

TRS-ActiveCare plans are all hat AND all cattle with the most doctors and hospitals in the state.

TRS-ActiveCare REGION 18



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



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.*

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 plans Copays for doctor visits before you meet your deductible Statewide network Primary Care Provider (PCP) referrals required to see specialists Not 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 plans Copays for many services and drugs Higher premium Statewide network PCP referrals required to see specialists Not 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 coverage No requirement for PCPs or referrals Must meet your deductible before plan pays for non-preventive care

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$347	\$	\$407	\$
Employee and Spouse	\$937	\$	\$964	\$
Employee and Children	\$590	\$	\$692	\$
Employee and Family	\$1,180	\$	\$1,344	\$

Plan Features	In-Network Coverage Only	In-Network Coverage Only	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$6,900/\$13,800	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network
PCP Required	Yes	Yes	No

Doctor Visits	Primary Care	Specialist
	\$30 copay \$70 copay	\$15 copay \$70 copay

Immediate Care	Urgent Care	Emergency Care	TRS Virtual Health-RealMD™	TRS Virtual Health-RelaDoc®
	\$50 copay	You pay 30% after deductible	\$0 per medical consultation	\$12 per medical consultation
			\$0 per medical consultation	\$12 per medical consultation

Prescription Drugs	Drug Deductible	Generics (31-Day Supply)	Preferred	Non-Preferred	Specialty (31-Day Max)	Insulin Out-of-Pocket Costs
	Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical
	\$15/\$45 copay, \$0 copay for certain generics	\$200 deductible per participant (brand drugs only)	\$15/\$45 copay	\$200 deductible per participant (brand drugs only)	\$200 deductible per participant (brand drugs only)	\$200 deductible per participant (brand drugs only)
	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible
	\$25 copay for 31-day supply, \$75 for 61-90 day supply	\$25 copay for 31-day supply, \$75 for 61-90 day supply	\$25 copay for 31-day supply, \$75 for 61-90 day supply	\$25 copay for 31-day supply, \$75 for 61-90 day supply	\$25 copay for 31-day supply, \$75 for 61-90 day supply	\$25 copay for 31-day supply, \$75 for 61-90 day supply

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.

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

Total Premium	Your Premium
\$1,013	\$
\$2,492	\$
\$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	Nationwide Network
	No

\$50 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/\$90 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 SaveOnSP eligible; No 30-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 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	\$343	\$347	\$4
	Employee and Spouse	\$967	\$937	(\$30)
	Employee and Children	\$616	\$590	(\$26)
	Employee and Family	\$1,157	\$1,180	\$23
TRS-ActiveCare HD	Employee Only	\$354	\$357	\$3
	Employee and Spouse	\$996	\$964	(\$32)
	Employee and Children	\$635	\$607	(\$28)
	Employee and Family	\$1,190	\$1,214	\$24
TRS-ActiveCare Primary+	Employee Only	\$431	\$407	(\$24)
	Employee and Spouse	\$1,053	\$1,059	\$6
	Employee and Children	\$693	\$692	(\$1)
	Employee and Family	\$1,324	\$1,344	\$20
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	\$0
	Employee and Spouse	\$2,402	\$2,402	\$0
	Employee and Children	\$1,507	\$1,507	\$0
	Employee and Family	\$2,841	\$2,841	\$0

- Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500.
- Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000.
- Teladoc virtual mental health visit copay decreased from \$70 to \$0.

- Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500.
- Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000. These changes apply only to in-network amounts.

- Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400.
- Primary care provider and mental health copays decreased from \$30 to \$15.
- Teladoc virtual mental health visit copay decreased from \$70 to \$0.

- No changes.
- This plan is still closed to new enrollees.

At a Glance			
	Primary	HD	Primary+
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 \$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 PHG at **1-866-355-5999** with questions.

www.trs.texas.gov

2023-24 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

REMEMBER: Remember that when you choose an HMO, you're choosing a regional network.

TRS contracts with HMOs in certain regions to bring participants in those areas additional options. HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO <i>Brought to you by TRS-ActiveCare</i>
	<p>You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson</p>	<p>You can choose this plan if you live in one of these counties: Cameron, Hidalgo, Starr, Willacy</p>	<p>You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum</p>

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	N/A	\$	N/A	\$	\$865.00	\$
Employee and Spouse	N/A	\$	N/A	\$	\$2,103.16	\$
Employee and Children	N/A	\$	N/A	\$	\$1,361.42	\$
Employee and Family	N/A	\$	N/A	\$	\$2,233.34	\$

Plan Features

Type of Coverage	N/A	N/A	In-Network Coverage Only
Individual/Family Deductible	N/A	N/A	\$950/\$2,850
Coinsurance	N/A	N/A	You pay 25% after deductible
Individual/Family Maximum Out of Pocket	N/A	N/A	\$7,450/\$14,900

Doctor Visits

Primary Care	N/A	N/A	\$20 copay
Specialist	N/A	N/A	\$70 copay

Immediate Care

Urgent Care	N/A	N/A	\$50 copay
Emergency Care	N/A	N/A	\$500 copay before deductible + 25% after deductible

Prescription Drugs

Drug Deductible	N/A	N/A	\$150
Days Supply	N/A	N/A	30-Day Supply/90-Day Supply
Generics	N/A	N/A	\$5/\$12.50 copay; \$0 for certain generics
Preferred Brand	N/A	N/A	You pay 30% after deductible
Non-preferred Brand	N/A	N/A	You pay 50% after deductible
Specialty	N/A	N/A	You pay 15%/25% after deductible (preferred/non-preferred)

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