVS Caremark at **1-844-345-4577** and a representative can help you find a Retail-Plus Network Pharmacy near you.

How can I save money on my prescription drugs?

CVS Caremark offers several payment options to help you afford your prescriptions. If you are on TRS-Care Standard, contact CVS Caremark at **1-844-345-4577**, 24 hours a day, 7 days a week for more information about payment options.

Certain "preventive" generic drugs are available at no added cost through TRS-Care Standard. We encourage you to ask your doctor about switching to a generic. Check our prescription drug list to see if your plan covers your medication at no added cost.

The list of generic drugs available at no added cost is at [CVS Caremark for TRS-Care Standard](#) under [Generics Only Preventive Drug List](#).

If you get your medications from the CVS Mail Order Pharmacy, you can split the payments for a 90-day supply into three payments over three months. Call CVS Caremark at **1-844-345-4577** for more information or for help to set up a payment plan.

What if the plan does not cover my drug?

If the formulary does not cover your drug, CVS Caremark can help you find a generic or lower cost equivalent.

Do I need a prior authorization to get pain medication?

Yes. In response to the growing opioid epidemic, CVS Caremark has a strict quantity limit on opioids. Your doctor may need to submit a quantity limit prior authorization. Contact CVS Caremark at **1-844-345-4577** to see if your pain medication requires a prior authorization.

How much will I pay for insulin?

The 87th Texas Legislature passed State Bill 827, which lowers the cost of insulin for people on TRS-Care Standard. This change took place on Jan. 1, 2022.

TRS-Care Standard now caps formulary insulins at \$25 for a 31-day supply and \$75 for a 60- to 90-day supply. You do not have to first meet your deductible and you don't pay the full cost of the insulin. You pay only a copay for covered insulin, which does not apply toward your deductible. But your copay does apply towards your maximum out-of-pocket costs.

Which insulins does TRS-Care Standard cover?

For a list of the covered formulary insulins, visit [CVS Caremark for TRS-Care Standard](#) to view the CVS Caremark® Formulary.

If your insulin is not on the formulary, please contact CVS Caremark Customer Care and our representatives will help you with a formulary exception process.

For diabetic supplies, you can get preferred test strips, lancets, alcohol prep pads, and needles at \$0 for a 90-day supply at Retail-Plus pharmacies or CVS Mail Order Pharmacy.

If you are a TRS-Care Standard participant with diabetes, you may qualify for a OneTouch or Accu-Chek blood glucose meter at no added cost to you. For more details, please contact the CVS Caremark® Member Services Diabetic Meter Team at **1-877-418-4746** or visit [CVS Caremark — Managing Diabetes](#).

What is Prudent Rx?

Starting Jan. 1, 2023, CVS Health® will offer PrudentRx, a copay optimization program. The program helps TRS-Care participants save money while eliminating member cost share for specialty medications.

Prudent Rx helps TRS-Care participants use manufacturer copay cards to help them get lower drug prices. The TRS formulary and prior authorization requirements still apply. Current specialty members using a listed PrudentRx drug will get outreach via telephone and mail.

The PrudentRx Copay Program allows you to get select specialty medication at no added cost to you after you meet your deductible. That means \$0 out-of-pocket (OOP) for any medication on your plan's exclusive PrudentRx Specialty Drug list when you fill by CVS Specialty.

To learn more, call PrudentRx at **1-800-578-4403** or visit [CVS Caremark for TRS-Care Standard](#) and select the PrudentRx Drug list and FAQ.