TRS-Care Standard- FAQs

General Questions

What's the difference between the TRS-Care Standard and the TRS-Care Medicare Advantage plan?

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

The TRS-Care Medicare plans are for retirees and their family members who are enrolled in Medicare. TRS-Care Medicare Advantage is the medical plan and TRS-Care Medicare Rx is the prescription drug plan. It features copays, plus a low medical deductible and out-of-pocket maximum.

What are my 2022 TRS-Care premiums?

TRS-Care benefits and premiums have stayed the same since 2018. The premium you pay is determined by the TRS retiree's Medicare eligibility, regardless of your dependents' Medicare status. For example, if you are the TRS retiree and you are not yet eligible for Medicare and you cover your spouse who is eligible for Medicare, you would pay $689 per month because, you, the retiree is not yet eligible for Medicare. (Refer to TRS-Care Plan Highlights (pdf).)

How has the TRS-Care fund performed?

A number of factors contribute to the $3 Billion projection in 2023:

- Following the 2018 health care changes, around 30,000 participants left the program. As a result, TRS-Care has fewer claims each year.
- During the 86th legislative session, the Legislature appropriated $231 million to keep TRS-Care premiums and benefits same.
- In 2020, TRS underwent a large health care procurement. This decision to select BCBSTX and UnitedHealthcare as the new medical plan administrators is projected to save an estimated $454 million dollars. Together with the elimination of a federally required health insurer fee (tax), the TRS-Care program will have a positive balance.

It's important to note that any positive balance could neutralize as TRS-Care spends $1.5 - $2 billion a year on health care claims and health care funding continues.

How can I contact you?

TRS for Enrollment and Eligibility related questions: **1-888-237-6762**, 7 a.m.– 6 p.m. CT, Monday – Friday; www.trs.texas.gov

Blue Cross and Blue Shield of Texas (BCBSTX) for Medical Benefits related questions: **1-866-355-5999,** 24 hours a day, seven days a week; www.bcbstx.com/trscarestandard

CVS Caremark for prescription drug related questions: **1-844-345-4577**, option 1, 24 hours a day, seven days a week; https://info.caremark.com/oe/trscarestandard

Eligibility and Enrollment

Which plan am I eligible for?

TRS-Care plan options are based on your Medicare status: the TRS-Care Standard plan for those without Medicare (generally individuals younger than 65); and the TRS-Care Medicare Advantage plan for those eligible for Medicare.

Can I choose to enroll in TRS-Care at a later date if I don't enroll at the time of my retirement?

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

You have an initial enrollment opportunity to join TRS-Care upon retirement.

If you decide not to enroll in TRS-Care at retirement, there are two potential opportunities for you to enroll:

- **If you experience a special enrollment event.** Special enrollment events may arise from an involuntary loss of coverage or gaining a new dependent through marriage, birth, adoption, or being placed for adoption.
- **When you turn 65.** See pages 21-23 for details about special enrollment opportunities in the 2022 TRS-Care Standard Guide for Participants without Medicare.

If I leave TRS-Care, can I return?

If a retiree or surviving spouse leaves TRS-Care, he or she will only have the limited opportunities to re-enter the program: 1) at age 65, and/or 2) with a special enrollment event. Read more about these opportunities.

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

- You may add a new spouse by sending TRS a written request with the spouse's name, date of birth, social security number and gender. The request must also include your signature and a copy of the marriage license. TRS must receive the request within 31 days from the marriage date.

    - The coverage would take effect the first of the month after TRS receives the request.
    - NOTE: A surviving spouse cannot add a new spouse.
- If a dependent who previously waived TRS-Care coverage loses other health coverage through no fault of their own, the dependent has a Special Enrollment Event and may enroll in TRS-Care within 31 days from the date of the coverage loss. Contact TRS to receive a Special Enrollment packet.

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

You can remove dependents from your coverage at any time. Send a written request to TRS, with your handwritten signature, requesting to remove the dependent.

Please specify which dependent you would like to remove from coverage. If there's no signature, TRS cannot process it. The termination will take effect the first of the month after TRS receives the request.

Keep in mind, once you remove a dependent from your coverage, you may not have an opportunity to add him or her back later.

Find more information on dependent eligibility and enrollment in the TRS-Care Standard Guide for Non-Medicare Participants.

Once I terminate TRS-Care coverage, when will I see that reflected in my annuity?

You'll see it at the end of the month you terminated coverage. For example, if you terminate coverage effective Jan. 1, 2022, you'd see this reflected on your Jan. 31, 2022 annuity check. Your last day of coverage would be Dec. 31, 2021. Insurance is due at the end of the month.

What do I need to do to cancel my TRS-Care coverage completely?

