

2023 - 2024 Plan Year



East Texas Employee Benefits Cooperative

BENEFIT GUIDE

EFFECTIVE: 09/01/2023 - 8/31/2024

WWW.ETXEBC.COM



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FLIP TO...

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HOW TO
ENROLL

PG. 6

SUMMARY
PAGES

PG. 11

YOUR
BENEFITS



Benefit Contact Information

ETXEBE BENEFITS		MEDICAL	HOSPITAL CASH
Financial Benefit Services (800) 583-6908 www.etxebc.com Benefits Care Line: (866) 914-5202		BCBSTX (866) 355-5999 www.bcbstx.com/trsactivecare Scott & White HMO (844) 633-5325 www.trs.swhp.org	CHUBB Group #100000127 (888) 499-0425 www.chubb.com
TELEHEALTH		DENTAL	VISION
MDLIVE (888) 365-1663 www.mdlive.com/fbsbh		MetLife Group #5374366 (800) 638-5433 www.metlife.com	MetLife Group #5374366 (800) 638-5433 www.metlife.com
DISABILITY		CRITICAL ILLNESS	CANCER
Lincoln Financial Group (800) 423-2765 www.lfg.com	New York Life (888) 842-4462 www.nyl.com	CHUBB Group #100000127 (888) 499-0425 www.chubb.com	American Public Life Group #24732 (800) 256-8606 www.ampublic.com
ACCIDENT		LIFE AND AD&D	IDENTITY THEFT
United Healthcare Group #304657 (866) 414-1959 www.UHC.com		CHUBB Group #100000127 (888) 499-0425 www.chubb.com	ID Watchdog Group #1504 (800) 774-3772 www.idwatchdog.com
HEALTH SAVINGS ACCOUNT (HSA)		FLEXIBLE SPENDING ACCOUNT (FSA)	INDIVIDUAL LIFE
EECU (800) 333-9934 www.eecu.org		National Benefit Services (800) 274-0503 www.nbsbenefits.com	5Star Life Insurance (866) 863-9753 www.5starlifeinsurance.com
EMERGENCY MEDICAL TRANSPORT			
MASA Group #ETEBC (800) 423-3226 www.masamts.com			

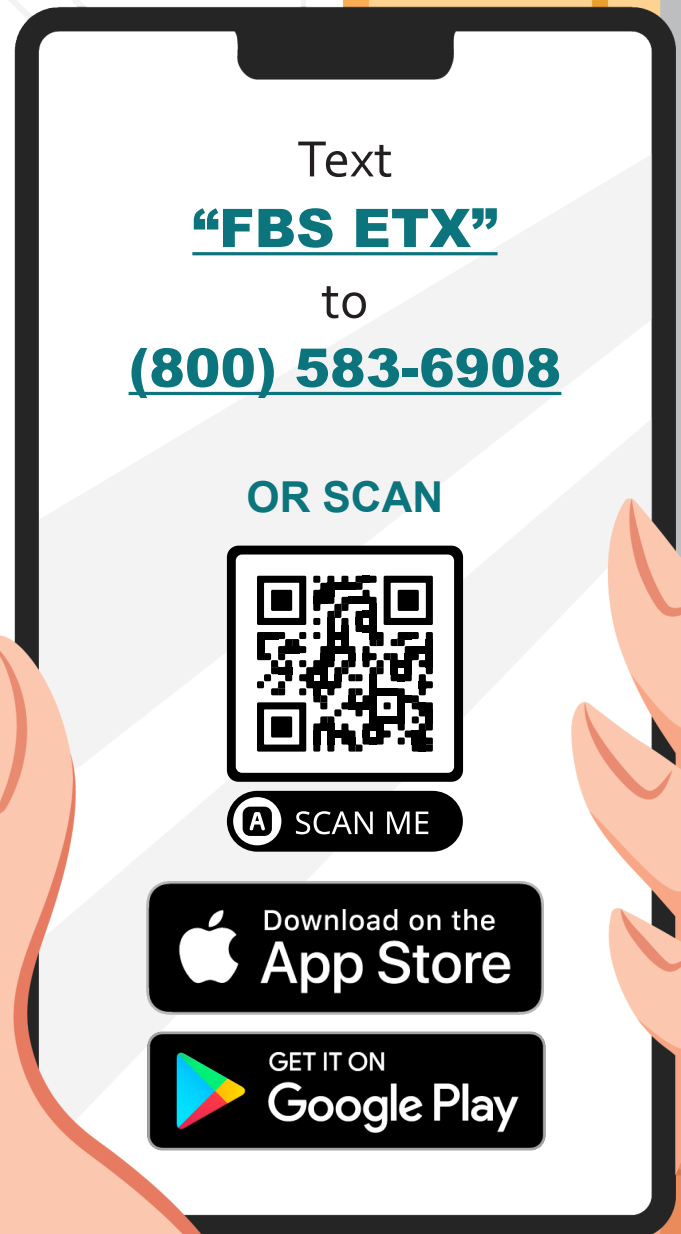
All Your Benefits - One App

Employee benefits made easy
through the ***FBS Benefits App***!

Text **“FBS ETX”**
to **(800) 583-6908**
and get access to everything you
need to complete your benefits
enrollment:

- Benefit Resources
- Online Enrollment
- Interactive Tools
- And more!

App Group #:
**Go to PAGE 93 to find your
district's group #**





How to Log In

1

www.etxebc.com

2

SELECT YOUR SCHOOL
FROM THE DROP DOWN LIST

3

CLICK LOGIN

4

ENTER USERNAME
& PASSWORD

Your Username Is:

Your email in THEbenefitsHUB. (Typically your work email)

Your Password Is:

Four (4) digits of your birth year followed by the last four (4) digits of your Social Security Number

If you have previously logged in, you will use the password that you created, NOT the password format listed above.

Annual Enrollment

During your annual enrollment period, you have the opportunity to review, change or continue benefit elections each year. Changes are not permitted during the plan year (outside of annual enrollment) unless a Section 125 qualifying event occurs.

- Changes, additions or drops may be made only during the annual enrollment period without a qualifying event.
- Employees must review their personal information and verify that dependents they wish to provide coverage for are included in the dependent profile. Additionally, you must notify your employer of any discrepancy in personal and/or benefit information.
- Employees must confirm on each benefit screen (medical, dental, vision, etc.) that each dependent to be covered is selected in order to be included in the coverage for that particular benefit.

New Hire Enrollment

All new hire enrollment elections must be completed in the online enrollment system within the first 30 days of benefit eligible employment. Failure to complete elections during this timeframe will result in the forfeiture of coverage.

Q&A

Who do I contact with Questions?

For supplemental benefit questions, you can contact your Benefit Office or you can call Financial Benefit Services at (866) 914-5202 for assistance.

Where can I find forms?

For benefit summaries and claim forms, go to your benefit website: www.etxebc.com. Click the benefit plan you need information on (i.e., Dental) and you can find the forms you need under the Benefits and Forms section.

How can I find a Network Provider?

For benefit summaries and claim forms, go to the ETXEB benefit website: www.etxebc.com. Click on the benefit plan you need information on (i.e., Dental) and you can find provider search links under the Quick Links section.

When will I receive ID cards?

If the insurance carrier provides ID cards, you can expect to receive those 3-4 weeks after your effective date. For most dental and vision plans, you can login to the carrier website and print a temporary ID card or simply give your provider the insurance company's phone number and they can call and verify your coverage if you do not have an ID card at that time. If you do not receive your ID card, you can call the carrier's customer service number to request another card.

If the insurance carrier provides ID cards, but there are no changes to the plan, you typically will not receive a new ID card each year.

Section 125 Cafeteria Plan Guidelines

A Cafeteria plan enables you to save money by using pre-tax dollars to pay for eligible group insurance premiums sponsored and offered by your employer. Enrollment is automatic unless you decline this benefit. Elections made during annual enrollment will become effective on the plan effective date and will remain in effect during the entire plan year.

Changes in benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefit Office within 30 days of your qualifying event and meet with your Benefit Office to complete and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event.

CHANGES IN STATUS (CIS):	QUALIFYING EVENTS
Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in status event.
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.
Gain/Loss of Dependents' Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.
Judgment/Decree/Order	If a judgment, decree, or order from a divorce, annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
Eligibility for Government Programs	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.

Employee Eligibility Requirements

Supplemental Benefits: Eligible employees must work 15 or more regularly scheduled hours each work week.

Eligible employees must be actively at work on the plan effective date for new benefits to be effective, meaning you are physically capable of performing the functions of your job on the first day of work concurrent with the plan effective date. For example, if your 2023 benefits become effective on September 1, 2023, you must be actively-at-work on September 1, 2023 to be eligible for your new benefits.

Dependent Eligibility Requirements

Dependent Eligibility: You can cover eligible dependent children under a benefit that offers dependent coverage, provided you participate in the same benefit, through the maximum age listed below. Dependents cannot be double covered by married spouses within the district as both employees and dependents.

PLAN	MAXIMUM AGE
Accident	Through 25
Cancer	Through 25
Critical Illness	Through 25
Dental	Through 25
Dependent Flex	12 or younger or qualified individual unable to care for themselves & claimed as a dependent on your taxes
Healthcare FSA	Through 25 or IRS Tax Dependent
Health Savings Account	IRS Tax Dependent
Hospital Cash	Through 25
Medical	Through 25
Telehealth	Through 25
Vision	Through 25
Life and AD&D	Through 25
Individual Life	Issue Through 23 Keep to 121

Please note, limits and exclusions may apply when obtaining coverage as a married couple or when obtaining coverage for dependents.

Potential Spouse Coverage Limitations: When enrolling in coverage, please keep in mind that some benefits may not allow you to cover your spouse as a dependent if your spouse is enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Financial Benefit Services, or contact the insurance carrier for additional information on spouse eligibility.

FSA/HSA Limitations: Please note, in general, per IRS regulations, married couples may not enroll in both a Flexible Spending Account (FSA) and a Health Savings Account (HSA). If your spouse is covered under an FSA that reimburses for medical expenses then you and your spouse are not HSA eligible, even if you would not use your spouse's FSA to reimburse your expenses. However, there are some exceptions to the general limitation regarding specific types of FSAs. To obtain more information on whether you can enroll in a specific type of FSA or HSA as a married couple, please reach out to the FSA and/or HSA provider prior to enrolling or reach out to your tax advisor for further guidance.

Potential Dependent Coverage Limitations: When enrolling for dependent coverage, please keep in mind that some benefits may not allow you to cover your eligible dependents if they are enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Financial Benefit Services, or contact the insurance carrier for additional information on dependent eligibility.

Disclaimer: You acknowledge that you have read the limitations and exclusions that may apply to obtaining spouse and dependent coverage, including limitations and exclusions that may apply to enrollment in Flexible Spending Accounts and Health Savings Accounts as a married couple. You, the enrollee, shall hold harmless, defend, and indemnify Financial Benefit Services, LLC from any and all claims, actions, suits, charges, and judgments whatsoever that arise out of the enrollee's enrollment in spouse and/or dependent coverage, including enrollment in Flexible Spending Accounts and Health Savings Accounts.

If your dependent is disabled, coverage may be able to continue past the maximum age under certain plans. If you have a disabled dependent who is reaching an ineligible age, you must provide a physician's statement confirming your dependent's disability. Contact your Benefit Office to request a continuation of coverage.

