

*The Piney Woods' WiFi might not always be reliable, but your TRS-ActiveCare network is!*



## TRS-ActiveCare Plan Highlights 2023-24



### Learn the Terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

# 2023-24 TRS-ActiveCare Plan Highlights Sept. 1, 2023 – Aug. 31, 2024



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

## 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.*

## New Rx Benefits!

- Express Scripts is your new pharmacy benefits manager! CVS pharmacies and most of your preferred pharmacies and medication are still included.
- Certain specialty drugs are still \$0 through SaveOnSP.

|              | TRS-ActiveCare Primary  | TRS-ActiveCare Primary+  | TRS-ActiveCare HD   |
|--------------|---|--|---|
| Plan Summary | <ul style="list-style-type: none"> <li>• Lowest premium of all three plans</li> <li>• Copays for doctor visits before you meet your deductible</li> <li>• Statewide network</li> <li>• Primary Care Provider (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 style="list-style-type: none"> <li>• Lower deductible than the HD and Primary plans</li> <li>• Copays for many services and drugs</li> <li>• Higher premium</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 style="list-style-type: none"> <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> |

| Monthly Premiums      | Total Premium | Your Premium | Total Premium | Your Premium | Total Premium | Your Premium |
|-----------------------|---------------|--------------|---------------|--------------|---------------|--------------|
| Employee Only         | \$442         | \$ 142       | \$519         | \$ 219       | \$456         | \$ 156       |
| Employee and Spouse   | \$1,194       | \$ 894       | \$1,350       | \$ 1050      | \$1,232       | \$ 932       |
| Employee and Children | \$752         | \$ 452       | \$883         | \$ 583       | \$776         | \$ 476       |
| Employee and Family   | \$1,503       | \$ 1203      | \$1,713       | \$ 1413      | \$1,551       | \$ 1251      |

| Plan Features                           | In-Network Coverage Only     | In-Network Coverage Only     | In-Network                   | Out-of-Network               |
|---|------------------------------|------------------------------|------------------------------|------------------------------|
| 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/\$2,400              | \$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 | \$7,500/\$15,000             | \$6,900/\$13,800             | \$7,500/\$15,000             | \$20,250/\$40,500            |
| Network                                 | Statewide Network            | Statewide Network            | Nationwide Network           |                              |
| PCP Required                            | Yes                          | Yes                          | No                           |                              |

| Doctor Visits |            |            |                              |                              |
|---------------|------------|------------|------------------------------|------------------------------|
| Primary Care  | \$30 copay | \$15 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 deductible per participant (brand drugs only)     | Integrated with medical  |  |
| Generics (31-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                              | You pay 30% after deductible                            | You pay 25% after deductible                            | You pay 25% after deductible                                       |  |
| Non-preferred                          | You pay 50% after deductible                            | You pay 50% after deductible                            | You pay 50% after deductible                                       |  |
| Specialty (31-Day Max)                 | \$0 if SaveOnSP eligible; You pay 30% after deductible  | \$0 if SaveOnSP 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"> <li>• Closed to new enrollees</li> <li>• Current enrollees can choose to stay in plan</li> <li>• Lower deductible</li> <li>• Copays for many services and drugs</li> <li>• Nationwide network with out-of-network coverage</li> <li>• No requirement for PCPs or referrals</li> </ul> |

| Total Premium | Your Premium |
|---------------|--------------|
| \$1,013       | \$ 713       |
| \$2,402       | \$ 2102      |
| \$1,507       | \$ 1207      |
| \$2,841       | \$ 2541      |

| 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)/<br>You pay 25% after deductible (\$105 min/\$210 max)                       |  |
| You pay 50% after deductible (\$100 min/\$200 max)/<br>You pay 50% after deductible (\$215 min/\$430 max)                     |  |
| \$0 if SaveOnSP eligible;<br>You pay 30% after deductible (\$200 min/\$900 max)/<br>No 90-day supply of specialty medications |  |
| \$25 copay for 31-day supply; \$75 for 61-90 day supply   |  |

