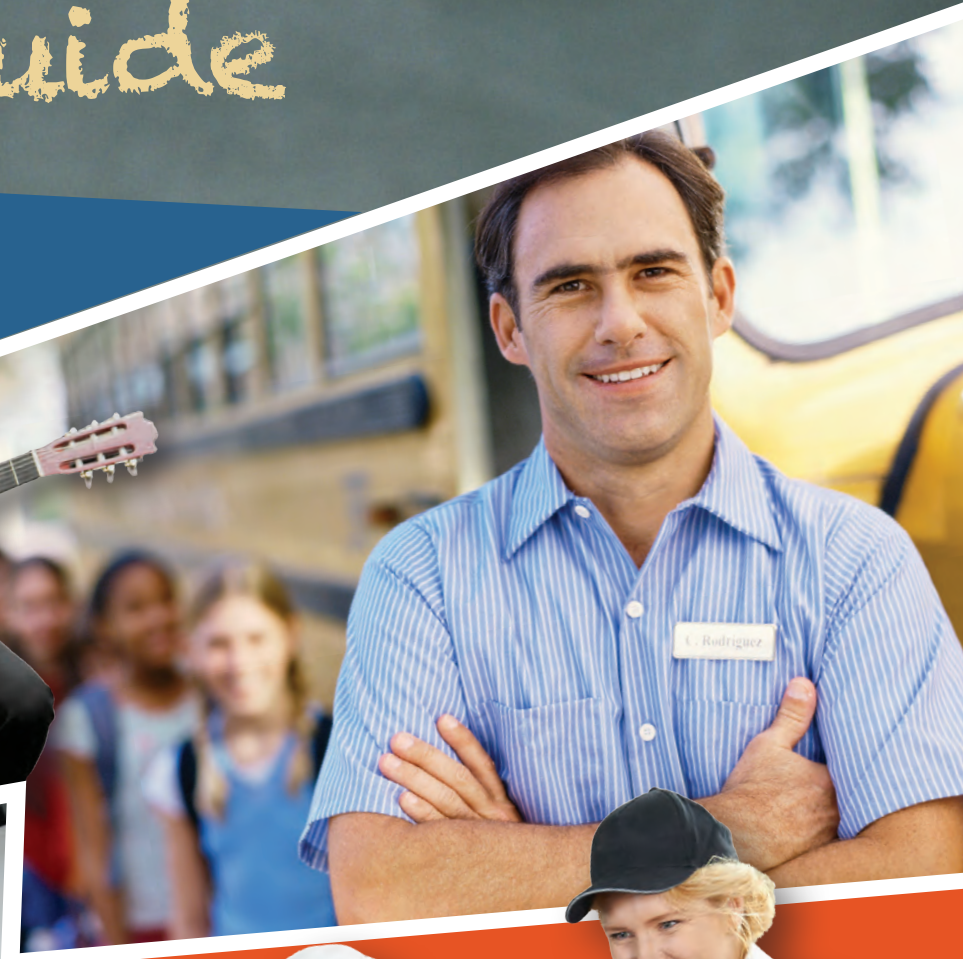
TRS ActiveCare
TEACHER RETIREMENT SYSTEM OF TEXAS

Enrollment Guide



2015 – 2016 Health Plans

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Questions? Call Customer Service

aetna® CAREMARK®

ActiveCare 1-HD, ActiveCare Select and ActiveCare 2
1-800-222-9205 –TRS-ActiveCare Customer Service
8 a.m.-6 p.m. CT (Mon-Fri)
1-800-628-3323 – TYY number

FirstCare HEALTH PLANS
1-800-884-4901, 8 a.m.-6 p.m. CT (Mon-Fri)

Scott & White Health Plan
Now part of Baylor Scott & White Health
1-800-321-7947, 24 hours a day (Mon-Sun)

ALLEGIAN health plans
1-855-463-7264, 8 a.m.-5 p.m. CT (Mon-Fri)

This enrollment guide provides an overview of the TRS-ActiveCare program benefits. For a detailed description of your program, see your TRS-ActiveCare Benefits Booklet or your HMO's Evidence of Coverage. The Benefits Booklet will be available online before September 1, 2015 and is the official TRS-ActiveCare statement on benefits. HMO Evidence of Coverage documents will be available online and printed copies may be available from your HMO. TRS-ActiveCare benefits will be paid according to the Benefits Booklet or your HMO's Evidence of Coverage and other legal documents governing the program.

This Enrollment Guide applies to the 2015-2016 TRS-ActiveCare plan year and supersedes any prior version of the Enrollment Guide. However, each version of the Enrollment Guide remains in effect for the plan year for which it applies. In addition to TRS laws and regulations, the Enrollment Guide is TRS-ActiveCare's official statement about enrollment matters contained in the Enrollment Guide and supersedes any other statement or representation made concerning TRS-ActiveCare enrollment, regardless of the source of that statement or representation. TRS-ActiveCare reserves the right to amend the Enrollment Guide at any time.