Actively-at-Work

You are performing your regular occupation for the employer on a full-time basis, either at one of the employer's usual places of business or at some location to which the employer's business requires you to travel. If you will not be actively at work beginning 9/1/2023 please notify your benefits administrator.

Annual Enrollment

The period during which existing employees are given the opportunity to enroll in or change their current elections.

Annual Deductible

The amount you pay each plan year before the plan begins to pay covered expenses.

Calendar Year

January 1st through December 31st

Co-insurance

After any applicable deductible, your share of the cost of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service.

Guaranteed Coverage

The amount of coverage you can elect without answering any medical questions or taking a health exam. Guaranteed coverage is only available during initial eligibility period. Actively-at-work and/or pre-existing condition exclusion provisions do apply, as applicable by carrier.

In-Network

Doctors, hospitals, optometrists, dentists and other providers who have contracted with the plan as a network provider.

Out-of-Pocket Maximum

The most an eligible or insured person can pay in co-insurance for covered expenses.

Plan Year

September 1st through August 31st

Pre-Existing Conditions

Applies to any illness, injury or condition for which the participant has been under the care of a health care provider, taken prescription drugs or is under a health care provider's orders to take drugs, or received medical care or services (including diagnostic and/or consultation services).

	Health Savings Account (HSA) (IRC Sec. 223)	Flexible Spending Account (FSA) (IRC Sec. 125)
Description	Approved by Congress in 2003, HSAs are actual bank accounts in employee's names that allow employees to save and pay for unreimbursed qualified medical expenses tax-free.	Allows employees to pay out-of-pocket expenses for copays, deductibles and certain services not covered by medical plan, tax-free. This also allows employees to pay for qualifying dependent care tax-free.
Employer Eligibility	A qualified high deductible health plan.	All employers
Contribution Source	Employee and/or employer	Employee and/or employer
Account Owner	Individual	Employer
Underlying Insurance Requirement	High deductible health plan	None
Minimum Deductible	\$1,500 single (2023) \$3,000 family (2023)	N/A
Maximum Contribution	\$3,850 single (2023) \$7,750 family (2023) 55+ catch up +\$1,000	\$3,050 (2023)
Permissible Use Of Funds	Employees may use funds any way they wish. If used for non-qualified medical expenses, subject to current tax rate plus 20% penalty.	Reimbursement for qualified medical expenses (as defined in Sec. 213(d) of IRC).
Cash-Outs of Unused Amounts (if no medical expenses)	Permitted, but subject to current tax rate plus 20% penalty (penalty waived after age 65).	Not permitted
Year-to-year rollover of account balance?	Yes, will roll over to use for subsequent year's health coverage.	No. Access to some funds may be extended if your employer's plan contains a 2 1/2-month grace period or \$500 rollover provision.
Does the account earn interest?	Yes	No
Portable?	Yes, portable year-to-year and between jobs.	No

FLIP TO
FOR HSA INFORMATION

PG. 88

FLIP TO
FOR FSA INFORMATION

PG. 89

Notes

[illegible]

Medical Insurance

TRS - Region 3

EMPLOYEE BENEFITS

ABOUT MEDICAL

Major medical insurance is a type of health care coverage that provides benefits for a broad range of medical expenses that may be incurred either on an inpatient or outpatient basis.

For full plan details, please visit your benefit website:

www.etxebc.com



These rates apply to the following districts:

East Bernard ISD

PG. 13

REGION
3

PG. 40

REGION
7

PG. 18

REGION
4

PG. 46

REGION
8

PG. 26

REGION
5

PG. 52

REGION
10

PG. 32

REGION
6

PG. 60

REGION
11

PG. 68

REGION
12

The only thing more reliable than a Gulf Coast sunset is your TRS-ActiveCare network.



TRS-ActiveCare Plan Highlights 2023-24



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.

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

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.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Secondary
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 Primary • Copays for many services • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$447	\$	\$524
Employee and Spouse	\$1,207	\$	\$1,363
Employee and Children	\$760	\$	\$891
Employee and Family	\$1,520	\$	\$1,730

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$7,500/\$15,000
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

Doctor Visits		
Primary Care	\$30 copay	\$30 copay
Specialist	\$70 copay	\$70 copay

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD (™)	\$0 per medical consultation	\$0 per medical consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	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
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

Each includes a wide range of wellness benefits.

TR-ActiveCare Primary+	TR-ActiveCare HD
<p>than the HD and Primary plans services and drugs</p> <p>ered to see specialists th a Health Savings Account (HSA) coverage</p>	<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

um	Your Premium	Total Premium	Your Premium
	\$	\$456	\$
	\$	\$1,232	\$
	\$	\$776	\$
	\$	\$1,551	\$

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

ible per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
\$1-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.

TR-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 statewide 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	\$417	\$447	\$30	<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.
	Employee and Spouse	\$1,176	\$1,207	\$31	
	Employee and Children	\$750	\$760	\$10	
	Employee and Family	\$1,405	\$1,520	\$115	
TRS-ActiveCare HD	Employee Only	\$427	\$456	\$29	<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	\$1,202	\$1,232	\$30	
	Employee and Children	\$766	\$776	\$10	
	Employee and Family	\$1,437	\$1,551	\$114	
TRS-ActiveCare Primary+	Employee Only	\$524	\$524	\$0	<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 copay decreased from \$30 to \$15.
	Employee and Spouse	\$1,280	\$1,363	\$83	
	Employee and Children	\$843	\$891	\$48	
	Employee and Family	\$1,610	\$1,730	\$120	
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.



These rates apply to the following districts:

Anahuac ISD

Damon ISD

Danbury ISD

Devers ISD

Hitchcock ISD

Needville ISD

Royal ISD

Tarkington ISD

PG. 13

REGION
3

PG. 40

REGION
7

PG. 18

REGION
4

PG. 46

REGION
8

PG. 26

REGION
5

PG. 52

REGION
10

PG. 32

REGION
6

PG. 60

REGION
11

PG. 68

REGION
12

Go ahead and sign up for the Houston rodeo – 90% of Texas emergency rooms are covered with TRS-ActiveCare.



TRS-ActiveCare Plan Highlights 2023-24



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.

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

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.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Select
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 Primary • Copays for many services • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$432	\$	\$507
Employee and Spouse	\$1,167	\$	\$1,319
Employee and Children	\$735	\$	\$862
Employee and Family	\$1,469	\$	\$1,674

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$7,500/\$15,000
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

Doctor Visits		
Primary Care	\$30 copay	\$30 copay
Specialist	\$70 copay	\$70 copay

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD (™)	\$0 per medical consultation	\$0 per medical consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	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
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

Each includes a wide range of wellness benefits.

TR-ActiveCare Primary+	TR-ActiveCare HD
<p>than the HD and Primary plans services and drugs</p> <p>ered to see specialists with a Health Savings Account (HSA) coverage</p>	<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

um	Your Premium	Total Premium	Your Premium
	\$	\$444	\$
	\$	\$1,199	\$
	\$	\$755	\$
	\$	\$1,510	\$

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

ible per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
\$1-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.

TR-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 statewide 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.
	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 copay decreased from \$30 to \$15.
	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.

2023-24 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

REMEMBER: Remember that when you choose an HMO, you're choosing a regional network.

TRS contracts with HMOs in certain regions to bring participants in those areas additional options.

HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO <i>Brought to you by TRS-ActiveCare</i>
	You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	You can choose this plan if you live in one of these counties: Cameron, Hidalgo, Starr, Willacy	You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$553.45	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,390.74	\$	N/A	\$	N/A	\$
Employee and Children	\$889.98	\$	N/A	\$	N/A	\$
Employee and Family	\$1,600.72	\$	N/A	\$	N/A	\$

Plan Features			
Type of Coverage	In-Network Coverage Only	N/A	N/A
Individual/Family Deductible	\$2,400/\$4,800	N/A	N/A
Coinsurance	You pay 25% after deductible	N/A	N/A
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	N/A	N/A

Doctor Visits			
Primary Care	\$20 copay	N/A	N/A
Specialist	\$70 copay	N/A	N/A

Immediate Care			
Urgent Care	\$45 copay	N/A	N/A
Emergency Care	\$500 copay after deductible	N/A	N/A

Prescription Drugs			
Drug Deductible	\$200 (excl. generics)	N/A	N/A
Days Supply	30-day supply/90-day supply	N/A	N/A
Generics	\$14/\$35 copay	N/A	N/A
Preferred Brand	You pay 35% after deductible	N/A	N/A
Non-preferred Brand	You pay 50% after deductible	N/A	N/A
Specialty	You pay 35% after deductible	N/A	N/A

www.trs.texas.gov

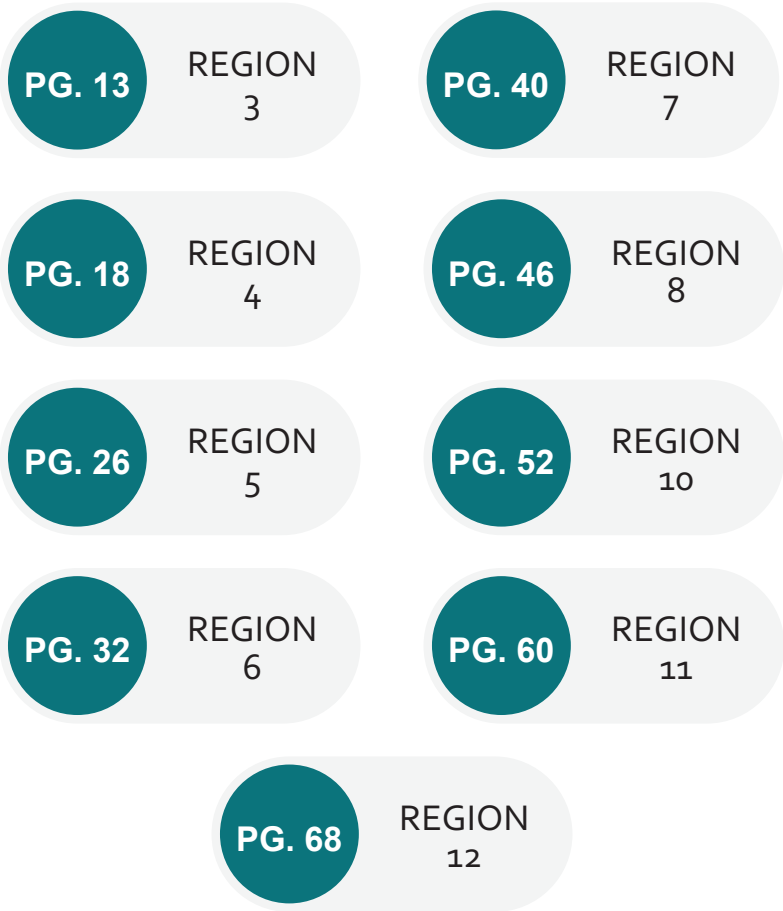
Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



These rates apply to the following districts:

Bridge City ISD	Hardin Jefferson ISD	Sabine Pass ISD
Buna ISD	High Island ISD	Silsbee ISD
Chester ISD	Hull-Daisetta ISD	The Bob Hope School
Deweyville ISD	Kirbyville CISD	The Ehrhart School
East Chambers ISD	Kountze ISD	Vidor ISD
Evadale ISD	Lumberton ISD	Warren ISD
Hardin ISD	Orangefield ISD	West Hardin ISD



TRS-ActiveCare has the largest network of doctors and hospitals in Texas. You can hang your hat on it.



