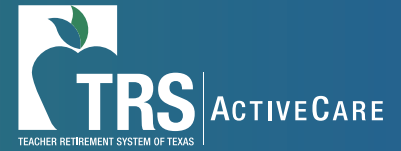


# LOCAL HEALTH CARE. TEXAS-SIZED BENEFITS.

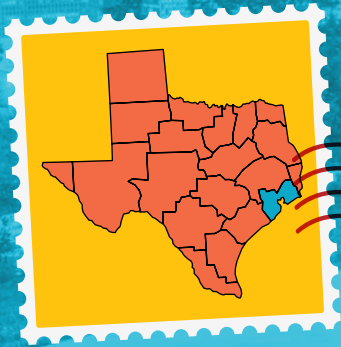
## TRS-ActiveCare Plan Highlights 2022-23



From the North Texas plains to the Gulf Coast, TRS-ActiveCare is where you live and work. We have more Texas doctors than any other plan and more ways to make your health plan *yours*.

TRS-ActiveCare

# REGION 4



### 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.

# 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.

## 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.

**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 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> |

| 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> |

| Monthly Premiums      | Total Premium | Your Premium | Total Premium | Your Premium | Total Premium | Your Premium |
|-----------------------|---------------|--------------|---------------|--------------|---------------|--------------|
| Employee Only         | \$395         | \$95         | \$496         | \$196        | \$407         | \$107        |
| Employee and Spouse   | \$1,113       | \$813        | \$1,212       | \$912        | \$1,145       | \$845        |
| Employee and Children | \$709         | \$409        | \$798         | \$498        | \$731         | \$431        |
| Employee and Family   | \$1,332       | \$1,032      | \$1,523       | \$1,223      | \$1,370       | \$1,070      |

| Total Premium | Your Premium |
|---------------|--------------|
| \$1,013       | \$713        |
| \$2,402       | \$2,102      |
| \$1,507       | \$1,207      |
| \$2,841       | \$2,542      |

| 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/\$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                           |                              |

| 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                           |                              |

| 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 |

|            |                              |
|------------|------------------------------|
| \$30 copay | You pay 40% after deductible |
| \$70 copay | You pay 40% 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 |                              |

|   |                              |
|---|------------------------------|
| \$50 copay                                      | You pay 40% after deductible |
| You pay a \$250 copay plus 20% after deductible |                              |
| \$0 per medical consultation                    |                              |
| \$12 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                                       |

|  |
|--|
| \$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  |

# What's New and What's Changing



This table shows you the changes between 2021-22 statewide premium price and this year's 2022-23 regional price for your Education Service Center.

|   |                       | 2021-22<br>Total Premium | New 2022-23<br>Total Premium | Change in Dollar<br>Amount | Key Plan Changes   |
|---|-----------------------|--------------------------|------------------------------|----------------------------|--|
| <b>TRS-ActiveCare<br/>Primary</b>                         | Employee Only         | \$417                    | \$395                        | <b>(\$22)</b>              | <ul style="list-style-type: none"> <li>Member Rewards was expanded to include lab services at Labcorp and Quest Diagnostics</li> <li>Copay for Teladoc® rose from \$0 to \$12</li> <li>Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply</li> </ul>  |
|   | Employee and Spouse   | \$1,176                  | \$1,113                      | <b>(\$63)</b>              |  |
|   | Employee and Children | \$751                    | \$709                        | <b>(\$42)</b>              |  |
|   | Employee and Family   | \$1,405                  | \$1,332                      | <b>(\$73)</b>              |  |
| <b>TRS-ActiveCare HD</b>                                  | Employee Only         | \$429                    | \$407                        | <b>(\$22)</b>              | <ul style="list-style-type: none"> <li>In-network maximum rose by \$50/individual; \$100/families</li> <li>The Member Rewards program, including for lab services at Labcorp and Quest Diagnostics, is now available for HD participants - Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses</li> <li>Consult fee for Teladoc rose from \$30 to \$42</li> </ul> |
|   | Employee and Spouse   | \$1,209                  | \$1,145                      | <b>(\$64)</b>              |  |
|   | Employee and Children | \$772                    | \$731                        | <b>(\$41)</b>              |  |
|   | Employee and Family   | \$1,445                  | \$1,370                      | <b>(\$75)</b>              |  |
| <b>TRS-ActiveCare<br/>Primary+</b>                        | Employee Only         | \$542                    | \$496                        | <b>(\$46)</b>              | <ul style="list-style-type: none"> <li>Member Rewards was expanded to include lab services at Labcorp and Quest Diagnostics</li> <li>Copay for Teladoc rose from \$0 to \$12</li> <li>Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply</li> </ul>   |
|   | Employee and Spouse   | \$1,334                  | \$1,212                      | <b>(\$122)</b>             |  |
|   | Employee and Children | \$879                    | \$798                        | <b>(\$81)</b>              |  |
|   | Employee and Family   | \$1,675                  | \$1,523                      | <b>(\$152)</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>Copay for Teladoc rose from \$0 to \$12</li> <li>Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply</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>                 |  |

| 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, 2022



# Compare Prices for Common Medical Services

## REMEMBER:

Log into Blue Access for Members<sup>SM</sup> at [www.bcbstx.com/trsactivecare](http://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<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 Personal Health Guide at 1-866-355-5999 with questions.

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