TRS does not offer, nor does it endorse, any form of supplemental coverage for any of the health coverage plans available under TRS-ActiveCare. To obtain information about any coverage that is purported to be a companion or supplement to any TRS-ActiveCare plan, individuals should contact the organization making such offerings and/or the Texas Department of Insurance (TDI) at **http://www.tdi.state.tx.us** or the TDI Consumer Helpline at **1-800-252-3439**.

Medical benefits for TRS-ActiveCare are administered by Aetna. Prescription drug benefits for ActiveCare 1-HD, ActiveCare Select and ActiveCare 2 are administered by Caremark. HMO plans are provided by: SHA, L.L.C. dba FirstCare Health Plans, Scott and White Health Plan, and Allegian Insurance Company dba Allegian Health Plans, formerly Valley Baptist Health Plans.

Enrollment Period:
July 1–August 31

Choosing a plan option

Welcome to 2015-2016 Plan Enrollment

Enroll now! During the plan enrollment period, you may select a plan option, make plan changes and add or delete dependents from your health coverage without a special enrollment event.

This guide provides an overview of what is new for the 2015-2016 plan year, descriptions of the available plan options, a list of important reminders and actions required for enrollment and participation in the TRS-ActiveCare health plans, as well as certain notifications about your health benefits. Additional information about your options for coverage is available to you online at **www.trs.state.tx.us/trsactivecare** or you can call TRS-ActiveCare Customer Service at **1-800-222-9205** and speak to an Aetna Health Concierge.

You should choose your plan carefully. You may not change plans during a plan year unless you experience a qualified special enrollment event. There may be restrictions to making plan changes in future plan years as well. See page 21 for more information on a qualified special enrollment.

What's new

- **2015-2016 annual enrollment for TRS-ActiveCare**
  You must actively enroll or decline coverage this year because your present plan election will not carry forward to the new plan year (September 1, 2015 – August 31, 2016). Consequently, if you do not enroll during the enrollment period, you will not have coverage effective September 1, 2015; your current coverage will end on August 31, 2015 and you will not be able to enroll for coverage in the 2015-2016 plan year, unless you have an applicable special enrollment event. See page 21 for more information on what qualifies as a special enrollment event.
- **New Rates and Benefits**
  Rates and benefits for all TRS-ActiveCare plans have changed. See page 18 for the cost for coverage.
- **Scott & White Health Plan expansion**
  Scott & White Health Plan has expanded to include the following counties: Collin, Dallas, Denton, Ellis, Rockwall and Tarrant.

Welcome to your Aetna administered plan

Aetna is the plan administrator for the TRS-ActiveCare plans being offered for the 2015-2016 plan year. Aetna offers:

- A variety of plan and network options to suit your individual needs
- A Health Concierge available by phone for answers and guidance on care and benefits
- Online services and mobile apps for easy access to health information and tools, wherever you travel

To get the best view of Aetna resources and plan information, visit **www.trsactivecareaetna.com**. We invite you to learn about your Aetna medical plan and take advantage of all it offers for your health and well-being.

The plans

The ActiveCare 1-HD and ActiveCare 2 plans are Aetna Choice POS II plans, which work very much like PPO plans. You are free to receive care from any licensed doctor or other health care provider. When you choose providers who belong to Aetna's network, you will pay less out of your own pocket for covered services.

The ActiveCare Select plan is a network-only plan. You must see providers in your dedicated network in order for the plan to cover and help pay for care.

The ActiveCare Select plan is made up of four Aetna Whole Health™ (Select) options and one Aetna Select Open Access option. If you sign-up for an ActiveCare Select plan, you will be placed in the option that matches the county you live in. The benefits for these options are the same. However, the provider network varies by option based on your location. You must use providers in your option's network to receive benefits. See page 6 for more information.

Your Aetna ID card

If you enroll in one of the TRS-ActiveCare plan options (i.e., not an HMO) for the first time, make a plan change, or add or drop a dependent, you will receive an Aetna member ID card in the mail. Your card is a family ID card, which means up to five covered family members are listed on the card. If you have more than four dependents, you'll receive an additional card that shows the other dependent(s).

Also printed on the card are the names of your plan and your provider network – "Choice POS II" for ActiveCare 1-HD and ActiveCare 2 or "Aetna Select Open Access" for ActiveCare Select (along with the Aetna Whole Health Network, if applicable). To find in-network providers, go to **www.trsactivecareaetna.com** and click "Find a doctor or facility" on the right side of the home page.