TRS-ActiveCare Plan Highlights 2023-24



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.

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

How to Calculate Your Monthly Premium

Total Monthly Premium

– Your District and State Contributions

= **Your Premium**

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- Weight loss programs
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**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.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Select
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 Primary • Copays for many services • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$450	\$	\$528
Employee and Spouse	\$1,215	\$	\$1,373
Employee and Children	\$765	\$	\$898
Employee and Family	\$1,530	\$	\$1,743

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$7,500/\$15,000
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

Doctor Visits		
Primary Care	\$30 copay	\$30 copay
Specialist	\$70 copay	\$70 copay

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD (™)	\$0 per medical consultation	\$0 per medical consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	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
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

Each includes a wide range of wellness benefits.

TR-ActiveCare Primary+	TR-ActiveCare HD
<p>than the HD and Primary plans services and drugs</p> <p>ered to see specialists th a Health Savings Account (HSA) coverage</p>	<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

um	Your Premium	Total Premium	Your Premium
	\$	\$464	\$
	\$	\$1,253	\$
	\$	\$789	\$
	\$	\$1,578	\$

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

ible per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
\$1-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.

TR-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 statewide 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
TRIS-ActiveCare Primary	Employee Only	\$417	\$450	\$33	<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.
	Employee and Spouse	\$1,176	\$1,215	\$39	
	Employee and Children	\$751	\$765	\$14	
	Employee and Family	\$1,405	\$1,530	\$125	
TRIS-ActiveCare HD	Employee Only	\$429	\$464	\$35	<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	\$1,209	\$1,253	\$44	
	Employee and Children	\$772	\$789	\$17	
	Employee and Family	\$1,445	\$1,578	\$133	
TRIS-ActiveCare Primary+	Employee Only	\$527	\$528	\$1	<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 copay decreased from \$30 to \$15.
	Employee and Spouse	\$1,290	\$1,373	\$83	
	Employee and Children	\$849	\$898	\$49	
	Employee and Family	\$1,622	\$1,743	\$121	
TRIS-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.



These rates apply to the following districts:

Anderson-Shiro CISD

Arrow Academy

Big Sandy ISD

Brazos ISD

Bremond ISD

Burton ISD

Calvert ISD

Centerville ISD

Franklin ISD

Gause ISD

Goodrich ISD

Groveton ISD

Leon ISD

Madisonville ISD

Milano ISD

Mumford ISD

Normangee ISD

North Zulch ISD

Richards ISD

Sealy ISD

Snook ISD

Somerville ISD

PG. 13

REGION
3

PG. 40

REGION
7

PG. 18

REGION
4

PG. 46

REGION
8

PG. 26

REGION
5

PG. 52

REGION
10

PG. 32

REGION
6

PG. 60

REGION
11

PG. 68

REGION
12

*Pine trees aren't the only things covering Region 6:
TRS-ActiveCare has the largest network of doctors in Texas.*



TRS-ActiveCare Plan Highlights 2023-24



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.

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

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.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Select
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 Primary • Copays for many services • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$421	\$	\$494
Employee and Spouse	\$1,137	\$	\$1,285
Employee and Children	\$716	\$	\$840
Employee and Family	\$1,432	\$	\$1,631

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$7,500/\$15,000
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

Doctor Visits		
Primary Care	\$30 copay	\$30 copay
Specialist	\$70 copay	\$70 copay

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD (™)	\$0 per medical consultation	\$0 per medical consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	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
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

Each includes a wide range of wellness benefits.

TR-ActiveCare Primary+	TR-ActiveCare HD
<p>than the HD and Primary plans services and drugs</p> <p>ered to see specialists th a Health Savings Account (HSA) coverage</p>	<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

um	Your Premium	Total Premium	Your Premium
	\$	\$433	\$
	\$	\$1,170	\$
	\$	\$737	\$
	\$	\$1,473	\$

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

ible per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
\$1-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.

TR-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 statewide 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	\$402	\$421	\$19	<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.
	Employee and Spouse	\$1,133	\$1,137	\$4	
	Employee and Children	\$723	\$716	(\$7)	
	Employee and Family	\$1,356	\$1,432	\$76	
TRS-ActiveCare HD	Employee Only	\$415	\$433	\$18	<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	\$1,166	\$1,170	\$4	
	Employee and Children	\$744	\$737	(\$7)	
	Employee and Family	\$1,394	\$1,473	\$79	
TRS-ActiveCare Primary+	Employee Only	\$505	\$494	(\$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 copay decreased from \$30 to \$15.
	Employee and Spouse	\$1,234	\$1,285	\$51	
	Employee and Children	\$812	\$840	\$28	
	Employee and Family	\$1,552	\$1,631	\$79	
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.

2023-24 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

REMEMBER: Remember that when you choose an HMO, you're choosing a regional network.

TRS contracts with HMOs in certain regions to bring participants in those areas additional options.

HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO <i>Brought to you by TRS-ActiveCare</i>
	You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	You can choose this plan if you live in one of these counties: Cameron, Hidalgo, Starr, Willacy	You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$553.45	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,390.74	\$	N/A	\$	N/A	\$
Employee and Children	\$889.98	\$	N/A	\$	N/A	\$
Employee and Family	\$1,600.72	\$	N/A	\$	N/A	\$

Plan Features			
Type of Coverage	In-Network Coverage Only	N/A	N/A
Individual/Family Deductible	\$2,400/\$4,800	N/A	N/A
Coinsurance	You pay 25% after deductible	N/A	N/A
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	N/A	N/A

Doctor Visits			
Primary Care	\$20 copay	N/A	N/A
Specialist	\$70 copay	N/A	N/A

Immediate Care			
Urgent Care	\$45 copay	N/A	N/A
Emergency Care	\$500 copay after deductible	N/A	N/A

Prescription Drugs			
Drug Deductible	\$200 (excl. generics)	N/A	N/A
Days Supply	30-day supply/90-day supply	N/A	N/A
Generics	\$14/\$35 copay	N/A	N/A
Preferred Brand	You pay 35% after deductible	N/A	N/A
Non-preferred Brand	You pay 50% after deductible	N/A	N/A
Specialty	You pay 35% after deductible	N/A	N/A

www.trs.texas.gov

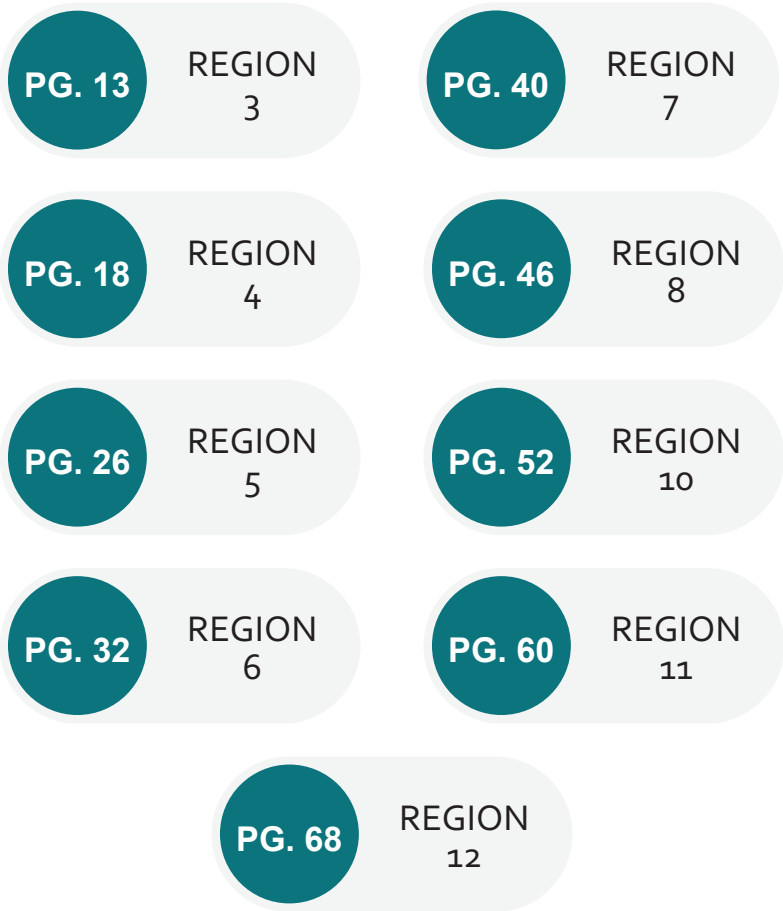
Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



These rates apply to the following districts:

Elkhart ISD
Winona ISD



The Piney Woods' WiFi might not always be reliable, but your TRS-ActiveCare network is!



TRS-ActiveCare Plan Highlights 2023-24



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.

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

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.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Select
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 Primary • Copays for many services • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$442	\$	\$519
Employee and Spouse	\$1,194	\$	\$1,350
Employee and Children	\$752	\$	\$883
Employee and Family	\$1,503	\$	\$1,713

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$7,500/\$15,000
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

Doctor Visits		
Primary Care	\$30 copay	\$30 copay
Specialist	\$70 copay	\$70 copay

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD (™)	\$0 per medical consultation	\$0 per medical consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	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
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

Each includes a wide range of wellness benefits.

TR-ActiveCare Primary+	TR-ActiveCare HD
<p>than the HD and Primary plans services and drugs</p> <p>ered to see specialists th a Health Savings Account (HSA) coverage</p>	<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

um	Your Premium	Total Premium	Your Premium
	\$	\$456	\$
	\$	\$1,232	\$
	\$	\$776	\$
	\$	\$1,551	\$

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

ible per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
\$1-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.

TR-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 statewide 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	\$408	\$442	\$34	<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.
	Employee and Spouse	\$1,151	\$1,194	\$43	
	Employee and Children	\$734	\$752	\$18	
	Employee and Family	\$1,378	\$1,503	\$125	
TRS-ActiveCare HD	Employee Only	\$423	\$456	\$33	<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	\$1,189	\$1,232	\$43	
	Employee and Children	\$759	\$776	\$17	
	Employee and Family	\$1,422	\$1,551	\$129	
TRS-ActiveCare Primary+	Employee Only	\$513	\$519	\$6	<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 copay decreased from \$30 to \$15.
	Employee and Spouse	\$1,254	\$1,350	\$96	
	Employee and Children	\$825	\$883	\$58	
	Employee and Family	\$1,577	\$1,713	\$136	
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.



These rates apply to the following districts:

Avery ISD	McLeod ISD
Clarksville ISD	New Boston ISD
Jefferson ISD	Queen City ISD
Maud ISD	

PG. 13	REGION 3	PG. 40	REGION 7
PG. 18	REGION 4	PG. 46	REGION 8
PG. 26	REGION 5	PG. 52	REGION 10
PG. 32	REGION 6	PG. 60	REGION 11
		PG. 68	REGION 12

Don't fear the Caddo Lake gator – TRS-ActiveCare has 90% of emergency rooms in network.



TRS-ActiveCare Plan Highlights 2023-24



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.

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

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.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Secondary
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 Primary • Copays for many services • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$446	\$	\$524
Employee and Spouse	\$1,205	\$	\$1,363
Employee and Children	\$759	\$	\$891
Employee and Family	\$1,517	\$	\$1,730

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$7,500/\$15,000
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

Doctor Visits		
Primary Care	\$30 copay	\$30 copay
Specialist	\$70 copay	\$70 copay

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD (™)	\$0 per medical consultation	\$0 per medical consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	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
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

Each includes a wide range of wellness benefits.

