

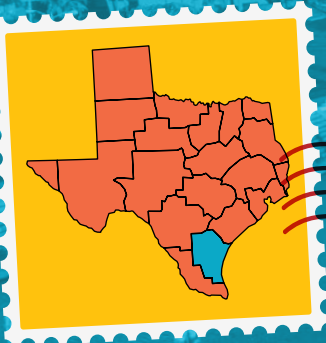
# LOCAL HEALTH CARE. TEXAS-SIZED BENEFITS.

## 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 2



### 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.

	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>

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$401	\$101	\$504	\$204	\$414	\$114
Employee and Spouse	\$1,130	\$830	\$1,231	\$931	\$1,163	\$863
Employee and Children	\$721	\$421	\$810	\$510	\$742	\$442
Employee and Family	\$1,353	\$1,053	\$1,548	\$1,248	\$1,391	\$1,091

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	\$7,050/\$14,100	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	
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

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 (™)	\$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	

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

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
<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>

Total Premium	Your Premium
\$1,013	\$713
\$2,402	\$2,102
\$1,507	\$1,207
\$2,841	\$2,541

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

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical 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)
\$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 Total Premium	New 2022-23 Total Premium	Change in Dollar Amount	Key Plan Changes
<b>TRS-ActiveCare Primary</b>	Employee Only	\$417	\$401	<b>(\$16)</b>	<ul style="list-style-type: none"> <li>Member Rewards was expanded to include more than 100 new procedures</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	\$1,130	<b>(\$46)</b>	
	Employee and Children	\$751	\$721	<b>(\$30)</b>	
	Employee and Family	\$1,405	\$1,353	<b>(\$52)</b>	
<b>TRS-ActiveCare HD</b>	Employee Only	\$429	\$414	<b>(\$15)</b>	<ul style="list-style-type: none"> <li>In-network maximum rose by \$50/individual; \$100/families</li> <li>The Member Rewards program is now available for HD participants                             <ul style="list-style-type: none"> <li>Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses</li> </ul> </li> <li>Consult fee for Teladoc rose from \$30 to \$42</li> </ul>
	Employee and Spouse	\$1,209	\$1,163	<b>(\$46)</b>	
	Employee and Children	\$772	\$742	<b>(\$30)</b>	
	Employee and Family	\$1,445	\$1,391	<b>(\$54)</b>	
<b>TRS-ActiveCare Primary+</b>	Employee Only	\$542	\$504	<b>(\$38)</b>	<ul style="list-style-type: none"> <li>Member Rewards was expanded to include more than 100 new procedures</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	\$1,231	<b>(\$103)</b>	
	Employee and Children	\$879	\$810	<b>(\$69)</b>	
	Employee and Family	\$1,675	\$1,548	<b>(\$127)</b>	
<b>TRS-ActiveCare 2 (closed to new 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 \$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 a Personal Health Guide at 1-866-355-5999 with questions.

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