

PHARMACY BENEFIT OVERVIEW

Plan Comparison



Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD	TRS-ActiveCare 2 <i>(Closed to new enrollees)</i>
Deductible	Individual = \$2,500 Family = \$5,000	\$200 per Individual Brand Drug Only (Rx Only)	Individual = \$3,300 Family = \$6,600	\$200 per Individual Brand Drug Only (Rx Only)
Out of Pocket	Individual = \$8,050 Family = \$16,100	Individual = \$6,900 Family = \$13,800	Individual = \$8,300 Family = \$16,600	Individual = \$7,900 Family = \$15,800
Generic (31day/ 90 day)	\$15 / \$45	\$15 / \$45	20% after deductible	\$20 / \$45
Preferred Brand (31 day / 90 day)	30% after deductible	25% after deductible (max \$100) / (max \$265)	25% after deductible	25% after deductible min \$40 to max \$80 / min \$105 to max \$210
Nonpreferred Brand (31 day / 90 day)	50% after deductible	50% after deductible	50% after deductible	50% after deductible min \$100 to max \$200 / min \$215 to max \$430
Specialty Medication – 31 day	30% after deductible	30% after deductible	20% after deductible	30% after deductible min \$200 to max \$900
SaveOnSp	Yes	Yes	No	Yes
Select Preventive Generics covered at \$0	Yes	No	Yes	No