

TRS-ActiveCare 2019–20 what's new & what's changing



TRS-ActiveCare Changes

Medical Coverage	TRS-ActiveCare 1-HD		TRS-ActiveCare Select/ActiveCare Select Whole Health		TRS-ActiveCare 2	
	2018 – 19 Plan Year	2019 – 20 Plan Year	2018 – 19 Plan Year	2019 – 20 Plan Year	2018 – 19 Plan Year	2019 – 20 Plan Year
In-network out-of-pocket max Individual/Family	\$6,650/\$13,300	\$6,750/\$13,500	\$7,350/\$14,700	\$7,900/\$15,800	\$7,350/\$14,700	\$7,900/\$15,800
Out-of-network out-of-pocket max Individual/Family	\$13,300/\$26,600	\$20,250/\$40,500	N/A	N/A	\$14,700/\$29,400	\$23,700/\$47,400
Out-of-network inpatient hospital	You pay 40% after deductible	Plan pays up to \$500 per day cap of covered charges after deductible; you pay the excess over the \$500 per day cap	N/A	N/A	You pay \$150 copay per day plus 40% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)	Plan pays up to \$500 per day cap of covered charges after deductible; you pay the excess over the \$500 per day cap
Prescription Coverage Generic drugs						
Retail copay/coinsurance (up to 31-days supply)	You pay 20% after deductible, except for certain generic preventive drugs that are covered at 100%	No change	You pay \$20, no deductible	You pay \$15, no deductible	You pay \$20, no deductible	No change
Retail maintenance copay/coinsurance (after 1 st fill; up to 31-day supply)	You pay 20% after deductible	No change	You pay \$35, no deductible	You pay \$30, no deductible	You pay \$35, no deductible	No change
Prescription Coverage Preferred brand drugs						
Retail copay/coinsurance (up to 31-days supply)	You pay 20% after deductible	You pay 25% after deductible	You pay \$40 after drug deductible	You pay 25% after drug deductible (min. \$40*; max. \$80)	You pay \$40 after drug deductible	You pay 25% after drug deductible (min. \$40*; max. \$80)
Retail maintenance copay/coinsurance (after 1 st fill; up to 31-day supply)	You pay 20% after deductible	You pay 25% after deductible	You pay \$60 after drug deductible	You pay 25% after drug deductible (min. \$60*; max. \$120)	You pay \$60 after drug deductible	You pay 25% after drug deductible (min. \$60*; max. \$120)
Mail order & Retail Plus copay/coinsurance (60 to 90-day supply)	You pay 20% after deductible	You pay 25% after deductible	You pay \$105 after drug deductible	You pay 25% after drug deductible (min. \$105*; max. \$210)	You pay \$105 after drug deductible	You pay 25% after drug deductible (min. \$105*; max. \$210)
Prescription Coverage Non-preferred brand drugs						
Retail copay/coinsurance (up to 31-days supply)	You pay 50% after deductible	No change	You pay 50% after drug deductible	No change	You pay 50% after drug deductible (min. \$65*; max. \$130)	You pay 50% after drug deductible (min. \$100*; max. \$200)
Retail maintenance copay/coinsurance (after 1 st fill; up to 31-day supply)	You pay 50% after deductible	No change	You pay 50% after drug deductible	No change	You pay 50% after drug deductible (min. \$90*; max. \$180)	You pay 50% after drug deductible (min. \$105*; max. \$210)
Mail order & Retail Plus copay/coinsurance (60 to 90-day supply)	You pay 50% after deductible	No change	You pay 50% after drug deductible	No change	You pay 50% after drug deductible (min. \$180*; max. \$360)	You pay 50% after drug deductible (min. \$215*; max. \$430)

*If the cost of the drug is less than the minimum, you will pay the cost of the drug.

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TRS-ActiveCare Premium Changes

New 2019–20 Premiums

TRS-ActiveCare Monthly Premium	TRS-ActiveCare 1-HD		TRS-ActiveCare Select/ ActiveCare Select Whole Health		TRS-ActiveCare 2	
	Full monthly Premium*	Cost after state/district contribution**	Full monthly Premium*	Cost after state/district contribution**	Full monthly Premium*	Cost after state/district contribution**
Individual	\$378	\$128	\$556	\$306	\$852	\$602
+Spouse	\$1,066	\$816	\$1,367	\$1,117	\$2,020	\$1,770
+Children	\$722	\$472	\$902	\$652	\$1,267	\$1,017
+Family	\$1,415	\$1,165	\$1,718	\$1,468	\$2,389	\$2,139

Current 2018–19 Premiums

TRS-ActiveCare Monthly Premium	TRS-ActiveCare 1-HD		TRS-ActiveCare Select/ ActiveCare Select Whole Health		TRS-ActiveCare 2	
	Full monthly Premium*	Cost after state/district contribution**	Full monthly Premium*	Cost after state/district contribution**	Full monthly Premium*	Cost after state/district contribution**
Individual	\$367	\$117	\$540	\$290	\$782	\$532
+Spouse	\$1,035	\$785	\$1,327	\$1,077	\$1,855	\$1,605
+Children	\$701	\$451	\$876	\$626	\$1,163	\$913
+Family	\$1,374	\$1,124	\$1,668	\$1,418	\$2,194	\$1,944

*If you are not eligible for the state/district subsidy, you will pay the full monthly premium. Contact your Benefits Administrator for your monthly premium.