# What's New and What's Changing



This table shows you the changes between 2022-23 premium price and this year's 2023-24 regional price for your Education Service Center.

|   |                       | 2022-23<br>Total Premium | New 2023-24<br>Total Premium | Change in Dollar<br>Amount | Key Plan Changes  |
|---|-----------------------|--------------------------|------------------------------|----------------------------|---|
| <b>TRS-ActiveCare<br/>Primary</b>                         | Employee Only         | \$408                    | \$442                        | <b>\$34</b>                | <ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500.</li> <li>Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000.</li> <li>Teladoc virtual mental health visit copay decreased from \$70 to \$0.</li> </ul>                       |
|   | Employee and Spouse   | \$1,151                  | \$1,194                      | <b>\$43</b>                |   |
|   | Employee and Children | \$734                    | \$752                        | <b>\$18</b>                |   |
|   | Employee and Family   | \$1,378                  | \$1,503                      | <b>\$125</b>               |   |
| <b>TRS-ActiveCare HD</b>                                  | Employee Only         | \$423                    | \$456                        | <b>\$33</b>                | <ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500.</li> <li>Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000.</li> </ul> <p>These changes apply only to in-network amounts.</p> |
|   | Employee and Spouse   | \$1,189                  | \$1,232                      | <b>\$43</b>                |   |
|   | Employee and Children | \$759                    | \$776                        | <b>\$17</b>                |   |
|   | Employee and Family   | \$1,422                  | \$1,551                      | <b>\$129</b>               |   |
| <b>TRS-ActiveCare<br/>Primary+</b>                        | Employee Only         | \$513                    | \$519                        | <b>\$6</b>                 | <ul style="list-style-type: none"> <li>Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400.</li> <li>Primary care provider and mental health copays decreased from \$30 to \$15.</li> <li>Teladoc virtual mental health visit copay decreased from \$70 to \$0.</li> </ul>   |
|   | Employee and Spouse   | \$1,254                  | \$1,350                      | <b>\$96</b>                |   |
|   | Employee and Children | \$825                    | \$883                        | <b>\$58</b>                |   |
|   | Employee and Family   | \$1,577                  | \$1,713                      | <b>\$136</b>               |   |
| <b>TRS-ActiveCare 2<br/>(closed to new<br/>enrollees)</b> | Employee Only         | \$1,013                  | \$1,013                      | <b>\$0</b>                 | <ul style="list-style-type: none"> <li>No changes.</li> <li>This plan is still closed to new enrollees.</li> </ul>  |
|   | Employee and Spouse   | \$2,402                  | \$2,402                      | <b>\$0</b>                 |   |
|   | Employee and Children | \$1,507                  | \$1,507                      | <b>\$0</b>                 |   |
|   | Employee and Family   | \$2,841                  | \$2,841                      | <b>\$0</b>                 |   |

| <b>At a Glance</b> |                   |                    |                   |
|--------------------|-------------------|--------------------|-------------------|
|                    | <b>Primary</b>    | <b>HD</b>          | <b>Primary+</b>   |
| Premiums           | Lowest            | Lower              | Higher            |
| Deductible         | Mid-range         | High               | Low               |
| Copays             | Yes               | No                 | Yes               |
| Network            | Statewide network | Nationwide network | Statewide network |
| PCP Required?      | Yes               | No                 | Yes               |
| HSA-eligible?      | No                | Yes                | No                |

Effective: Sept. 1, 2023

## Compare Prices for Common Medical Services

### REMEMBER:

Call a Personal Health Guide (PHG) any time 24/7 to help you find the best price for a medical service. Reach them at **1-866-355-5999**.

| 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<br>\$70 specialist copay                             | \$30 PCP copay<br>\$70 specialist copay                             | You pay 30% after deductible               | You pay 50% after deductible                                  | \$30 PCP copay<br>\$70 specialist copay                               | You pay 40% after deductible                                     |

*\*Pre-certification for genetic and specialty testing may apply. Contact a PHG at 1-866-355-5999 with questions.*

[www.trs.texas.gov](http://www.trs.texas.gov)