

2026-27 Medical Plans

Who Can Enroll:	Eligible For:
❶ Employees/TRS Members working 25 or more hours per week (63-100%)	All types of plans, and the District Contribution to the medical premium
❷ Employees/TRS Members working between 20-24 hours per week (50-62%)	Medical plan only, with the District Contribution to the premium
❸ Employees working between 10-19.9 hours per week (25-49%)	Medical plan only, no District Contribution
❹ Substitutes regularly working 10 or more hours per week	Medical plan only, no District Contribution

Monthly premiums are shown – per paycheck deduction amount may vary

ActiveCare Primary	Total Monthly Cost (groups ❸ & ❹)	PISD Contribution	Reduced Monthly Cost (groups ❶ & ❷)	Plan At a Glance
Employee Only	\$614	\$330	\$284	Mid-range deductible Copays for doctor visits Statewide network PCP referrals required
Employee & Spouse	\$1,658	\$330	\$1,328	
Employee & Child(ren)	\$1,044	\$330	\$714	
Employee & Family	\$2,088	\$330	\$1,758	

ActiveCare HD	Total Monthly Cost (groups ❸ & ❹)	PISD Contribution	Reduced Monthly Cost (groups ❶ & ❷)	
Employee Only	\$628	\$330	\$298	High deductible Nationwide network HSA-eligible
Employee & Spouse	\$1,696	\$330	\$1,366	
Employee & Child(ren)	\$1,068	\$330	\$738	
Employee & Family	\$2,136	\$330	\$1,806	

ActiveCare Primary +	Total Monthly Cost (groups ❸ & ❹)	PISD Contribution	Reduced Monthly Cost (groups ❶ & ❷)	
Employee Only	\$722	\$330	\$392	Lower deductible Copays for doctor visits Statewide network PCP referrals required
Employee & Spouse	\$1,878	\$330	\$1,548	
Employee & Child(ren)	\$1,228	\$330	\$898	
Employee & Family	\$2,383	\$330	\$2,053	

ActiveCare 2	Total Monthly Cost (groups ❸ & ❹)	PISD Contribution	Reduced Monthly Cost (groups ❶ & ❷)	
Employee Only	\$1,013	\$330	\$683	Closed to new enrollees Lower deductible Nationwide network
Employee & Spouse	\$2,402	\$330	\$2,072	
Employee & Child(ren)	\$1,507	\$330	\$1,177	
Employee & Family	\$2,841	\$330	\$2,511	

ActiveCare 2 remains available to current enrollees only. It is not available to new enrollees.

See Plan Summaries on the following pages

	ActiveCare Primary <i>(Blue Cross Blue Shield)</i>	ActiveCare HD <i>(Blue Cross Blue Shield)</i>	ActiveCare Primary + <i>(Blue Cross Blue Shield)</i>
Plan Summary	• Lowest premium • Copays for doctor visits • Statewide network¹ • PCP referrals required to see specialists • Not compatible with HSA • No out-of-network coverage	• Compatible with HSA • Nationwide network with out-of-network coverage • No requirement for PCP referrals • Must meet deductible before plan pays for non-preventive care	• Lower deductible than HD and Primary plan • Copays for doctor visits • Statewide network¹ • PCP referrals required to see specialists • Not compatible with HSA • No out-of-network coverage

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network	Out-of-Network	In-Network Coverage Only
Individual/Family Deductible	\$2,500 / \$5,000	\$3,400 / \$6,800	\$6,800 / \$13,600	\$1,200 / \$2,400
Coinsurance	You pay 30% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible
Individual/Family Max Out-of-Pocket	\$8,050 / \$16,100	\$8,300 / \$16,600	\$20,500 / \$41,000	\$6,900 / \$13,800
Network	Statewide Network ¹	Nationwide Network		Statewide Network ¹
Primary Care Provider (PCP) Required	Yes	No		Yes

Doctor Visits				
Primary Care	\$30 copay	You pay 30% after deductible	You pay 50% after deductible	\$15 copay
Specialist	\$70 copay	You pay 30% after deductible	You pay 50% after deductible	\$70 copay

Immediate Care				
Urgent Care	\$50 copay	You pay 30% after deductible	You pay 50% after deductible	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% after deductible		You pay 20% after deductible
Virtual Health Programs	RediMD \$0 medical consultation Teladoc \$12 medical consultation	RediMD \$30 medical consultation Teladoc \$42 medical consultation		RediMD \$0 medical consultation Teladoc \$12 medical consultation

Prescription Drugs <i>(avoid additional costs by filling 90-day supplies of long-term medications)</i>			
Drug Deductible	Integrated with medical	Integrated with medical	\$200 brand deductible
Generics (30 day / 90 day supply)	\$15 / \$45 copay \$0 copay for certain generics	You pay 20% after deductible; \$0 copay for certain generics	\$15 / \$45 copay
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31 day max)	\$0 if SaveOnSP eligible; or You pay 30% after deductible	You pay 20% after deductible	\$0 if SaveOnSP eligible; or You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply \$75 copay for 61-90 day supply	You pay 25% after deductible	\$25 copay for 31-day supply \$75 copay for 61-90 day supply