TR-ActiveCare Primary+	TR-ActiveCare HD
<p>than the HD and Primary plans services and drugs</p> <p>ered to see specialists th a Health Savings Account (HSA) coverage</p>	<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

um	Your Premium	Total Premium	Your Premium
	\$	\$458	\$
	\$	\$1,237	\$
	\$	\$779	\$
	\$	\$1,558	\$

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

ible per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
\$1-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.

TR-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 statewide 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	\$406	\$446	\$40	<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.
	Employee and Spouse	\$1,144	\$1,205	\$61	
	Employee and Children	\$730	\$759	\$29	
	Employee and Family	\$1,370	\$1,517	\$147	
TRS-ActiveCare HD	Employee Only	\$418	\$458	\$40	<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	\$1,176	\$1,237	\$61	
	Employee and Children	\$750	\$779	\$29	
	Employee and Family	\$1,407	\$1,558	\$151	
TRS-ActiveCare Primary+	Employee Only	\$510	\$524	\$14	<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 copay decreased from \$30 to \$15.
	Employee and Spouse	\$1,246	\$1,363	\$117	
	Employee and Children	\$820	\$891	\$71	
	Employee and Family	\$1,567	\$1,730	\$163	
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.



These rates apply to the following districts:

Blue Ridge ISD
Leadership Prep School
Texans Can Academies
Tioga ISD

PG. 13

REGION
3

PG. 40

REGION
7

PG. 18

REGION
4

PG. 46

REGION
8

PG. 26

REGION
5

PG. 52

REGION
10

PG. 32

REGION
6

PG. 60

REGION
11

PG. 68

REGION
12

You bet your boots big things happen here, including TRS-ActiveCare's large network of doctors and hospitals.



TRS-ActiveCare Plan Highlights 2023-24



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.

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

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.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Select
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 Primary • Copays for many services • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$450	\$	\$529
Employee and Spouse	\$1,215	\$	\$1,376
Employee and Children	\$765	\$	\$900
Employee and Family	\$1,530	\$	\$1,746

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$7,500/\$15,000
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

Doctor Visits		
Primary Care	\$30 copay	\$30 copay
Specialist	\$70 copay	\$70 copay

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD (™)	\$0 per medical consultation	\$0 per medical consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	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
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

Aug. 31, 2024



Each includes a wide range of wellness benefits.

TR-ActiveCare Primary+	TR-ActiveCare HD
More than the HD and Primary plans services and drugs	<ul style="list-style-type: none">Compatible with a Health Savings Account (HSA)Nationwide network with out-of-network coverageNo requirement for PCPs or referralsMust meet your deductible before plan pays for non-preventive care
Required to see specialists with a Health Savings Account (HSA) coverage	

Plan	Your Premium	Total Premium	Your Premium
	\$	\$462	\$
	\$	\$1,248	\$
	\$	\$786	\$
	\$	\$1,571	\$

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

Cost per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
\$11-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.

TR-ActiveCare 2
<ul style="list-style-type: none">Closed to new enrolleesCurrent enrollees can choose to stay in planLower deductibleCopays for many services and drugsNationwide network with out-of-network coverageNo 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 statewide 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
TRRS-ActiveCare Primary	Employee Only	\$410	\$450	\$40	<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.
	Employee and Spouse	\$1,157	\$1,215	\$58	
	Employee and Children	\$738	\$765	\$27	
	Employee and Family	\$1,384	\$1,530	\$146	
TRRS-ActiveCare HD	Employee Only	\$422	\$462	\$40	<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	\$1,187	\$1,248	\$61	
	Employee and Children	\$757	\$786	\$29	
	Employee and Family	\$1,419	\$1,571	\$152	
TRRS-ActiveCare Primary+	Employee Only	\$515	\$529	\$14	<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 copay decreased from \$30 to \$15.
	Employee and Spouse	\$1,259	\$1,376	\$117	
	Employee and Children	\$829	\$900	\$71	
	Employee and Family	\$1,584	\$1,746	\$162	
TRRS-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

2023-24 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

REMEMBER: Remember that when you choose an HMO, you're choosing a regional network.

TRS contracts with HMOs in certain regions to bring participants in those areas additional options.

HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO <i>Brought to you by TRS-ActiveCare</i>
	You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	You can choose this plan if you live in one of these counties: Cameron, Hidalgo, Starr, Willacy	You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$569.76	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,432.42	\$	N/A	\$	N/A	\$
Employee and Children	\$916.49	\$	N/A	\$	N/A	\$
Employee and Family	\$1,648.78	\$	N/A	\$	N/A	\$

Plan Features			
Type of Coverage	In-Network Coverage Only	N/A	N/A
Individual/Family Deductible	\$2,400/\$4,800	N/A	N/A
Coinsurance	You pay 25% after deductible	N/A	N/A
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	N/A	N/A

Doctor Visits			
Primary Care	\$20 copay	N/A	N/A
Specialist	\$70 copay	N/A	N/A

Immediate Care			
Urgent Care	\$45 copay	N/A	N/A
Emergency Care	\$500 copay after deductible	N/A	N/A

Prescription Drugs			
Drug Deductible	\$200 (excl. generics)	N/A	N/A
Days Supply	30-day supply/90-day supply	N/A	N/A
Generics	\$14/\$35 copay	N/A	N/A
Preferred Brand	You pay 35% after deductible	N/A	N/A
Non-preferred Brand	You pay 50% after deductible	N/A	N/A
Specialty	You pay 35% after deductible	N/A	N/A

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Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



These rates apply to the following districts:

A.W. Brown

Krum ISD

PG. 13

REGION
3

PG. 40

REGION
7

PG. 18

REGION
4

PG. 46

REGION
8

PG. 26

REGION
5

PG. 52

REGION
10

PG. 32

REGION
6

PG. 60

REGION
11

PG. 68

REGION
12

Where the west begins is where TRS-ActiveCare rides with you on your health care journey.



TRS-ActiveCare Plan Highlights 2023-24



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.

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

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.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Select
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 Primary • Copays for many services • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$461	\$	\$541
Employee and Spouse	\$1,245	\$	\$1,407
Employee and Children	\$784	\$	\$920
Employee and Family	\$1,568	\$	\$1,786

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$7,500/\$15,000
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

Doctor Visits		
Primary Care	\$30 copay	\$30 copay
Specialist	\$70 copay	\$70 copay

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD (™)	\$0 per medical consultation	\$0 per medical consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	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
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

Aug. 31, 2024



Each includes a wide range of wellness benefits.

TR-ActiveCare Primary+	TR-ActiveCare HD
<p>than the HD and Primary plans services and drugs</p> <p>ered to see specialists th a Health Savings Account (HSA) coverage</p>	<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

um	Your Premium	Total Premium	Your Premium
	\$	\$475	\$
	\$	\$1,283	\$
	\$	\$808	\$
	\$	\$1,615	\$

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

ible per participant (brand drugs only)	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
\$1-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.

TR-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 statewide 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	\$417	\$461	\$44	<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.
	Employee and Spouse	\$1,176	\$1,245	\$69	
	Employee and Children	\$751	\$784	\$33	
	Employee and Family	\$1,405	\$1,568	\$163	
TRS-ActiveCare HD	Employee Only	\$429	\$475	\$46	<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	\$1,209	\$1,283	\$74	
	Employee and Children	\$772	\$808	\$36	
	Employee and Family	\$1,445	\$1,615	\$170	
TRS-ActiveCare Primary+	Employee Only	\$525	\$541	\$16	<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 copay decreased from \$30 to \$15.
	Employee and Spouse	\$1,284	\$1,407	\$123	
	Employee and Children	\$845	\$920	\$75	
	Employee and Family	\$1,614	\$1,786	\$172	
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.

2023-24 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

REMEMBER: Remember that when you choose an HMO, you're choosing a regional network.

TRS contracts with HMOs in certain regions to bring participants in those areas additional options.

HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO <i>Brought to you by TRS-ActiveCare</i>
	You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	You can choose this plan if you live in one of these counties: Cameron, Hidalgo, Starr, Willacy	You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$596.96	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,501.90	\$	N/A	\$	N/A	\$
Employee and Children	\$960.68	\$	N/A	\$	N/A	\$
Employee and Family	\$1,728.86	\$	N/A	\$	N/A	\$

Plan Features			
Type of Coverage	In-Network Coverage Only	N/A	N/A
Individual/Family Deductible	\$2,400/\$4,800	N/A	N/A
Coinsurance	You pay 25% after deductible	N/A	N/A
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	N/A	N/A

Doctor Visits			
Primary Care	\$20 copay	N/A	N/A
Specialist	\$70 copay	N/A	N/A

Immediate Care			
Urgent Care	\$45 copay	N/A	N/A
Emergency Care	\$500 copay after deductible	N/A	N/A

Prescription Drugs			
Drug Deductible	\$200 (excl. generics)	N/A	N/A
Days Supply	30-day supply/90-day supply	N/A	N/A
Generics	\$14/\$35 copay	N/A	N/A
Preferred Brand	You pay 35% after deductible	N/A	N/A
Non-preferred Brand	You pay 50% after deductible	N/A	N/A
Specialty	You pay 35% after deductible	N/A	N/A

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Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



These rates apply to the following districts:

Rice ISD
Teague ISD

PG. 13

REGION
3

PG. 40

REGION
7

PG. 18

REGION
4

PG. 46

REGION
8

PG. 26

REGION
5

PG. 52

REGION
10

PG. 32

REGION
6

PG. 60

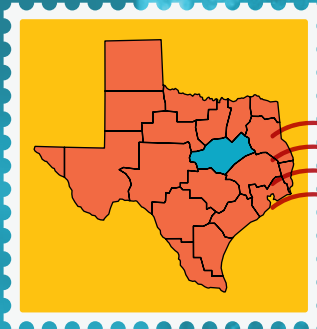
REGION
11

PG. 68

REGION
12

While you can't see Dr. Pepper for your annual check-up, you can find a great one in TRS-ActiveCare's largest network of doctors.

TRS-ActiveCare REGION 12



TRS-ActiveCare Plan Highlights 2023-24



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.

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

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
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- Ovia™ pregnancy support
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- 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.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Select
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 Primary • Copays for many services • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$399	\$	\$468
Employee and Spouse	\$1,078	\$	\$1,217
Employee and Children	\$679	\$	\$796
Employee and Family	\$1,357	\$	\$1,545

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$7,500/\$15,000
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

Doctor Visits		
Primary Care	\$30 copay	\$30 copay
Specialist	\$70 copay	\$70 copay

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD (™)	\$0 per medical consultation	\$0 per medical consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	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
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

Each includes a wide range of wellness benefits.

TR-ActiveCare Primary+	TR-ActiveCare HD
<p>than the HD and Primary plans services and drugs</p> <p>ered to see specialists th a Health Savings Account (HSA) coverage</p>	<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

um	Your Premium	Total Premium	Your Premium
	\$	\$410	\$
	\$	\$1,107	\$
	\$	\$697	\$
	\$	\$1,394	\$

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

ible per participant (brand drugs only)	Integrated with medical	
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics	
You pay 25% after deductible	You pay 25% after deductible	
You pay 50% after deductible	You pay 50% after deductible	
\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible	
\$1-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.