- Contact TRS for a cancellation form (700B). You must sign and notarize the form. **Once you cancel your TRS-Care coverage, you cannot re-enroll in TRS-Care unless you experience a special enrollment event or you turn 65.**
- Cancellations take effect the first day of the month after TRS receives the notarized 700B form.
- If you are a surviving spouse of a TRS retiree and are enrolled in TRS-Care, send in a written request to cancel your coverage. The request must have your signature.

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

BCBSTX administers COBRA. Call a Personal Health Guide at **1-866-355-5999** for assistance.

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

If you are already enrolled in TRS-Care Standard, you don't need to do anything. Go to **www.bcbstx.com/trscarestandard** to learn more about your benefits for your 2022 plan year. You can still use your same ID card for the 2022 plan year.

Medical Questions – Blue Cross and Blue Shield of Texas

ID CARDS

1. **How can I get another ID Card?**
   You can use the BCBSTX App, go online to **www.bcbstx.com/trscarestandard** and log in to Blue Access for Members℠ (BAM℠), or call a Personal Health Guide at **1-866-355-5999.**

BENEFITS

1. **What are my TRS-Care Standard plan benefits?**
   Find more information about benefits on the 2022 TRS-Care Plan Highlights.

2. **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.

3. **How can I find out what services, procedures and equipment is covered under TRS-Care Standard?**
   Visit www.bcbstx.com/trscarestandard/coverage. You can check out the Summary of Benefits & Coverage, and the Benefits Booklet. You can also call a Personal Health Guide at **1-866-355-5999**.

4. **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.

5. **What is the difference between preventive and diagnostic services at a doctor's visit?**
   A preventive care service is intended to prevent certain illnesses and diseases. A diagnostic service is intended to identify the nature and cause of an illness or other medical concerns, along with the method of treatment.

6. **Are treatments for pre-existing conditions covered as preventive?**
   If you're getting care for a known medical condition, it is considered diagnostic.

7. **Are colonoscopies considered preventive?**
   Screening colonoscopies are covered as a preventive service at a $0 copay. If you have a prior history of colon cancer, or have had polyps removed during a previous colonoscopy, ongoing colonoscopies are considered diagnostic and are covered as an outpatient surgery.

8. **Does BCBSTX have a service to help provide transportation to and from medical appointments for participants?**
   No, BCBSTX does not provide transportation services.

9. **How should I determine where to go for care?**
   You can call the 24/7 Nurseline and a registered nurse can then help you decide whether you should go to an emergency room, urgent care center or make an appointment with your doctor.

PRIMARY CARE PROVIDER (PCP) AND REFERRALS

1. **Am I required to have a PCP?**
   No, you're not required to have a PCP. However, we recommend having a PCP to help manage your health care needs.

2. **How can I find a PCP?**
   Use BCBSTX's Provider Finder by going to **www.bcbstx.com/trscarestandard** and click on the **Doctors and Hospitals** tab. You can also call a Personal Health Guide at **1-866-355-5999** for help.

3. **Do you need a referral or prior authorization to see a specialist?**
   Referrals and prior authorizations aren't required to see a specialist. Be sure to use in-network providers to ensure the highest level of benefits

PROVIDER FINDER AND IN-NETWORK PROVIDERS

1. **How can I find an in-network provider or hospital?**
   You can use Provider Finder to see what providers and hospitals are in the nationwide network. Just go to **www.bcbstx.com/trscarestandard** and click on **Doctors and Hospitals** to search. You can also log in to BAM for personalized Provider Finder results or call a Personal Health Guide at **1-866-355-5999**.

2. **What is the name of my health plan's network?**
   Your health plan's network is Blue Choice PPO. When checking if your provider is in network, ask if they're a PPO contracting provider with BCBSTX's Blue Choice PPO rather than if they accept BCBSTX.

3. **Can my current doctor become an in-network provider?**
   You can nominate a provider for BCBSTX's network by visiting **www.bcbstx.com/trscarestandard**, clicking on the **Doctors and Hospitals** tab, and then on **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

1. **What is Blue Access for Members (BAM)?**
   BAM is a secure website for TRS-Care Standard participants. You can use it to view claims, download an explanation of benefits (EOB) statement, look for providers, chat with Personal Health Guides, and more.

2. **Is there an app?**
   Yes, it's the BCBSTX App. To get the BCBSTX App, just text **BCBSTXAPP** to **33633** or search BCBSTX in the Apple App Store or Google Play Store.

OUT OF STATE COVERAGE

1. **Do I have coverage outside of Texas?**
   Yes, you have nationwide coverage, so you're covered if you move or travel out of state. Emergency care is also available when you travel internationally.

2. **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

1. **Is there a virtual health/telemedicine option?**
   Yes, Teladoc®, is a virtual health/telemedicine provider that treats both medical and mental health issues. You can also use Teladoc even when you're traveling nationally and internationally. Download the Teladoc App from the Apple App Store or Google Play Store.