¹ Call 1-866-355-5999 to expand network coverage on the Primary and Primary+ plans for kids at college out-of-state

	ActiveCare 2 (Blue Cross Blue Shield)
Plan Summary	• Closed to new enrollees • Current enrollees can choose to stay in plan • Copays for doctor visits • Nationwide network with out-of-network coverage • No requirement for PCP referrals • Not compatible with HSA

Plan Features		
Type of Coverage	In-Network	Out-of-Network
Individual/Family Deductible	\$1,000 / \$3,000	\$2,000 / \$6,000
Coinsurance	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Max Out-of-Pocket	\$7,900 / \$15,800	\$23,700 / \$47,400
Network	Nationwide Network	
Primary Care Provider (PCP) Required	No	

Doctor Visits		
Primary Care	Tier 1: \$20 copay Tier 2: \$40 copay	You pay 40% after deductible
Specialist	Tier 1: \$55 copay Tier 2: \$85 copay	You pay 40% after deductible

Immediate Care		
Urgent Care	\$50 copay	You pay 40% after deductible
Emergency Care	\$250 copay plus 20% after deductible	
Virtual Health Programs	RediMD \$0 medical consultation Teladoc \$12 medical consultation	

Prescription Drugs	
Drug Deductible	\$200 brand deductible
Generics (30 day / 90 day supply)	\$20 / \$45 copay
Preferred Brand	You pay 25% after deductible (30-day \$40 min/\$80 max / 90-day \$105 min/\$210 max)
Non-preferred Brand	You pay 50% after deductible (30-day \$100 min/\$200 max / 90-day \$215 min/\$430 max)
Specialty (31 day max)	\$0 if SaveOnSP eligible; or You pay 30% after deductible (\$200 min/\$900 max)
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply \$75 copay for 61-90 day supply

Important Notes

Provider Network Search

Review each plan's list of in-network providers. Even for Blue Cross Blue Shield, a doctor may be in-network for one plan but not another.

The **Primary and Primary + plans** use a specially curated network that some doctors refer to as an HMO network. If you select either of these plans, the plan will only cover doctors within this network. **Do some extra checking if you have specific doctors that you need to see.**

www.bcbstx.com/trsactivecare/doctors-and-hospitals

Choose a PCP

The Primary and Primary + plans require you to [select a PCP](#). Your PCP will help you manage your health care journey and must provide referrals to specialists. Search the list of doctors: www.bcbstx.com/trsactivecare/doctors-and-hospitals

Make note of your doctor's PCP ID, which will be displayed under their name and will always start with the letter H. A valid PCP ID will be required to complete your online enrollment.

Provider Highlights	
Steven B Dobberfuhr, MD	
PCP ID: H08001K201	
LOCATION	
7201 Manchaca Rd Ste B, Austin, TX 78745	
Get directions	
CONTACT INFORMATION	
Phone: 512-443-3577	

ID Cards

You will receive a card from BCBS for medical services, and a separate card from Express Scripts for prescriptions.

www.bcbstx.com/trsactivecare
www.esrx.com/trsactivecare

Access your digital ID card online:
www.bcbstx.com/trsactivecare

Included on All Medical Plans

Learn More at www.bcbstx.com/trsactivecare

\$0 Preventive Care

100% coverage for in-network preventive care:

- Annual routine physicals (age 12+)
- Annual mammogram (age 35+)
- Annual OBGYN exam & pap smear (age 18+)
- Annual prostate cancer screening (age 45+)
- Colonoscopy (age 45+ once every 10 years)
- Well-child care
- Healthy diet counseling
- Smoking cessation counseling

Pregnancy Support

Ovia Health apps for health trackers, videos, tips, coaching, and more

Coverage for **breast pump** purchase or rental

Lactation specialist covered 100% (6 visits per year)

Digital self-guided courses through **Well onTarget**

Virtual Options

Teladoc – virtual doctor visits for cold and flu, allergies, acute illnesses, asthma, mental health, and more

RediMD – virtual doctor visits for skin issues, muscle strains, respiratory infections, digestive problems, and more

Well onTarget & Fitness Program

Well onTarget – digital self-guided courses, or one-on-one support from a wellness coach, on a wide variety of topics

Fitness Program – affordable, no-contract memberships at gyms nationwide. There's also a virtual-only option.

Additional Mental Health Support

Teladoc – speak with a licensed mental health provider online or over the phone (\$0 on Primary and Primary + plans)

Learn to Live – free online program to get help with stress, anxiety, depression, substance abuse, and more

Headway – search for and schedule an appointment with an in-network licensed therapist or psychiatrist

Member Rewards

When you choose to use cost-effective, top-performing providers for services like MRI, CT scan, mammogram, and colonoscopy, you can **earn rewards** to apply towards the cost of future medical expenses

Earn up to \$599 per person per year to reduce future copays or coinsurance

Airrosti Musculoskeletal Care

Virtual and in-person options to help provide **pain relief** in the back, knee, arm, foot, wrist, and more

Blue Points & Blue365

Blue Points – earn and redeem points for participating in healthy activities

Blue365 – save money on health and wellness products from top retailers