

2023-24 TRS-ActiveCare Plan Highlights Sept. 1, 2023 – Aug. 31, 2024



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.*

New Rx Benefits!

- Express Scripts is your new pharmacy benefits manager! CVS pharmacies and most of your preferred pharmacies and medication are still included.
- Certain specialty drugs are still \$0 through SaveOnSP.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than the 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 	<ul style="list-style-type: none"> • 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	\$432	\$	\$507	\$	\$444	\$
Employee and Spouse	\$1,167	\$	\$1,319	\$	\$1,199	\$
Employee and Children	\$735	\$	\$862	\$	\$755	\$
Employee and Family	\$1,469	\$	\$1,674	\$	\$1,510	\$

Plan Features	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
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/\$2,400	\$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	\$7,500/\$15,000	\$6,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	
PCP Required	Yes	Yes	No	

Doctor Visits				
Primary Care	\$30 copay	\$15 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 (TM)	\$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 deductible per participant (brand drugs only)	Integrated with medical	
Generics (31-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	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP 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"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

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 SaveOnSP 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 2022-23 premium price and this year's 2023-24 regional price for your Education Service Center.

		2022-23 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	\$395	\$432	\$37	<ul style="list-style-type: none"> Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500. Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000. Teladoc virtual mental health visit copay decreased from \$70 to \$0.
	Employee and Spouse	\$1,113	\$1,167	\$54	
	Employee and Children	\$709	\$735	\$26	
	Employee and Family	\$1,332	\$1,469	\$137	
TRS-ActiveCare HD	Employee Only	\$407	\$444	\$37	<ul style="list-style-type: none"> Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500. Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000. <p>These changes apply only to in-network amounts.</p>
	Employee and Spouse	\$1,145	\$1,199	\$54	
	Employee and Children	\$731	\$755	\$24	
	Employee and Family	\$1,370	\$1,510	\$140	
TRS-ActiveCare Primary+	Employee Only	\$496	\$507	\$11	<ul style="list-style-type: none"> Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400. Primary care provider and mental health copays decreased from \$30 to \$15. Teladoc virtual mental health visit copay decreased from \$70 to \$0.
	Employee and Spouse	\$1,212	\$1,319	\$107	
	Employee and Children	\$798	\$862	\$64	
	Employee and Family	\$1,523	\$1,674	\$151	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	\$0	<ul style="list-style-type: none"> No changes. This plan is still closed to new enrollees.
	Employee and Spouse	\$2,402	\$2,402	\$0	
	Employee and Children	\$1,507	\$1,507	\$0	
	Employee and Family	\$2,841	\$2,841	\$0	

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, 2023

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide (PHG) any time 24/7 to help you find the best price for a medical service. Reach them at **1-866-355-5999**.

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 PHG at 1-866-355-5999 with questions.*

www.trs.texas.gov