

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



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	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
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.

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$386	\$	\$397	\$	\$514	\$
Employee and Spouse	\$1,089	\$	\$1,120	\$	\$1,264	\$
Employee and Children	\$695	\$	\$715	\$	\$834	\$
Employee and Family	\$1,301	\$	\$1,338	\$	\$1,588	\$

Plan Features						
Type of Coverage	In-Network Coverage Only	In-Network	Out-of-Network	In-Network Coverage Only		
Individual/Family Deductible	Individual/Family Deductible \$2,500/\$5,000		\$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				
Primary Care	\$30 copay	You pay 20% after deductible	You pay 40% after deductible	\$30 copay
Specialist	\$70 copay	You pay 20% after deductible	You pay 40% after deductible	\$70 copay
TRS Virtual Health	\$0 per consultation	\$30 per consultation		\$0 per consultation

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

Prescription Drugs							
Drug Deductible	Integrated with medical	Integrated with medical	\$200 brand deductible				
Generics (30-Day Supply / 90-Day Supply)	\$15/\$45 copay	\$0 for certain generic drugs	\$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.

Total Premium	Your Premium
\$937	\$
\$2,222	\$
\$1,393	\$
\$2,627	\$

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)/

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-Active	Care 2
	In-Network Only	In-Network Only	Out-of-Network	In-Network Only	In-Network	Out-of-Network
Diagnostic Labs*	Office/Indpendent Lab: You pay \$0	You pay 20%	You pay 40%	Office/Indpendent Lab: You pay \$0	Office/Indpendent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	after deductible	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
	Facility – You pay 30% after deductible		after deductible after deductible (\$	Facility – You pay 20% after deductible (\$150 facility copay per day))	
Bariatric Surgery	Professional Services - You pay \$5,000 copay + 30% after deductible (Only covered if rendered at a BDC+ facility) Not Covered	Not Covered	Professional Services – You pay \$5,000 copay + 20% after deductible	Professional Services - You pay \$5,000 copay + 20% after deductible	Not Covered	
		(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.