TR-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 statewide 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	\$365	\$399	\$34	<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.
	Employee and Spouse	\$1,029	\$1,078	\$49	
	Employee and Children	\$656	\$679	\$23	
	Employee and Family	\$1,232	\$1,357	\$125	
TRS-ActiveCare HD	Employee Only	\$375	\$410	\$35	<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	\$1,055	\$1,107	\$52	
	Employee and Children	\$673	\$697	\$24	
	Employee and Family	\$1,261	\$1,394	\$133	
TRS-ActiveCare Primary+	Employee Only	\$458	\$468	\$10	<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 copay decreased from \$30 to \$15.
	Employee and Spouse	\$1,120	\$1,217	\$97	
	Employee and Children	\$737	\$796	\$59	
	Employee and Family	\$1,409	\$1,545	\$136	
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.

2023-24 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

REMEMBER: Remember that when you choose an HMO, you're choosing a regional network.

TRS contracts with HMOs in certain regions to bring participants in those areas additional options.

HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO <i>Brought to you by TRS-ActiveCare</i>
	You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	You can choose this plan if you live in one of these counties: Cameron, Hidalgo, Starr, Willacy	You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$515.37	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,293.46	\$	N/A	\$	N/A	\$
Employee and Children	\$828.11	\$	N/A	\$	N/A	\$
Employee and Family	\$1,488.60	\$	N/A	\$	N/A	\$

Plan Features			
Type of Coverage	In-Network Coverage Only	N/A	N/A
Individual/Family Deductible	\$2,400/\$4,800	N/A	N/A
Coinsurance	You pay 25% after deductible	N/A	N/A
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	N/A	N/A

Doctor Visits			
Primary Care	\$20 copay	N/A	N/A
Specialist	\$70 copay	N/A	N/A

Immediate Care			
Urgent Care	\$45 copay	N/A	N/A
Emergency Care	\$500 copay after deductible	N/A	N/A

Prescription Drugs			
Drug Deductible	\$200 (excl. generics)	N/A	N/A
Days Supply	30-day supply/90-day supply	N/A	N/A
Generics	\$14/\$35 copay	N/A	N/A
Preferred Brand	You pay 35% after deductible	N/A	N/A
Non-preferred Brand	You pay 50% after deductible	N/A	N/A
Specialty	You pay 35% after deductible	N/A	N/A

www.trs.texas.gov

ABOUT HOSPITAL CASH

This is an affordable supplemental plan that pays you should you be in-patient hospital confined. This plan complements your health insurance by helping you pay for costs left unpaid by your health insurance.

For full plan details, please visit your benefit website: www.etxebc.com



It's not easy to pay hospital bills, especially if you have a high deductible medical plan. Chubb Hospital Cash pays money directly to you if you are hospitalized so you can focus on your recovery. And since the cash goes directly to you, there are no restrictions on how you use your money.

Hospitalization and Rehabilitation Benefits	Payable Benefit		
	Plan 1	Plan 2	Plan 3
Hospital Admission Benefit This benefit is for admission to a hospital or hospital sub-acute intensive care unit.	<ul style="list-style-type: none"> \$1,500 Maximum Benefit Per Calendar Year: 5 	<ul style="list-style-type: none"> \$3,000 Maximum Benefit Per Calendar Year: 5 	<ul style="list-style-type: none"> \$5,000 Maximum Benefit Per Calendar Year: 5
Hospital Confinement Benefit This benefit is for confinement in hospital or hospital sub-acute intensive care unit.	<ul style="list-style-type: none"> \$150 Per Day Maximum Days Per Calendar Year: 30 		<ul style="list-style-type: none"> \$200 Per Day Maximum Days Per Calendar Year: 30
Hospital Confinement ICU Benefit The benefit for confinement in a hospital intensive care unit.	<ul style="list-style-type: none"> \$300 Per Day Maximum Days Per Calendar Year: 30 		<ul style="list-style-type: none"> \$400 Per Day Maximum Days Per Calendar Year: 30
Newborn Nursery This benefit is payable for an insured newborn baby receiving newborn nursery care and who is not confined for treatment of a physical illness, infirmity, disease or injury.	<ul style="list-style-type: none"> \$500 Per Day Maximum Days per Confinement- Normal Delivery: 2 Maximum Days per Confinement- Caesarean Section: 2 		
Observation Unit This benefit is for treatment in a hospital observation unit for a period of less than 20 hours.	<ul style="list-style-type: none"> \$500 Maximum Days Per Calendar Year: 2 		
Wellness Benefit	<ul style="list-style-type: none"> \$50 Per Day Maximum Days Per Calendar Year: 1 		
Waiver of Premium Benefits	Plan 1	Plan 2	Plan 3
Waiver of Premium Hospital Confinement This benefit waives premium when the employee is confined for more than 30 continuous days.	Included	Included	Included
Monthly Rates	Plan 1	Plan 2	Plan 3
Employee	\$20.74	\$34.22	\$54.35
Employee + Spouse	\$43.31	\$69.72	\$110.19
Employee + Children	\$29.50	\$48.25	\$76.39
Family	\$47.82	\$77.68	\$122.86

ABOUT TELEHEALTH

Telehealth provides 24/7/365 access to board-certified doctors via telephone or video consultations that can diagnose, recommend treatment and prescribe medication. Telehealth makes care more convenient and accessible for non-emergency care when your primary care physician is not available.

For full plan details, please visit your benefit website: www.etxebc.com



Alongside your medical coverage is access to quality telehealth services through MDLIVE. Connect anytime day or night with a board-certified doctor via your mobile device or computer. While MDLIVE does not replace your primary care physician, it is a convenient and cost-effective option when you need care and:

- Have a non-emergency issue and are considering a convenience care clinic, urgent care clinic or emergency room for treatment
- Are on a business trip, vacation or away from home
- Are unable to see your primary care physician

When to Use MDLIVE:

At a cost that is the same or less than a visit to your physician, use telehealth services for minor conditions such as:

- Sore throat
- Headache
- Stomachache
- Cold
- Flu
- Allergies
- Fever
- Urinary tract infections

Do not use telemedicine for serious or life-threatening emergencies.

Registration is Easy

Register with MDLIVE so you are ready to use this valuable service when and where you need it.

- Online – www.mdlive.com/fbsbh
- Phone – (888) 365-1663
- Mobile – download the MDLIVE mobile app to your smartphone or mobile device
- Select –“MDLIVE as a benefit” and “FBS” as your Employer/Organization when registering your account.

Telehealth*	
Employee + Family	\$12.00

**Some districts may cover the cost of this benefit at no cost to you.*

ABOUT DENTAL

Dental insurance is a coverage that helps defray the costs of dental care. It insures against the expense of routine care, dental treatment and disease.

For full plan details, please visit your benefit website: www.etxebc.com



Our dental plan helps you maintain good oral health through affordable options for preventive care, including regular checkups and other dental work. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through MetLife Dental.

DPPO Plan

Two levels of benefits are available with the DPPO plan: in-network and out-of-network. You may select the dental provider of your choice, but your level of coverage may vary based on the provider you see for services. You could pay more if you use an out-of-network provider.

How to Find a Dentist

Visit <http://www.metlife.com/> or call (800) 638-5433 to find an in-network dentist.

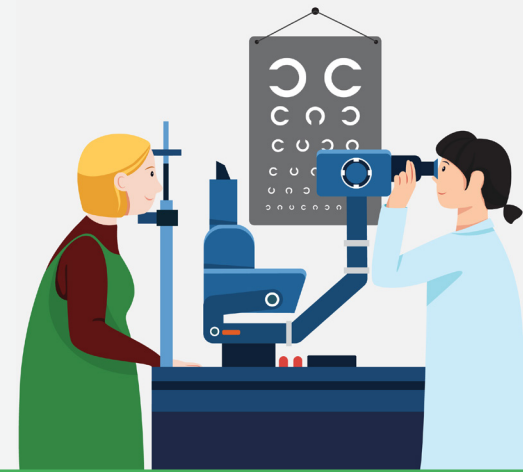
	Dental		
	High	Low	DHMO
Employee	\$26.12	\$20.30	\$14.96
Employee + Spouse	\$55.52	\$43.12	\$29.02
Employee + Child(ren)	\$71.84	\$55.78	\$38.08
Family	\$97.96	\$76.08	\$47.78

PPO Dental Benefits	High PPO		Low PPO
	In-Network	Out-of-Network	In-Network
<u>Calendar Year Deductible</u>			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
<u>Calendar Year Benefit Maximum</u>			
Per Individual	\$1,700		\$1,200
	You Pay		You Pay
<u>Preventive and Diagnostic Care</u>			
Exams, cleanings, X-rays, fluoride treatments, sealants, space maintainers	100% Covered	100% Covered	100% Covered
<u>Basic Restorative Care</u>			
Fillings, simple extractions, oral surgery, endodontics, periodontics, repairs of bridges, crowns and inlays	80% after deductible	80% after deductible	50% after deductible
<u>Major Restorative Care</u>			
Crowns, dentures, bridges, implants, TMJ	50% after deductible	50% after deductible	50% after deductible
<u>Orthodontia</u>			
Children only	50%	50%	Not provided
<u>Orthodontia Lifetime Maximum</u>	\$1000 per person		Not provided

ABOUT VISION

Vision insurance provides coverage for routine eye examinations and can help with covering some of the costs for eyeglass frames, lenses or contact lenses.

For full plan details, please visit your benefit website: www.etxebc.com



Our vision plan provides quality care to help preserve your health and eyesight. In addition to identifying vision and eye problems, regular exams can detect certain medical issues such as diabetes and high cholesterol. You may seek care from any licensed optometrist, ophthalmologist or optician, but plan benefits are better if you use an in-network provider. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through MetLife.

Vision		
	High	Low
Employee	\$8.12	\$7.40
Employee + Spouse	\$18.02	\$16.38
Employee + Child(ren)	\$18.08	\$16.44
Family	\$23.38	\$21.26

How to Find a Vision Provider: Visit <http://www.metlife.com/> or call (800) 638-5433 to find an in-network vision provider.

Vision Benefits	High Plan*		Low Plan	
	In-Network You Pay	Out-of-Network Reimbursement	In-Network You Pay	Out-of-Network Reimbursement
Exam	\$10	Up to \$45	\$10	Up to \$45
Lenses				
• Single Vision	\$10	Up to \$30	\$10	Up to \$30
• Bifocals	\$10	Up to \$50	\$10	Up to \$50
• Trifocals	\$10	Up to \$65	\$10	Up to \$65
• Lenticular	\$10	Up to \$100	\$10	Up to \$100
Frames	\$150 allowance \$170 allowance on featured frames	Up to \$70	\$150 allowance \$170 allowance on featured frames	Up to \$70
Retinal Imaging	Up to \$39 copay	Applied to exam allowance	No Coverage	No Coverage
Contacts				
In lieu of frames and lenses**				
• Fitting and Evaluation	\$60	Applied to allowance	\$60	Applied to allowance
• Elective	\$150	Up to \$105	\$150	Up to \$105
• Medically Necessary	Covered in full after eyewear copay	Up to \$210	Covered in full after eyewear copay	Up to \$210

Benefit Frequency	
Exam	Once every 12 months
Lenses	Once every 12 months
Frames	Once every 12 months
Contacts	Once every 12 months

***Second Pair (High Plan Only):** This benefit gives you additional eyewear coverage. You can get: Two pairs of prescription eyeglasses, or; One pair of prescription eyeglasses and an allowance toward contact lenses, or; Double your contact lens allowance

****This restriction does not apply to the High Plan. You may use your benefits for both glasses and contacts on the High Plan.**

ABOUT DISABILITY

Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury for an extended period of time.

