ACTIVATE YOUR HEALTH:
TRS-ActiveCare Plan Highlights 2020-21

This new year brings new opportunities to unlock your potential and take charge of your wellness.

After connecting with your district leaders to learn how we could enhance the quality of your coverage, we're providing improved pricing, more network choices, simplified coverage and a new plan with a lower premium and copays.

Welcome to the 2020-21 TRS-ActiveCare, where you can empower the best you.

What to Know

How to Calculate Your Monthly Premium

Total Monthly Premium

− Your District and State Contributions

= **Your Premium**

Calculate Your Monthly Premium

_____

− _____

= _____

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

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.

2020-21 TRS-ActiveCare Plan Highlights Sept. 1, 2020 – Aug. 31, 2021

TRS ActiveCare
TEACHER RETIREMENT SYSTEM OF TEXAS

What's New

- Primary plan with a **lower premium and copays**
- Primary+ (formerly Select) **decreased premiums** by up to 8%
- **Broader networks** of health care providers
- **Lower premiums** for families with children

Leverage Your $0 Preventive Care*

- Annual routine physicals (ages 12+)
- Annual mammogram (ages 40+)
- Annual OBGYN exam & pap smear (ages 18+)
- Annual prostate cancer screening (ages 45+)
- Well-child care (unlimited up to age 12)
- Healthy diet/obesity counseling (unlimited to age 22; ages 22+ get twenty-six visits per year)
- Smoking cessation counseling (8 visits per year)
- Breastfeeding support (six per year)
- Colonoscopy (ages 50+ once every ten years)

**Available for all plans. See benefits guides for more details.*

Did You Know

- Our provider search tool will be available in June.
- Choosing a PCP helps you meet your health goals faster.
- Generic medications save money! Ask your provider if your medicine has a generic.

All TRS-ActiveCare participants have **three plan options**. Each is designed with the unique needs of our members in mind.

	NEW: TRS-ActiveCare Primary	TRS-ActiveCare HD	TRS-ActiveCare Primary+	TRS-ActiveCare 2
Plan summary	• Lower premium • Copays for doctor visits before you meet deductible • Statewide network • PCP referrals required to see specialists • Not compatible with health savings account (HSA) • No out-of-network coverage	• Similar to current 1-HD • Lower premium • Compatible with health savings account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet deductible before plan pays for non-preventive care	• Simpler version of the current Select plan • Lower deductible than 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	This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many drugs and services • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals
If you make no changes during Annual Enrollment, you'll have the following plan...	Only employees that choose this new plan during Annual Enrollment will be enrolled in it.	If you're currently in TRS-ActiveCare 1-HD and you make no change during Annual Enrollment, this will be your plan next year.	If you're currently in TRS-ActiveCare Select and you make no changes during Annual Enrollment, this will be your plan next year.	If you're currently in TRS-ActiveCare 2, and you make no changes during Annual Enrollment, you will remain in TRS-ActiveCare 2 next year.

Total Monthly Premiums				
Employee Only	$386	$397	$514	$937
Employee and Spouse	$1,089	$1,120	$1,264	$2,222
Employee and Children	$695	$715	$834	$1,393
Employee and Family	$1,301	$1,338	$1,588	$2,627

Plan Features					
Type of Coverage	In-Network Coverage Only	In-Network	Out-of-Network	In-Network Coverage Only	In-Network / Out-of-Network
Individual/Family Deductible	$2,500/$5,000	$2,800/$5,600	$5,500/$11,000	$1,200/$3,600	$1,000/$3,000 / $2,000/$6,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 20% after deductible / You pay 40% after deductible
Individual/Family Maximum Out-of-Pocket	$8,150/$16,300	$6,900/$13,800	$20,250/$40,500	$6,900/$13,800	$7,900/$15,800 / $23,700/$47,400
Network	Statewide Network	Nationwide Network		Statewide Network	Nationwide Network
Primary Care Provider (PCP) Required	Yes	No		Yes	No

Doctor Visits					
Primary Care	$30 copay	You pay 20% after deductible	You pay 40% after deductible	$30 copay	$30 copay / You pay 40% after deductible
Specialist	$70 copay	You pay 20% after deductible	You pay 40% after deductible	$70 copay	$70 copay / You pay 40% after deductible
TRS Virtual Health	$0 per consultation	$30 per consultation		$0 per consultation	$0 per consultation

Immediate Care					
Urgent Care	$50 copay	You pay 20% after deductible	You pay 40% after deductible	$50 copay	$50 copay / You pay 40% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible		You pay 20% after deductible	You pay a $250 copay plus 20% after deductible
TRS Virtual Health	$0 per consultation	$30 per consultation		$0 per consultation	$0 per consultation

Prescription Drugs				
Drug Deductible	Integrated with medical	Integrated with medical	$200 brand deductible	$200 brand deductible
Generics (30-Day Supply / 90-Day Supply)	$15/$45 copay	You pay 20% after deductible	$15/$45 copay	$20/$45 copay
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible ($40 min/$80 max)/ You pay 25% after deductible ($105 min/$210 max)
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible ($100 min/$200 max)/ You pay 50% after deductible ($215 min/$430 max)
Specialty	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible ($200 min/$900 max)/ No 90-Day Supply of Specialty Medications

2020-21 Health Maintenance Organization Plans and Premiums for Select Regions of the State

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

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas another regional plan option.

	Central and North Texas Baylor Scott & White HMO *Brought to you by TRS-ActiveCare*	South Texas Blue Essentials HMO *Brought to you by TRS-ActiveCare*	West Texas Blue Essentials HMO *Brought to you by TRS-ActiveCare*
	You can choose this plan if you live in one 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	**You can choose this plan if you live in one these counties:** Cameron, Hildalgo, Starr, Willacy	**You can choose this plan if you live in one 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
Total Monthly Premiums			
Employee Only	$551.10	$491.54	$534.42
Employee and Spouse	$1,382.06	$1,182.52	$1,287.58
Employee and Children	$883.50	$766.96	$835.68
Employee and Family	$1,478.56	$1,258.52	$1,370.12
Plan Features			
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	$950/$2,850	$500/$1,000	$950/$2,850
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 25% after deductible
Individual/Family Maximum Out-of-Pocket	$7,450/$14,900	$4,500/$9,000	$7,450/$14,900
Doctor Visits			
Primary Care	$20 copay	$25 copay	$20 copay
Specialist	$70 copay	$60 copay	$70 copay
Immediate Care			
Urgent Care	$50 copay	$75 copay	$50 copay
Emergency Care	$500 copay after deductible	You pay 20% after deductible	$500 copay before deductible plus 25% after deductible
Prescription Drugs			
Drug Deductible	$150 (excl. generics)	$100	$150
Days Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply
Generics	$5/$12.50 copay	$10/$30 copay	$5/$12.50 copay ACA Preventative: $0
Preferred Brand	30% after deductible	$40/$120 copay	30% after deductible
Non-preferred Brand	50% after deductible	$65/$195 copay	50% after deductible
Specialty	15%/25% after deductible (preferred/nonpreferred)	You pay 20% after deductible	15%/25% after deductible (preferred/nonpreferred)