2. **What is the plan's virtual health benefits through Teladoc?**
   - Medical consultations = $30 before deductible/$6 after deductible
   - 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

3. **Can a Teladoc provider write me a prescription from anywhere?**
   Teladoc has providers throughout the United States. The provider you see can send the prescription to a pharmacy near you. However, Teladoc cannot 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 can't prescribe controlled substances.

THE FITNESSPROGRAM AND BLUE POINTS℠

1. **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're traveling. Plus, save on wellbeing services like acupuncture, massage, and personal training. Individuals must be at least 18 years old to purchase a membership.

2. **How much does the Fitness Program cost?**
   There is an initiation fee of $19. The 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. Under Quick Links, choose Fitness Program. You can enroll, search for nearby fitness locations, and learn more about the program on this page.
   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 request to receive the ID card in the mail.
5. Visit a fitness location today!

3. What are Blue Points and how do they work?

Blue Points is a special program that allows you to earn points that can be redeemed 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

4. Are Blue Points available for dependents?

Blue Points are available for dependents 18 and older with a BAM account.

VISION AND DENTAL BENEFITS

1. Does this plan offer vision or dental benefits?

- Routine vision and dental benefits aren't provided through the TRS-Care Standard plan.
- Routine eye exams are covered if you have diabetes. Exams are subject to the deductible and coinsurance.
- Glasses are covered 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.
- Dental services may be covered if they're considered a medical service.
- Call a Personal Health Guide at **1-866-355-5999** for any additional benefit questions.

CLAIMS AND BILLING

1. I paid out of pocket for a doctor's appointment. How do I submit that info to you?

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

2. **Are treatments for pre-existing conditions covered as preventive?**
   If you're getting care for a known medical condition, it is considered diagnostic.

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

   The allowed amount will be 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, which are determined by claims from the same types of providers within a geographic region.

4. **Can an out-of-network provider balance bill me?**
   Balance billing is when a medical provider or facility bills patients the difference between the providers' charges and the insurance companies' allowed amounts. In-network providers are not allowed to 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, you can call CVS Caremark at **1-844-345-4577**, 24 hours a day, 7 days a week. Visit CVS Caremark website for the TRS-Care Standard plan for more information.

Who is eligible for the TRS-Care Standard prescription drug plan through TRS-Care?

TRS-Care participants who are not enrolled in Medicare are eligible for the TRS-Care Standard prescription drug plan.

Is my local pharmacy in the network?

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

If you're not yet eligible for Medicare, visit the TRS-Care Standard prescription drug plan pharmacy locator to find a pharmacy, including Retail-*Plus* pharmacy locations, near you.

How can I find a Retail-Plus Network Pharmacy?

For a list of Retail-Plus network pharmacies:

- Go to https://info.caremark.com/oe/trscarestandard
- Click **Retail-Plus Pharmacy Locator** under **Find a Pharmacy in Your Area,**
- Enter your address or zip code, and
- 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 the TRS-Care Standard plan, contact CVS Caremark at **1-844-345-4577**, 24 hours a day, seven days a week for more information about payment options.

Certain preventive generic drugs are also available at no cost through the TRS-Care Standard plan. We encourage you to ask your doctor about switching to a generic. You can check our prescription drug list to see if your medication is covered at no cost.

The list of generic medications available at no cost is posted on the CVS Caremark website for the TRS-Care Standard plan under "Generics Only Preventive Drug list."

If you get your medications through the CVS Mail Order Pharmacy, you can split the payments for a 90-day supply into three payments over three months. You can call CVS Caremark at **1-844-345-4577** for more information or for assistance in setting up a payment plan.

What if my drug is not covered?

If your drug is not covered under the formulary, CVS Caremark can help you identify a generic or more affordable therapeutic equivalent.

Why do I need a prior authorization to obtain pain medication?

In response to the growing opioid epidemic, CVS Caremark has placed a strict quantity limit on opioids. Your doctor may need to submit a quantity limit prior authorization. You can 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 (SB) 827, which makes insulin less expensive for those on TRS-Care Standard plan. This change will take place Jan. 1, 2022.

Formulary insulins will be capped at $25 for a 31-day supply and $75 for a 60- to 90-day supply. Beginning in the new plan year, you won't have to first meet your deductible and you won't pay the full cost of the insulin. You will only pay a copay for covered insulin, which will not apply toward your deductible, but it will apply towards your maximum out-of-pocket costs.

For a list of the covered formulary insulins, visit info.caremark.com/oe/trscarestandard and view the CVS Caremark® Formulary.

If your insulin is not listed on the formulary, please contact CVS Caremark Customer Care and our representatives will assist 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 cost to you. For more details, please contact the CVS Caremark Member Services Diabetic Meter Team at **1-800-588-4456** or by emailing **Caremark.com/ManagingDiabetes**.