For full plan details, please visit your benefit website: www.etxebc.com



Disability insurance provides partial income protection if you are unable to work due to a covered accident or illness.

If you had an unexpected illness or injury and were unable to work, how long would you be able to pay your bills? Long-term disability pays a portion of your salary if you're unable to work due to a covered disability.

Some plans vary by district within ETXEB. Check your district benefit website for details.

ABOUT CRITICAL ILLNESS

Critical illness insurance can be used towards medical or other expenses. It provides a lump sum benefit payable directly to the insured upon diagnosis of a covered condition or event, like a heart attack or stroke. The money can also be used for non-medical costs related to the illness, including transportation, child care, etc.

For full plan details, please visit your benefit website: www.etxebc.com



Heart attacks and strokes happen every day and often unexpectedly. They don't give you time to prepare and can take a serious toll on both your physical and financial well-being. Chubb Critical Illness pays cash benefits directly to you that you can use to help with your bills, your mortgage, your rent, your childcare—you name it—so you can focus on recovery.

Available Coverage Choices

- **Employee:** \$10,000; \$20,000; \$30,000; \$40,000; or \$50,000 face amounts
- **Spouse:** \$10,000; \$20,000; \$30,000; \$40,000; or \$50,000 face amounts
- **Child coverage:** Included in the employee rate

There is no pre-existing condition limitation. All amounts are guarantee issue – no medical questions are required for coverage to be issued.

Critical Illness Insurance	
Covered Conditions	Payable Benefit as a % of Face Amount
ALS	100%
Alzheimer's Disease	100%
Benign Brain Tumor	100%
Breast Cancer Carcinoma In Situ	100%
Cancer (See below for skin cancer)	100%
Carcinoma In Situ	25%
Coma	100%
Coronary Artery Obstruction	25%
End Stage Renal Failure	100%
Heart Attack	100%
Loss of Sight, Speech, or Hearing	100%
Major Organ Failure	100%
Multiple Sclerosis	100%
Paralysis or Dismemberment	100%
Parkinson's Disease	100%
Severe Burns	100%
Stroke	100%
Sudden Cardiac Arrest	100%
Transient Ischemic Attacks	10%

Critical Illness Insurance

CHUBB

EMPLOYEE BENEFITS

Skin Cancer Benefit - Payable once per insured per year	\$1000
Occupational Package - Pays 100% of the face amount; Benefits payable for HIV or Hepatitis B, C, or D, MRSA, Rabies, Tetanus, or Tuberculosis contracted on the job	Included
Childhood Conditions - Pays 100% of the dependent child face amount; Provides benefits for childhood conditions (Autism Spectrum Disorder; Cerebral Palsy; Congenital Birth Defects; Heart, Lung, Cleft Lip, Palate, etc; Cystic Fibrosis; Down Syndrome; Gaucher Disease; Muscular Dystrophy; and Type 1 Diabetes).	Included
Miscellaneous. Disease Rider + COVID-19 - The Miscellaneous Disease Rider is payable once per covered condition. Covered Conditions include: Addison's Disease, Cerebrospinal Meningitis, Diphtheria, Huntington's Chorea, Legionnaire's Disease, Malaria, Myasthenia Gravis, Meningitis, Necrotizing Fasciitis, Osteomyelitis, Polio, Rabies, Scleroderma, Systemic Lupus, Tetanus, Tuberculosis. COVID-19 means a disease resulting in a positive COVID-19 diagnostic screening and 5 consecutive days of hospital confinement.	50%
Recurrence Benefit	
Benefits are payable for a subsequent diagnosis of Benign Brain Tumor, Cancer, Coma, Coronary Artery Obstruction, Heart Attack, Major Organ Failure, Severe Burns, Stroke, or Sudden Cardiac Arrest.	100%
Advocacy Package	
Diabetes Diagnosis Benefit - Pays a benefit once for Covered Person's Diabetes diagnosis.	\$500
Additional Benefits	
Waiver of Premium - Waives premium while the insured is totally disabled.	
Wellness Benefit - Payable once per insured per year.	

Rates

Riders are included in all the rates listed below: **Waiver of Premium, Wellness Benefit, Diabetes Benefit**

Critical Illness													
Coverage	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76+	
\$10,000	Employee Only	\$1.12	\$1.39	\$1.44	\$1.92	\$2.47	\$3.38	\$4.26	\$7.37	\$11.47	\$18.25	\$23.12	\$35.18
	Employee + Spouse	\$2.23	\$2.78	\$2.88	\$3.84	\$4.94	\$6.77	\$8.52	\$14.74	\$22.94	\$36.50	\$46.25	\$70.37
	Employee + Children	\$1.12	\$1.39	\$1.44	\$1.92	\$2.47	\$3.38	\$4.26	\$7.37	\$11.47	\$18.25	\$23.12	\$35.18
	Employee + Family	\$2.23	\$2.78	\$2.88	\$3.84	\$4.94	\$6.77	\$8.52	\$14.74	\$22.94	\$36.50	\$46.25	\$70.37
\$20,000	Employee Only	\$2.23	\$2.78	\$2.88	\$3.84	\$4.94	\$6.77	\$8.52	\$14.74	\$22.94	\$36.50	\$46.25	\$70.37
	Employee + Spouse	\$4.46	\$5.57	\$5.76	\$7.68	\$9.89	\$13.54	\$17.04	\$29.47	\$45.89	\$73.01	\$92.50	\$140.74
	Employee + Children	\$2.23	\$2.78	\$2.88	\$3.84	\$4.94	\$6.77	\$8.52	\$14.74	\$22.94	\$36.50	\$46.25	\$70.37
	Employee + Family	\$4.46	\$5.57	\$5.76	\$7.68	\$9.89	\$13.54	\$17.04	\$29.47	\$45.89	\$73.01	\$92.50	\$140.74
\$30,000	Employee Only	\$3.35	\$4.18	\$4.32	\$5.76	\$7.42	\$10.15	\$12.78	\$22.10	\$34.42	\$54.76	\$69.37	\$101.55
	Employee + Spouse	\$6.70	\$8.35	\$8.64	\$11.52	\$14.83	\$20.30	\$25.56	\$44.21	\$68.83	\$109.51	\$138.74	\$211.10
	Employee + Children	\$3.35	\$4.18	\$4.32	\$5.76	\$7.42	\$10.15	\$12.78	\$22.10	\$34.42	\$54.76	\$69.37	\$105.55
	Employee + Family	\$6.70	\$8.35	\$8.64	\$11.52	\$14.83	\$20.30	\$25.56	\$44.21	\$68.83	\$109.51	\$138.74	\$211.10
\$40,000	Employee Only	\$4.46	\$5.57	\$5.76	\$7.68	\$9.89	\$13.54	\$17.04	\$29.47	\$45.89	\$73.01	\$92.50	\$140.74
	Employee + Spouse	\$8.93	\$11.14	\$11.52	\$15.36	\$19.78	\$27.07	\$34.08	\$58.94	\$91.78	\$146.02	\$184.99	\$281.47
	Employee + Children	\$4.46	\$5.57	\$5.76	\$7.68	\$9.89	\$13.54	\$17.04	\$29.47	\$45.89	\$73.01	\$92.50	\$140.74
	Employee + Family	\$8.93	\$11.14	\$11.52	\$15.36	\$19.78	\$27.07	\$34.08	\$58.94	\$91.78	\$146.02	\$184.99	\$281.47
\$50,000	Employee Only	\$5.58	\$6.96	\$7.20	\$9.60	\$12.36	\$16.92	\$21.30	\$36.84	\$57.36	\$91.26	\$115.62	\$175.92
	Employee + Spouse	\$11.16	\$13.92	\$14.40	\$19.20	\$24.72	\$33.84	\$42.60	\$73.68	\$114.72	\$182.52	\$231.24	\$351.84
	Employee + Children	\$5.58	\$6.96	\$7.20	\$9.60	\$12.36	\$16.92	\$21.30	\$36.84	\$57.36	\$91.26	\$115.62	\$175.92
	Employee + Family	\$11.16	\$13.92	\$14.40	\$19.20	\$24.72	\$33.84	\$42.60	\$73.68	\$114.72	\$182.52	\$231.24	\$351.84

ABOUT CANCER

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.

For full plan details, please visit your benefit website: www.etxebc.com



Treatment for cancer is often lengthy and expensive. While your health insurance helps pay the medical expenses for cancer treatment, it does not cover the cost of non-medical expenses, such as out-of-town treatments, special diets, daily living and household upkeep. In addition to these non-medical expenses, you are responsible for paying your health plan deductibles and/or coinsurance. Cancer insurance through American Public Life helps pay for these direct and indirect treatment costs so you can focus on your health.

Cancer		
	Low	High
Employee	\$21.24	\$34.30
Employee + Spouse	\$38.10	\$61.40
Employee + Child(ren)	\$26.24	\$42.30
Family	\$39.94	\$64.48

	Plan 1	Plan 2
Radiation and Chemotherapy Charges		
Per 12-month period	\$15,000 maximum	\$20,000 maximum
Hormone Therapy	\$50 per treatment	\$50 per treatment
Surgical	\$3,000 max per operation	\$6,000 max per operation
Anesthesia	25% of amount paid for covered surgery	
Bone Marrow Transplant- Max per lifetime	\$6,000	\$12,000
Stem Cell Transplant- Max per lifetime	\$600	\$1,200
Miscellaneous Care Benefits		
Hair piece- 1 per lifetime	\$150	\$150
Travel & Lodging-1 per lifetime	\$350	\$350
Second/ third surgical opinion- per dianosis	\$300/\$300	\$300/300
Blood, Plasma and Platelets	\$300 per day	\$300 per day
Drugs & medicine- Inpatient/Outpatient (max \$150 month)	\$150 per confinement \$50 per prescription	\$150 per confinement \$50 per prescription
Cancer Treatment Center Evaluation or Consultation- 1 per lifetime	\$750	\$750
Medical Equipment- Max 1 benefit per calendr year	\$150	\$150
Waiver of premium	Waive Premium	Waive Premium
Internal Cancer First Occurrence*	\$5,000 lump sum	\$10,000 lump sum
Lump sum for eligible dependent children- Max 1 covered person per lifetime	\$7,500	\$15,000
Heart Attack/Stroke First Occurrence Benefits	\$2,500	\$2,500
Lump sum for eligible dependent children- Max 1 covered person per lifetime	\$3,750	\$3,750
Hospital Intensive Care Unit Benefits	\$600 per day	\$600 per day

*Carcinoma in situ is not considered internal cancer

ABOUT ACCIDENT

Do you have kids playing sports, are you a weekend warrior, or maybe accident prone? Accident plans are designed to help pay for medical costs associated with accidents and benefits are paid directly to you.

For full plan details, please visit your benefit website: www.etxebc.com



Accident insurance provides affordable protection against a sudden, unforeseen accident. An Accident plan helps offset the direct and indirect expenses resulting from an accident, such as copayments, deductible, ambulance, physical therapy and other costs not covered by traditional health plans. Coverage for this plan is through United Healthcare.

