

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



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+ |
|--|--|--|--|
| Plan summary | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 |
| 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. |

Galena Park I.S.D. Semi-Monthly Premiums

| | TRS-ActiveCare Primary | TRS-ActiveCare HD | TRS-ActiveCare Primary+ |
|-----------------------|------------------------|-------------------|-------------------------|
| Employee Only | \$30.50 | \$36.00 | \$94.50 |
| Employee and Spouse | \$354.50 | \$370.00 | \$442.00 |
| Employee and Children | \$176.50 | \$186.50 | \$246.00 |
| Employee and Family | \$460.50 | \$479.00 | \$604.00 |

Plan Features

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

Doctor Visits

| | TRS-ActiveCare Primary | TRS-ActiveCare HD | TRS-ActiveCare Primary+ |
|--------------------|------------------------|-------------------------------------|------------------------------|
| Primary Care | \$30 copay | You pay 20% after deductible | You pay 40% after deductible |
| Specialist | \$70 copay | You pay 20% after deductible | You pay 40% after deductible |
| TRS Virtual Health | \$0 per consultation | \$30 per consultation (RediMD only) | |

Immediate Care

| | TRS-ActiveCare Primary | TRS-ActiveCare HD | TRS-ActiveCare Primary+ |
|--------------------|------------------------------|------------------------------|------------------------------|
| Urgent Care | \$50 copay | You pay 20% after deductible | You pay 40% after deductible |
| Emergency Care | You pay 30% after deductible | You pay 20% after deductible | |
| TRS Virtual Health | \$0 per consultation | \$30 per consultation | |

Prescription Drugs

| | TRS-ActiveCare Primary | TRS-ActiveCare HD | TRS-ActiveCare Primary+ |
|--|------------------------------|------------------------------|------------------------------|
| Drug Deductible | Integrated with medical | Integrated with medical | \$200 brand deductible |
| Generics (30-Day Supply / 90-Day Supply) | \$15/\$45 copay | You pay 20% after deductible | \$15/\$45 copay |
| 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 plan
- Lower deductible
- Copays for many drugs and services
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals

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.

| | TRS-ActiveCare 2 |
|-----------------------|------------------|
| Employee Only | \$306.00 |
| Employee and Spouse | \$921.00 |
| Employee and Children | \$525.50 |
| Employee and Family | \$1,123.50 |

| | In-Network | Out-of-Network |
|---|------------------------------|------------------------------|
| Individual/Family Deductible | \$1,000/\$3,000 | \$2,000/\$6,000 |
| Coinsurance | You pay 20% after deductible | You pay 40% after deductible |
| Individual/Family Maximum Out-of-Pocket | \$7,900/\$15,800 | \$23,700/\$47,400 |
| Network | Nationwide Network | |
| Primary Care Provider (PCP) Required | No | |

| | TRS-ActiveCare 2 |
|--------------------|-------------------------------------|
| Primary Care | You pay \$30 copay after deductible |
| Specialist | You pay \$70 copay after deductible |
| TRS Virtual Health | \$0 per consultation |

| | TRS-ActiveCare 2 |
|--------------------|---|
| Urgent Care | \$50 copay |
| Emergency Care | You pay a \$250 copay plus 20% after deductible |
| TRS Virtual Health | \$0 per consultation |

| | TRS-ActiveCare 2 |
|--|---|
| Drug Deductible | \$200 brand deductible |
| Generics (30-Day Supply / 90-Day Supply) | \$20/\$45 copay |
| Preferred Brand | 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 (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max) |
| Specialty | You pay 20% after deductible (\$200 min/\$900 max)/ No 90-Day Supply of Specialty Medications |

Compare Pricing for Common Medical Services

REMEMBER:

You can use the cost estimator tool on www.bcbstx.com/trsactivecare starting Sept. 1 to shop for the best prices through different providers.

| Benefit | TRS-ActiveCare Primary | TRS-ActiveCare HD | | TRS-ActiveCare Primary+ | TRS-ActiveCare 2 | |
|--|---|--|---|--|---|--|
| | In-Network Only | In-Network Only | Out-of-Network | In-Network Only | In-Network | Out-of-Network |
| Diagnostic Labs* | Office/Independent Lab: You pay \$0 | You pay 20% after deductible | You pay 40% after deductible | Office/Independent Lab: You pay \$0 | 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 40% after deductible | You pay 20% 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 40% after deductible | You pay 20% 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 40% after deductible (\$500 facility per day maximum) | You pay 20% after deductible | 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 20% after deductible + \$500 copay | You pay 40% after deductible + \$500 copay | You pay \$500 copay + 20% after deductible | You pay \$500 copay + 20% after deductible | You pay \$500 copay + 40% after deductible |
| Bariatric Surgery | Facility – You pay 30% after deductible | Not Covered | Not Covered | Facility – You pay 20% after deductible | 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 Examination (one per plan year; performed by an ophthalmologist or optometrist) | You pay \$70 copay | You pay 20% after deductible | You pay 40% after deductible | You pay \$70 copay | You pay \$70 copay | You pay 40% after deductible |
| Annual Hearing Exam (one per plan year) | You pay \$70 copay | You pay 20% after deductible | You pay 40% after deductible | You pay \$70 copay | You pay \$70 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.