

2022-23 TRS-ActiveCare Plan Highlights

Sept. 1, 2022 – Aug. 31, 2023



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

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none">Lowest premium of all three plansCopays for doctor visits before you meet your deductibleStatewide networkPrimary Care Provider (PCP) referrals required to see specialistsNot compatible with a Health Savings Account (HSA)No out-of-network coverage	<ul style="list-style-type: none">Lower deductible than the HD and Primary plansCopays for many services and drugsHigher premiumStatewide networkPCP referrals required to see specialistsNot compatible with a Health Savings Account (HSA)No out-of-network coverage	<ul style="list-style-type: none">Compatible with a Health Savings Account (HSA)Nationwide network with out-of-network coverageNo requirement for PCPs or referralsMust meet your deductible before plan pays for non-preventive care

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$395	\$	\$496	\$	\$407	\$
Employee and Spouse	\$1,113	\$	\$1,212	\$	\$1,145	\$
Employee and Children	\$709	\$	\$798	\$	\$731	\$
Employee and Family	\$1,332	\$	\$1,523	\$	\$1,370	\$

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	\$7,050/\$14,100	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	
PCP Required	Yes	Yes	No	

Doctor Visits				
Primary Care	\$30 copay	\$30 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible

Immediate Care				
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
TRS Virtual Health-RediMD (TM)	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation	
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation	\$42 per medical consultation	

Prescription Drugs			
Drug Deductible	Integrated with medical	\$200 brand deductible	Integrated with medical
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
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	\$0 if PrudentRx eligible; You pay 30% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% 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 enrolleesCurrent enrollees can choose to stay in planLower deductibleCopays for many services and drugsNationwide network with out-of-network coverageNo requirement for PCPs or referrals

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

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

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical 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)
\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

How to Calculate Your Monthly Premium

Total Monthly Premium

— Your District and State Contributions

≡ Your Premium

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

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™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans.
See the benefits guide for more details.

Things to Know

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

Compare Prices for Common Medical Services

REMEMBER:

Log into Blue Access for MembersSM at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices through different providers.

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/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	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 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
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 \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	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 Exam (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 a Personal Health Guide at 1-866-355-5999 with questions.

www.trs.texas.gov

Benefits Summary

Fully Covered Healthcare Services	
Preventive Services	No Charge
Standard Lab and X-Ray	No Charge
Disease Management and Complex Case Management	No Charge
Well Child Care Annual Exams	No Charge
Immunizations (age appropriate)	No Charge
Nurse Advice Line	877.505.7947
Telehealth (MyBSWHealth and MDLIVE)	\$0 copay BSWHealthPlan.com/TRS
Plan Provisions	
Annual Deductible	\$1,900 Individual/ \$4,750 Family
Annual out-of-pocket maximum (including medical and prescription copays and coinsurance)	\$8,000 Individual/ \$15,000 Family (includes combined Medical and Rx copays, deductibles and coinsurance)
Lifetime Paid Benefit Maximum	None
Outpatient Services	
Primary Care ¹	\$15 Copay First Primary Care Visit for Illness - \$0 Copay ²
Primary Care Dependents ¹ (under age 19)	\$0 Copay ²
After-Hours Primary Care Clinics	\$15 copay
Specialty Care	\$70 copay
Other Outpatient Services	20% after deductible ³
Diagnostic/Radiology Procedures	20% after deductible
Eye Exam (one annually)	No Charge
Allergy Serum & Injections	20% after deductible
Inpatient Services	
Overnight hospital stay; includes all medical services including semi-private room or intensive care	20% after deductible
Maternity Care	
Prenatal Care	No Charge
Inpatient Delivery	20% after deductible
Maternity Care Management ⁶	No Charge
Equipment and Supplies	
Preferred Diabetic Supplies and Equipment - Rx only	\$12/\$30 copay; no deductible
Non-Preferred Diabetic Supplies and Equipment - Rx only	30% after Rx deductible
Durable Medical Equipment/Prosthetics	20% after deductible

Home Health Services		
Home Health Care Visit		\$70 copay
Worldwide Emergency Care		
Ambulance and Helicopter		\$40 copay and 20% after deductible
Emergency Room ⁵		\$500 copay after deductible
Urgent Care Facility		\$45 copay
Prescription Drugs		
Annual Benefit Maximum		Unlimited
Rx Deductible per Individual Does not apply to preferred generic drugs		\$200
Ask a BSWHP pharmacy representative how to save money on your prescriptions.	Retail Quantity (Up to a 30-day supply)	Maintenance Quantity (Up to a 90-day supply) Available at BSW pharmacies, in-network retail pharmacies and mail order
ACA Preventive*	\$0 copay	\$0 copay
Preferred Generic	\$12 copay	\$30 copay
Preferred Brand	30% after Rx deductible	30% after Rx deductible
Non-Preferred	50% after Rx deductible	50% after Rx deductible
Online Refills		BSWHealthPlan.com/TRS
Mail Order		BSWH: 855.388.3090 OptumRx: 855.205.9182
Specialty Medications (up to a 30-day supply)		
Tier 1	25% after Rx deductible	
Tier 2	25% after Rx deductible	
Tier 3	35% after Rx deductible	
Diagnostic and Therapeutic Services		
Physical and Speech Therapy		\$70 copay
Manipulative Therapy ⁴		20% without office visit \$40 plus 20% with office visit
Wellness		
Wondr Health™ ⁶		No Charge
Well-Being Assessment ⁶		No Charge
Digital Health Coaching ⁶		No Charge

¹Including all services billed with office visit²Does not apply to wellness or preventive visits³Includes other services, treatments, or procedures received at time of office visit⁴35 visits per year maximum⁵Copay waived if admitted within 24 hours⁶See member guide for additional information

*See list of ACA preventive drugs on the Pharmacy Benefits page at BSWHealthPlan.com/TRS.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Becky Jimenez at (936) 372-4037 or bjimenez@wallerisd.net.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Waller ISD		4. Employer Identification Number (EIN) 74-6002539	
5. Employer address 2214 Waller St.		6. Employer phone number (936) 372-4037	
7. City Waller	8. State Texas	9. ZIP code 77484	
10. Who can we contact about employee health coverage at this job? Becky Jimenez			
11. Phone number (if different from above) (936) 372-4037		12. Email address bjimenez@wallerisd.net	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

To be eligible for health insurance, an individual must be an employee of Waller ISD and be either an active, contributing TRS member or employed 10 or more regularly scheduled hours each week.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

We offer dependent coverage for spouse and children up to age 26.

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☒ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ 395.00

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☒ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)