Accident	
Employee	\$13.64
Employee + Spouse	\$20.22
Employee + Child(ren)	\$18.39
Family	\$24.97

Accidental Death and Dismemberment Benefits:

Life	\$50,000
Both hands or Both feet	\$50,000
One hand and One foot	\$50,000
One hand or One foot	\$25,000
Two or more of fingers or toes	\$10,000
One finger or one toe	\$5,000

For a Covered Person who is a Child, amounts are 50% of those shown next to the Loss for Employee or Spouse

Initial Care

Ground Ambulance	\$400
Air Ambulance	\$2,400
Emergency Room Treatment	\$200
Physician office/ Urgent Care per visit:	\$200

Hospital Care

Hospital Admission	\$1,600
Hospital Confinement	\$325
Hospital ICU Admission	\$5,000
Hospital ICU Confinement	\$1,000

Common Injuries

Abdominal / Thoracic Surgery Benefit:	
Surgery to repair	\$2,000
Exploratory Surgery without repair	\$200
Blood/Plasma/Platelets Benefit:	\$500

Burn Benefit:		
2nd Degree (at least 36% of body surface)	\$1,000	
3rd Degree (9 to 34 square inches)	\$2,000	
3rd Degree (35 or more square inches)	\$16,000	
Coma Benefit:	\$20,000	
Concussion Benefit:	\$300	
Fractures	Open Reduction	Closed Reduction w Anesthesia
Skull	\$9,000	\$4,500
Sternum	\$9,000	\$4,500
Hip, Femur	\$9,000	\$4,500
Leg	\$5,000	\$2,500
Pelvis	\$5,000	\$2,500
Vertebrae	\$5,000	\$2,500
Sacral/Sacrum	\$1,800	\$900
Face or Nose	\$1,800	\$900
Upper Arm	\$1,800	\$900
Upper Jaw	\$1,800	\$900
Ankle	\$1,800	\$900
Foot	\$1,800	\$900
Forearm	\$1,800	\$900
Kneecap	\$1,800	\$900
Lower Jaw	\$1,800	\$900
Shoulder or Collarbone	\$1,800	\$900
Dislocation (Separated Joint) Benefit:	Open Reduction	Closed Reduction w Anesthesia
Hip	\$9,000	\$4,500
Knee	\$4,500	\$2,250
Ankle or foot	\$3,000	\$1,500
Collar Bone	\$1,000	\$500
Lower Jaw	\$1,800	\$900
Shoulder	\$1,800	\$900
Elbow	\$1,800	\$900
Wrist	\$1,800	\$900
Hand	\$1,800	\$900
Toe or Finger	\$1,000	\$500

Description of Eligible Class:

Employees of East Texas Employee Benefits Cooperative who meet the Employer's eligibility requirements and are Actively at Work for at least 15 hours per week.

Dependents: As defined.

Employee Eligibility Waiting Period:

An Employee is eligible for insurance on the first day of the month following the date he begins continuous employment with the Policyholder.

ABOUT LIFE AND AD&D

Group term life is the most inexpensive way to purchase life insurance. You have the freedom to select an amount of life insurance coverage you need to help protect the well-being of your family.

Accidental Death & Dismemberment is life insurance coverage that pays a death benefit to the beneficiary, should death occur due to a covered accident. Dismemberment benefits are paid to you, according to the benefit level you select, if accidentally dismembered.

For full plan details, please visit your benefit website: www.etxebc.com



Educator Group Term Life Insurance

Life insurance is an important part of your employee benefits package. Chubb Term Life and Accidental Death and Dismemberment (AD&D) insurance provides the protection your family needs if something were to happen to you. Your family can receive cash benefits paid directly to them that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses.

Benefit Summary

Voluntary Term Life and AD&D Insurance is made available for purchase by you and your family. Employees must be actively at work for at least 15 hours per week.

Life Insurance/AD&D

- **For You** - Life/AD&D: Up to 10x salary to a maximum of \$500,000 in \$10,000 increments
- **For Your Spouse**- Life/AD&D: Up to 100% of the employee's amount to a maximum of \$500,000 in \$5,000 increments
- **For Your Dependent Children**- Life/AD&D: \$10,000

Reduction Schedule- 50% at age 70

Guaranteed Issue

- Employee: \$300,000
- Spouse: \$75,000
- Child: \$10,000

You and your eligible dependents may enroll in amounts up to \$300,000 for employee and \$75,000 for spouse without answering health questions. Amounts over the guaranteed issue will require medical underwriting. If you buy at least \$10,000 of coverage during initial enrollment, you may buy up to the guaranteed issue in subsequent re-enrollments without medical underwriting.

Additional Plan Benefits

- **Accelerated Death Benefit for Terminal Illness:** 50% of Death Benefit
- **Employee Assistance Program:** 6 visits
- **Financial Wellness:** Included
- **AD&D Covered Losses and Benefits:** The AD&D plan provides additional protection for you and your dependents in the event of an accidental bodily injury resulting in death or dismemberment. In addition to standard dismemberment coverage, the following benefit provisions are included:
 - » **Child Education Expense Benefit** – 6% of the AD&D benefit up to a maximum of \$6,000 per year to a maximum of \$24,000
 - » **Exposure and Disappearance Benefit**
 - » **Repatriation Expense Benefit** – up to \$5,000
 - » **Seatbelt Benefit** – 10% of AD&D benefit up to \$25,000
 - » **Air Bag Benefit** – 5% of AD&D benefit up to \$5,000
 - » **Workplace Felonious Assault Benefit** – 5% of AD&D benefit up to \$10,000

Definitions and Provisions

- **Portability:** You can elect portable coverage, at group rates, if you terminate employment, reduce hours or retire from the employer.
- **Conversion:** When your group coverage ends, you may convert your coverage to an individual life policy without providing evidence of insurability.

Monthly Costs for Voluntary Life/AD&D

You have the option to purchase Supplemental Term life Insurance. Listed below are the monthly rates.

Voluntary Term Life		
Age Band	Employee (per \$10,000)	Spouse (per \$5,000)
<25	\$0.33	\$0.165
25-29	\$0.33	\$0.165
30-34	\$0.50	\$0.250
35-39	\$0.59	\$0.295
40-44	\$0.84	\$0.420
45-49	\$1.26	\$0.630
50-54	\$1.93	\$0.965
55-59	\$3.60	\$1.800
60-64	\$5.53	\$2.765
65-69	\$9.96	\$4.980
70-74	\$15.90	\$7.950
75-79	\$15.90	\$7.950
80+	\$15.90	\$7.950

Child Life monthly rate is \$1.60 for \$10,000. One premium covers all children.

Employee AD&D monthly rate is \$0.17 for \$10,000.

Spouse AD&D monthly rate is \$0.17 for \$10,000.

Child AD&D monthly rate is \$0.17 for \$10,000.

Term Life Exclusions*

No benefits will be paid for losses that are caused by, contributed to, or result from: 1) suicide, while sane or insane, occurring within 12 months after a Covered Person's initial effective date of coverage; and 2) suicide, while sane or insane, occurring within two years after the date any increases in or additional coverage applied for becomes effective for a Covered Person.

AD&D Exclusions*

No benefits will be paid for any loss caused or contributed to by: 1) attempted suicide; 2) intentionally self-inflicted harm; 3) travel if Insured is other than passenger; 4) war; 5) active participation in a riot, insurrection, or terrorist activity; 6) committing or attempting to commit a felony; 7) voluntary intake or use by any means of any drug, unless taken in accordance with instructions; 8) any poison, gas or fumes, unless a direct result of an occupational accident; 9) being intoxicated; 10) bungee jumping; 11) participation in an illegal occupation/activity; 12) rock or mountain climbing; and 13) aeronautics.

ABOUT IDENTITY THEFT PROTECTION

Identity theft protection monitors and alerts you to identity threats. Resolution services are included should your identity ever be compromised while you are covered.

For full plan details, please visit your benefit website: www.etxebc.com



Identity theft is one of the fastest-growing crimes in the country. Millions of people have their identity stolen each year. Protect yourself and restore your identity with coverage from ID Watchdog. Benefits include:

- Identity consultation and advice
- Licensed private investigators
- Identity and credit monitoring
- Social media monitoring
- Identity restoration
- Threat and credit alerts
- 24/7 emergency ID protection access
- Mobile app

Identity Theft		
	1B	Platinum
Employee	\$8.95	\$12.95
Employee & Family	\$15.95	\$23.95

ABOUT HSA

A Health Savings Account (HSA) is a personal savings account where the money can only be used for eligible medical expenses. Unlike a flexible spending account (FSA), the money rolls over year to year however only those funds that have been deposited in your account can be used. Contributions to a Health Savings Account can only be used if you are also enrolled in a High Deductible Health Care Plan (HDHP).

For full plan details, please visit your benefit website: www.etxebc.com



A Health Savings Account (HSA) is more than a way to help you and your family cover health care costs – it is also a tax-exempt tool to supplement your retirement savings and cover health expenses during retirement. An HSA can provide the funds to help pay current health care expenses as well as future health care costs.

A type of personal savings account, an HSA is always yours even if you change health plans or jobs. The money in your HSA (including interest and investment earnings) grows tax-free and spends tax-free if used to pay for qualified medical expenses. There is no “use it or lose it” rule — you do not lose your money if you do not spend it in the calendar year — and there are no vesting requirements or forfeiture provisions. The account automatically rolls over year after year.

HSA Eligibility

You are eligible to open and contribute to an HSA if you are:

- Enrolled in an HSA-eligible HDHP (TRS ActiveCare HD or TSHBP HD Plan)
- Not covered by another plan that is not a qualified HDHP, such as your spouse’s health plan
- Not enrolled in a Health Care Flexible Spending Account
- Not eligible to be claimed as a dependent on someone else’s tax return
- Not enrolled in Medicare or TRICARE
- Not receiving Veterans Administration benefits

You can use the money in your HSA to pay for qualified medical expenses now or in the future. You can also use HSA funds to pay health care expenses for your dependents, even if they are not covered by the HDHP.

Maximum Contributions

Your HSA contributions may not exceed the annual maximum amount established by the Internal Revenue Service. The annual contribution maximum for 2023 is based on the coverage option you elect:

- Individual – \$3,850
- Family (filing jointly) – \$7,750

You decide whether to use the money in your account to pay for qualified expenses or let it grow for future use. If you are 55 or older, you may make a yearly catch-up contribution of up to \$1,000 to your HSA. If you turn 55 at any time during the plan year, you are eligible to make the catch-up contribution for the entire plan year.

Opening an HSA

If you meet the eligibility requirements, you may open an HSA administered by EECU. You will receive a debit card to manage your HSA account reimbursements. Keep in mind, available funds are limited to the balance in your HSA. To open an account, go to <https://www.eecu.org/>.

Important HSA Information

- Always ask your health care provider to file claims with your medical provider so network discounts can be applied. You can pay the provider with your HSA debit card based on the balance due after discount.
- You, not your employer, are responsible for maintaining ALL records and receipts for HSA reimbursements in the event of an IRS audit.
- You may open an HSA at the financial institution of your choice, but only accounts opened through EECU are eligible for automatic payroll deduction and company contributions.

Flexible Spending Account (FSA)

NBS

EMPLOYEE BENEFITS

ABOUT FSA

A Flexible Spending Account allows you to pay for eligible healthcare expenses with a pre-loaded debit card. You choose the amount to set aside from your paycheck every plan year, based on your employer's annual plan limit. This money is use it or lose it within the plan year (unless your plan contains a \$500 rollover or grace period provision).