**The cost after state, \$75 and district, \$150 contribution is the maximum you may pay per month. Ask your Benefits Administrator for your monthly cost. (This is the amount you will owe each month after all available subsidies are applied to your premium.)



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TRS-ActiveCare 2019-20 what's new & what's changing

HMO Changes

Medical Coverage	[Redacted]		[Redacted]		Scott and White	
	2018 – 19 Plan Year	2019 – 20 Plan Year	2018 – 19 Plan Year	2019 – 20 Plan Year	2018 – 19 Plan Year	2019 – 20 Plan Year
Out-of-pocket maximum Individual/Family	[Redacted]		[Redacted]	[Redacted]	\$7,000/\$14,000	\$7,450/\$14,900
Deductible Individual/Family	[Redacted]		[Redacted]	[Redacted]	\$1,000/\$3,000	\$950/\$2,850
Primary care office visit	[Redacted]		[Redacted]	[Redacted]	You pay \$15, 1 st office visit copay waived for illness	You pay \$20, 1st office visit copay waived for illness, \$0 copay for primary visit for dependents age 19 and under
Specialist office visit copay	[Redacted]		[Redacted]	[Redacted]	\$70	No change
Urgent care copay	[Redacted]		[Redacted]	[Redacted]	You pay \$50 copay	No change
Emergency room copay/coinsurance	[Redacted]		[Redacted]	[Redacted]	You pay \$250 plus 20% after deductible	You pay \$500 after deductible
Prescription Coverage						
Prescription drug deductible	[Redacted]		[Redacted]	[Redacted]	\$150	No change
Prescription Coverage Preferred drugs						
Retail copay/coinsurance (up to 31-day supply)	[Redacted]		[Redacted]	[Redacted]	No plan changes for Scott and White	
Retail maintenance copay/coinsurance (after 1 st fill; up to 31-day supply)	[Redacted]		[Redacted]	[Redacted]		
Mail order copay/coinsurance (60 to 90-day supply)	[Redacted]		[Redacted]	[Redacted]		
Prescription Coverage Non-preferred brand drugs						
Retail copay/coinsurance (up to 31-day supply)	[Redacted]		[Redacted]	[Redacted]	No plan changes for Scott and White	
Retail maintenance copay/coinsurance (after 1 st fill; up to 31-day supply)	[Redacted]		[Redacted]	[Redacted]		
Mail order copay/coinsurance (60 to 90-day supply)	[Redacted]		[Redacted]	[Redacted]		
Specialty Medications	[Redacted]		[Redacted]	[Redacted]		

TRS-ActiveCare 2019–20 what's new & what's changing

HMO Premium Changes

New 2019–20 Premiums

Monthly Premium	[Redacted]		[Redacted]		Scott and White	
	Full monthly Premium*	Cost after state/district contribution**	Full monthly Premium*	Cost after state/district contribution**	Full monthly Premium*	Cost after state/district contribution**
Individual	[Redacted]	[Redacted]	[Redacted]	[Redacted]	\$558.54	\$308.54
+Spouse	[Redacted]	[Redacted]	[Redacted]	[Redacted]	\$1,306.58	\$1,056.58
+Children	[Redacted]	[Redacted]	[Redacted]	[Redacted]	\$876.76	\$626.76
+Family	[Redacted]	[Redacted]	[Redacted]	[Redacted]	\$1,457.28	\$1,207.28

Current 2018–19 Premiums

Monthly Premium	[Redacted]		[Redacted]		Scott and White	
	Full monthly Premium*	Cost after state/district contribution**	Full monthly Premium*	Cost after state/district contribution**	Full monthly Premium*	Cost after state/district contribution**
Individual	[Redacted]	[Redacted]	[Redacted]	[Redacted]	\$578.36	\$328.36
+Spouse	[Redacted]	[Redacted]	[Redacted]	[Redacted]	\$1,353.40	\$1,103.40
+Children	[Redacted]	[Redacted]	[Redacted]	[Redacted]	\$908.06	\$658.06
+Family	[Redacted]	[Redacted]	[Redacted]	[Redacted]	\$1,509.56	\$1,259.56

*If you are not eligible for the state/district subsidy, you will pay the full monthly premium. Contact your Benefits Administrator for your monthly premium.

**The cost after state, \$75 and district, \$150 contribution is the maximum you may pay per month. Ask your Benefits Administrator for your monthly cost. (This is the amount you will owe each month after all available subsidies are applied to your premium.)