HEALTHIER TOGETHER:

TRS-ActiveCare Plan Highlights 2021-22

TRS ACTIVECARE
TEACHER RETIREMENT SYSTEM OF TEXAS

IT'S TIME FOR YOUR HEALTH TO GET A BRAND-NEW START.

We're more committed to your wellness than ever. TRS-ActiveCare's plan designs and wide range of wellness benefits are here to make life easier.

This year, let's be healthier – together.



Here are some common 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 30% while the health care plan pays 70%.
- **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.

2021-22 TRS-ActiveCare Plan Highlights Sept. 1, 2021 – Aug. 31, 2022

TRS ActiveCare
TEACHER RETIREMENT SYSTEM OF TEXAS

How to Calculate Your Monthly Premium

Total Monthly Premium
− Your District and State Contributions
= **Your Premium**

Ask your Benefits Administrator for your district's 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 support
- And much more!

Available for all plans.
See your Benefits Booklet for more details.

Things to Know

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

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	• Lowest premium of the plans • Copays for doctor visits before you meet deductible • Statewide network • PCP referrals required to see specialists • Not compatible with a health savings account (HSA) • No out-of-network coverage	• Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium than the other plans • Statewide network • PCP referrals required to see specialists • Not compatible with a health savings account (HSA) • No out-of-network coverage	• 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	Total Premium	Your Premium
Employee Only	$417	$ 7	$542	$ 132	$429	$ 19
Employee and Spouse	$1,176	$ 766	$1,334	$ 924	$1,209	$ 799
Employee and Children	$751	$ 341	$879	$ 469	$772	$ 362
Employee and Family	$1,405	$ 995	$1,675	$ 1,265	$1,445	$ 1,035

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	$7,000/$14,000	$20,250/$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	
Primary Care Provider (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
TRS Virtual Health	$0 per consultation	$0 per consultation	$30 per consultation	

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	$0 per consultation	$0 per consultation	$30 per 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 for certain generics	$15/$45 copay	You pay 20% after deductible; $0 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	You pay 30% after deductible	You pay 20% after deductible	You pay 20% 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
• Closed to new enrollees • Current enrollees can choose to stay in this plan • Lower deductible • Copays for many drugs and services • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals

Total Premium	Your Premium
$1,013	$ 603
$2,402	$ 1,992
$1,507	$ 1,097
$2,841	$ 2,431

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
$0 per consultation	

$50 copay	You pay 40% after deductible
You pay a $250 copay plus 20% after deductible	
$0 per 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)
You pay 20% after deductible ($200 min/$900 max)

Compare Prices for Common Medical Services

REMEMBER: Log into Blue Access for Members℠ at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices.

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/Indpendent Lab: You pay $0 Outpatient: You pay 30% after deductible	Office/Indpendent Lab: You pay $0 Outpatient: You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	Office/Indpendent Lab: You pay $0 Outpatient: You pay 20% after deductible	You pay 40% 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 per procedure copay	You pay 40% after deductible + $100 per procedure copay
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 30% after deductible + $500 copay	You pay 50% after deductible + $500 copay	You pay $500 copay + 20% after deductible	You pay $500 copay + 40% after deductible
Bariatric Surgery	Facility – You pay 30% after deductible Professional Services – You pay $5,000 copay + 30% after deductible Only covered if rendered at a BDC+ facility.	Facility – You pay 20% after deductible Professional Services – You pay $5,000 copay + 20% after deductible Only covered if rendered at a BDC+ facility.	Not Covered	Not Covered	Facility – You pay 20% after deductible ($150 facility copay per day) Professional Services – You pay $5,000 copay + 20% after deductible Only covered if rendered at a BDC+ facility.	Not Covered
Annual Vision Examination (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 your Personal Health Guide at **1-866-355-5999 with questions.*

2021-22 Health Maintenance Organizations: Premiums for Regional Plans

REMEMBER: 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 option.

	Central and North Texas Scott and White Care Plan *Brought to you by TRS-ActiveCare*	Blue Essentials - South Texas HMO℠ *Brought to you by TRS-ActiveCare*	Blue Essentials - West Texas HMO℠ *Brought to you by TRS-ActiveCare*
	**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	**You can choose this plan if you live in one of these counties:** Cameron, Hildalgo, Starr, Willacy	**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
Total Monthly Premiums	Total Premium / Your Premium	Total Premium / Your Premium	Total Premium / Your Premium
Employee Only	$542.40 / $	$524.90 / $	$596.54 / $ 186.54
Employee and Spouse	$1,362.10 / $	$1,264.28 / $	$1,443.66 / $ 1,033.66
Employee and Children	$872.16 / $	$819.60 / $	$936.18 / $ 526.18
Employee and Family	$1,568.32 / $	$1,345.58 / $	$1,532.74 / $ 1,122.74
Plan Features			
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	$1,150/$3,450	$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	$30 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 and 25% after deductible
Prescription Drugs			
Drug Deductible	$200 (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	$10/$25 copay	$10/$30 copay	$5/$12.50 copay; $0 for certain generics
Preferred Brand	You pay 30% after deductible	$40/$120 copay	You pay 30% after deductible
Non-preferred Brand	You pay 50% after deductible	$65/$195 copay	You pay 50% after deductible
Specialty	You pay 15%/25% after deductible (preferred/non-preferred)	You pay 20% after deductible	You pay 15%/25% after deductible (preferred/non-preferred)

Not Available in Also

Not Available in Also

trs.texas.gov

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