For full plan details, please visit your benefit website: www.etxebc.com



Health Care FSA

The Health Care FSA covers qualified medical, dental and vision expenses for you or your eligible dependents. You may contribute up to \$3,050 annually to a Health Care FSA and you are entitled to the full election from day one of your plan year. Eligible expenses include:

- Dental and vision expenses
- Medical deductibles and coinsurance
- Prescription copays
- Hearing aids and batteries

You may not contribute to a Health Care FSA if you enrolled in a High Deductible Health Plan (HDHP) and contribute to a Health Savings Account (HSA).

How the Health Care FSAs Work

You can access the funds in your Health Care FSA two different ways:

- Use your NBS Debit Card to pay for qualified expenses, doctor visits and prescription copays.
- Pay out-of-pocket and submit your receipts for reimbursement:
 - ◊ Fax – (844) 438-1496
 - ◊ Email – service@nbsbenefits.com
 - ◊ Online – my.nbsbenefits.com
 - ◊ Call for Account Balance: (855) 399-3035
 - ◊ Mail: PO Box 6980
West Jordan, UT 84084

Contact NBS

- Hours of Operation: 6:00 AM – 6:00 PM MST, Mon-Fri
- Phone: (800) 274-0503
- Email: service@nbsbenefits.com
- Mail: PO Box 6980
West Jordan, UT 84084

Dependent Care FSA

The Dependent Care FSA helps pay for expenses associated with caring for elder or child dependents so you or your spouse can work or attend school full time. You can use the account to pay for day care or baby sitter expenses for your children under age 13 and qualifying older dependents, such as dependent parents. Reimbursement from your Dependent Care FSA is limited to the total amount deposited in your account at that time. To be eligible, you must be a single parent or you and your spouse must be employed outside the home, disabled or a full-time student.

Dependent Care FSA Guidelines

- Overnight camps are not eligible for reimbursement (only day camps can be considered).
- If your child turns 13 midyear, you may only request reimbursement for the part of the year when the child is under age 13.
- You may request reimbursement for care of a spouse or dependent of any age who spends at least eight hours a day in your home and is mentally or physically incapable of self-care.
- The dependent care provider cannot be your child under age 19 or anyone claimed as a dependent on your income taxes.

Important FSA Rules

- The maximum per plan year you can contribute to a Health Care FSA is \$3,050. The maximum per plan year you can contribute to a Dependent Care FSA is \$5,000 when filing jointly or head of household and \$2,500 when married filing separately.
- You cannot change your election during the year unless you experience a Qualifying Life Event.

Flexible Spending Account (FSA)

NBS

EMPLOYEE BENEFITS

- You can continue to file claims incurred during the plan year for another 90 days from August 31st.
- Your Health Care FSA debit card can be used for health care expenses only. It cannot be used to pay for dependent care expenses.
- The IRS has amended the “use it or lose it rule” to allow you to carry-over up to \$570 in your Health Care FSA into the next plan year. The carry-over rule does not apply to your Dependent Care FSA.

Over-the-Counter Item Rule Reminder

Health care reform legislation requires that certain over-the-counter (OTC) items require a prescription to qualify as an eligible Health Care FSA expense. You will only need to obtain a one-time prescription for the current plan year. You can continue to purchase your regular prescription medications with your FSA debit card. However, the FSA debit card may not be used as payment for an OTC item, even when accompanied by a prescription.

Flexible Spending Accounts			
Account Type	Eligible Expenses	Annual Contribution Limits	Benefit
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over-the-counter medications)	\$3,050	Saves on eligible expenses not covered by insurance, reduces your taxable income
Dependent Care FSA	Dependent care expenses (such as day care, after-school programs or elder care programs) so you and your spouse can work or attend school full-time	\$5,000 single \$2,500 if married and filing separate tax returns	Reduces your taxable income

ABOUT INDIVIDUAL LIFE

Individual insurance is a policy that covers a single person and is intended to meet the financial needs of the beneficiary, in the event of the insured's death. This coverage is portable and can continue after you leave employment or retire.

For full plan details, please visit your benefit website: www.etxebc.com



Life insurance (Family Protection Plan) through 5 Star is important to financial security, especially if others depend on you for support. With Life insurance, you or your beneficiary(ies) can use the coverage to pay off debts, such as credit cards, loans and bills.

Designating a Beneficiary

A beneficiary is the person or entity you designate to receive the death benefits of your Life insurance policy. You can name more than one beneficiary and you can change beneficiaries at any time. If you name more than one beneficiary, you must identify the share each will get. Shares must equal 100%. Be sure to review your beneficiaries on a regular basis.

FAMILY COVERAGE You can get coverage for your spouse even if you don't elect coverage on yourself. And you can cover your financially dependent children (14 days to 19 years old, 24 if full-time student) under your coverage or your spouse's. No matter what the future brings, you and your family are protected.

PORTABLE Coverage continues with no loss of benefits or increase in cost if you terminate employment after the first premium is paid. We simply bill you directly

TERMINAL ILLNESS ACCELERATION OF BENEFITS Coverage pays 30% (25% in CT and MI) of the coverage amount in a lump sum upon the occurrence of a terminal condition that will result in a limited life span of less than 12 months (24 months in IL).

CONVENIENT Easy payments through payroll deduction.

PROTECTION YOU CAN COUNT ON Within one business day of notification, payment of 50% of coverage or \$10,000 whichever is less is mailed to the beneficiary, unless the death is within the two-year contestability period and/or under investigation. This coverage has no war or terrorism exclusions.

QUALITY OF LIFE Optional benefit that accelerates a portion of the death benefit on a monthly basis, up to 75% of your benefit, and is payable directly to you on a tax favored basis for the following:

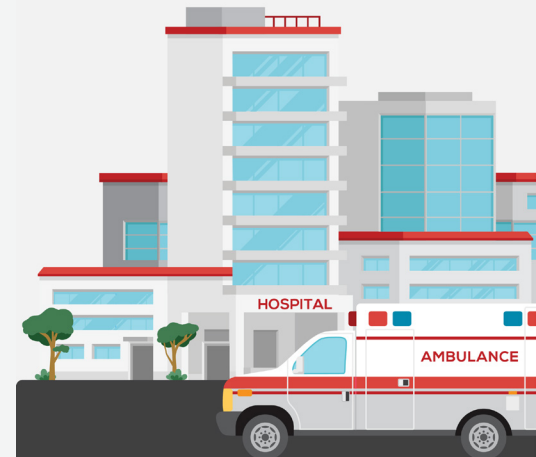
- Permanent inability to perform at least two of the six Activities of Daily Living (ADLs) without substantial assistance; or
- Permanent severe cognitive impairment, such as dementia, Alzheimer's disease and other forms of senility, requiring substantial supervision.

Quality of Life not available ages 66-70. Quality of Life benefits not available for children.

ABOUT MEDICAL TRANSPORT

Medical Transport covers emergency transportation to and from appropriate medical facilities by covering the out-of-pocket costs that are not covered by insurance. It can include emergency transportation via ground ambulance, air ambulance and helicopter, depending on the plan.

For full plan details, please visit your benefit website: www.etxebc.com



A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network. If a member has a high deductible health plan that is compatible with a health savings account, benefits will become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code (“IRC”) section 213 (d)) once a member satisfies the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.

Emergent Air Transportation In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities.

Emergent Ground Transportation In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities.

Non-Emergency Inter-Facility Transportation In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergency air or ground transportation between medical facilities.

Repatriation/Recuperation Suppose you or a family member is hospitalized more than 100-miles from your home. In that case, you have benefit coverage for air or ground medical transportation into a medical facility closer to your home for recuperation.

Should you need assistance with a claim contact MASA at (800) 643-9023. You can find full benefit details www.etxebc.com/.

Emergency Medical Transportation		
	Emergent Plus	Platinum
Employee	\$14.00	\$24.50
Employee & Family	\$14.00	\$32.50

ETXEBC Mobile App Login Group #'s

Use your District's group # to login to the FBS Benefits app.

District	GROUP #
Anahuac ISD	ETXA
Anderson-Shiro CISD	ETXB
Arrow Academy	ETXD
Avery ISD	ETXE
A.W. Brown	ETXBB
Big Sandy ISD	ETXF
Blue Ridge ISD	ETXG
Brazos ISD	ETXH
Bremond ISD	ETXI
Bridge City ISD	ETXJ
Buna ISD	ETXK
Burkeville ISD	ETXL
Burton ISD	ETXM
Calvert ISD	ETXO
Centerville ISD	ETXP
Chester ISD	ETXQ
Clarksville ISD	ETXR
Covenant Christian School	ETXS
Damon ISD	ETXT
Devers ISD	ETXU
Deweyville ISD	ETXV
East Bernard ISD	ETXW
East Chambers ISD	ETXX
East Texas Employee Benefits Cooperative	ETXY
Ehrhart School	ETXZ
Elkhart ISD	ETXAA
Evadale ISD	ETXAB
Franklin ISD	ETXAC
Gause ISD	ETXAD
Goodrich ISD	ETXAE
Groveton ISD	ETXAF
Hardin ISD	ETXAG
Hardin Jefferson ISD	ETXAH
High Island ISD	ETXAI
Hitchcock ISD	ETXAJ
Hull-Daisetta ISD	ETXAK
Jefferson ISD	ETXAM
Kirbyville ISD	ETXAN

District	GROUP #
Kountze ISD	ETXAO
Krum ISD	ETXAP
Leadership Prep School	ETXAQ
Leon ISD	ETXAR
Liberty ISD	ETXAS
Lumberton ISD	ETXAT
Madisonville ISD	ETXAU
Maud ISD	ETXAV
McLeod ISD	ETXAW
Milano ISD	ETXAX
Montgomery ISD	ETXAY
Mumford ISD	ETXAZ
Needville ISD	ETXAAA
New Boston ISD	ETXABB
Normangee ISD	ETXACC
North Zulch ISD	ETXADD
Orangefield ISD	ETXAEE
Queen City ISD	ETXAFF
Rêve Preparatory Charter School	ETXBA
Rice ISD	ETXAGG
Richards ISD	ETXAHH
Royal ISD	ETXAII
Sabine Pass ISD	ETXAJJ
Sealy ISD	ETXAKK
Silsbee ISD	ETXALL
Snook ISD	ETXAMM
Somerville ISD	ETXATNN
Tarkington ISD	ETXA OO
Teague ISD	ETXAPP
Texans Can Academies	ETXAQQ
The Bob Hope School	ETXARR
Tioga ISD	ETXASS
Vidor ISD	ETXATT
Warren ISD	ETXAUU
West Hardin ISD	ETXAVV
Westwood ISD	ETXAWW
Whitehouse ISD	ETXAXX
Winona ISD	ETXAYY

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2023 - 2024 Plan Year



Enrollment Guide General Disclaimer: This summary of benefits for employees is meant only as a brief description of some of the programs for which employees may be eligible. This summary does not include specific plan details. You must refer to the specific plan documentation for specific plan details such as coverage expenses, limitations, exclusions, and other plan terms, which can be found at the ETXBC Benefits Website. This summary does not replace or amend the underlying plan documentation. In the event of a discrepancy between this summary and the plan documentation the plan documentation governs. All plans and benefits described in this summary may be discontinued, increased, decreased, or altered at any time with or without notice.

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