# 2021-22 TRS-ActiveCare Plan Highlights Sept. 1, 2021 – Aug. 31, 2022

Total Premium

\$417

\$1,176

\$751

\$1,405

**Monthly Premiums** 

Employee Only

Employee and Spouse

Employee and Children

Employee and Family

#### How to Calculate Your Monthly Premium

	Total Monthly Pren	niu	Im		
0	Your District and St	at	е		
	Contributions				
ē	Your Premium				
	your Benefits Administra ict's premiums.	tor	for	your	

#### All TRS-ActiveCare participants have three plan options. Each includes a wide range of wellness benefits.

Total Premium

\$542

\$1,334

\$879

\$1,675

Your Premium

\$

\$

\$

\$

**Total Premium** 

\$

\$

\$

\$

\$429

\$1,209

\$772

\$1,445

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan summary	<ul> <li>Lowest premium of the plans</li> <li>Copays for doctor visits before you meet deductible</li> <li>Statewide network</li> <li>PCP referrals required to see specialists</li> <li>Not compatible with a health savings account (HSA)</li> <li>No out-of-network coverage</li> </ul>	<ul> <li>Lower deductible than the HD and Primary plans</li> <li>Copays for many services and drugs</li> <li>Higher premium than the other plans</li> <li>Statewide network</li> <li>PCP referrals required to see specialists</li> <li>Not compatible with a health savings account (HSA)</li> <li>No out-of-network coverage</li> </ul>	<ul> <li>Compatible with a health savings account (HSA)</li> <li>Nationwide network with out-of-network coverage</li> <li>No requirement for PCPs or referrals</li> <li>Must meet your deductible before plan pays for non-preventive care</li> </ul>

Your Premium

#### Wellness Benefits at No Extra Cost

#### Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia<sup>®</sup> pregnancy support
- TRS Virtual Health
- Mental health support
- And much more!

Available for all plans. See your Benefits Booklet for more details.

•	Plan Features				
•	Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
•	Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$3,600	\$3,000/\$6,000	\$5,500/\$11,000
•	Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
•	Individual/Family Maximum Out-of-Pocket	\$8,150/\$16,300	\$6,900/\$13,800	\$7,000/\$14,000	\$20,250/\$40,500
•	Network	Statewide Network	Statewide Network	Nationwide Network	
•	Primary Care Provider (PCP) Required	Yes	Yes	Ν	0

Doctor Visits				
Primary Care	\$30 copay	\$30 copay	You pay 30% after deductible	You pay 50%
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50%
TRS Virtual Health	\$0 per consultation	\$0 per consultation	\$30 per c	onsultation

•	Immediate Care				
•	Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% a
•	Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% a	fter deductible
•	TRS Virtual Health	\$0 per consultation	\$0 per consultation	\$30 per co	onsultation

### Things to Know

- TRS's Texas-sized purchasing power creates broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

Prescription Drugs				
Drug Deductible	Integrated with medical	\$200 brand deductible	Integrated with medical	
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 for certain	
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**

- Closed to new enrollees
- Current enrollees can choose to stay in this plan
- Lower deductible
- Copays for many drugs and services
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals

**Total Premiun** 

#### Your Premium

\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

Your Premium

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 deduct		
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)

after deductible after deductible

after deductible

\_\_\_\_\_

n generics	

### **Compare Prices for Common Medical Services**

### **REMEMBER:**

Log into Blue Access for Members<sup>SM</sup> at <u>www.bcbstx.com/trsactivecare</u> to use the cost estimator tool. This will help you find the best prices.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Indpendent Lab: You pay \$0	Office/Indpendent Lab: You pay \$0	You pay 30% after deductible	You pay 50%	Office/Indpendent Lab: You pay \$0	You pay 40%
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible		after deductible	after deductible	Outpatient: You pay 20% after deductible
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% 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 30% after deductible	You pay 50% 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 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	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 \$500 copay + 20% after deductible	You pay 30% after deductible + \$500 copay	You pay 50% after deductible + \$500 copay	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
	Facility – You pay 30% after deductible	Facility – You pay 20% after deductible		lot Covered Not Covered Not Covered Copay + 20	Facility – You pay 20% after deductible (\$150 facility copay per day)	Not Covered
Bariatric Surgery	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 \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$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.

trs.texas.gov

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