If you need more ID cards, you may request additional cards, temporary cards or replacements for lost cards) by logging in to Aetna Navigator®, your secure member website, at **www.trsactivecareaetna.com**. If you haven't already, be sure to register with the site to use its features and tools. Turn to page 13 to learn more.

Aetna Health Concierge: For help with your medical benefits questions and health care needs

The Aetna Health Concierge is your single point of contact for medical benefits and wellness information. Your Aetna Health Concierge is a medical benefits expert who can help you put all the pieces together – benefits, providers, services, programs and tools – to make informed decisions, get the care and services you need, save money and live healthier. Your Aetna Health Concierge can confirm if your doctor is currently in the network, help you find the right doctor for your condition or problem, and even help you make an appointment.

Call when you have a problem or question. Get help to find the right specialist. Understand how a medical claim was paid. Know about programs that can help with specific health conditions and needs. Get a guided tour of Aetna Navigator features and see how they can work for you. Whether you need a quick answer, help to untangle a difficult issue or someone to explain your benefits, you have an advocate dedicated to your needs. Call TRS-ActiveCare Customer Service at **1-800-222-9205** and speak to an Aetna Health Concierge.

ActiveCare tools

Your ActiveCare plan includes online tools for self-service convenience, consumer information and better decision making:

- **Aetna Navigator** – Your secure member website, where you can check the status of claims, view benefit information, find in-network doctors and much more. Learn more on page 13.
- **Member Payment Estimator** – This tool lets you find and compare estimated costs for common procedures and treatments before you receive care. See page 11 for more information.
- **Personal Health Record (PHR)** – This online record shows the care you have received based on claim data – such as medical procedures, services received, preventive care, prescriptions and more. Turn to page 13 for more about the PHR.
- **Teladoc®** – This service lets you consult by phone with a doctor about non-emergency health problems, and receive treatment and prescriptions. See page 12 for more about Teladoc.
- **Mobile Apps** – Aetna Mobile lets you access the most helpful Aetna Navigator features wherever you go. iTriage® lets you check symptoms, find the right doctor and even look up local ER wait times. See page 13 to learn more.
- **Self-Service WellSystems Enrollment Portal** – You can enroll, change your address and review dependents and plan elections. This may not apply to districts/entities with Third Party Administrators.

Ways to save

As a TRS-ActiveCare participant you get plenty of extras that help save you money such as free or discounted:

- Lab services at Quest Diagnostics®. For more details, see page 7.
- Doctor visits through Teladoc. To learn more about this program, see page 12.

Uniform Summary of Benefits and Coverage

The uniform Summary of Benefits and Coverage (SBC) provision of the Patient Protection and Affordable Care Act requires all insurers and group health plans to provide consumers with a SBC to describe key plan features in a mandated format, including limitations and exclusions. This provision also requires that consumers have access to a uniform glossary of terms commonly used in health care coverage. For TRS-ActiveCare, these provisions became effective April 22, 2013, and SBCs will be available online as shown below. You can view the glossary at http://www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf.

To review a Summary of Benefits and Coverage, visit the website or call the number below to request a copy		
ActiveCare 1-HD, ActiveCare Select, ActiveCare 2 Plans	**www.trsactivecareaetna.com**	**1-800-222-9205**
Allegian Health Plans	**www.allegianhealthplans.com**	**1-855-463-7264**
FirstCare Health Plans	**www.firstcare.com/trs**	**1-800-884-4901**
Scott & White Health Plan	**www.trs.swhp.org**	**1-800-321-7947**

Type of Service	ActiveCare 1-HD Network	ActiveCare Select or ActiveCare Select–Aetna Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott & White Quality Alliance; Memorial Hermann Accountable Care Network; Seton Health Alliance)
Deductible (per plan year)	$2,500 employee only $5,000 employee and spouse; employee and child(ren); employee and family	$1,200 individual $3,600 family
Out-of-Pocket Maximum (per plan year; does include medical deductible/any medical copays/coinsurance/any prescription drug deductible and applicable copays/coinsurance)	$6,450 employee only $12,900 employee and spouse; employee and child(ren); employee and family	$6,600 individual $13,200 family
Doctor Office Visits	20% after deductible	$30 copay for primary $60 copay for specialist
Preventive Care	Plan pays 100% (deductible waived)	Plan pays 100% (deductible waived)
Teladoc Physician Services	$40 consultation fee (applies to deductible and out-of-pocket maximum)	Plan pays 100% (deductible waived)
Diagnostic Lab	20% after deductible	Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility
High-Tech Radiology (CT scan, MRI, nuclear medicine)	20% after deductible	$100 copay per service plus 20% after deductible
Inpatient Hospital (facility charges)	20% after deductible (preauthorization required)	$150 copay per day plus 20% after deductible ($750 maximum copay per admission; preauthorization required)
Inpatient Hospital (physician/surgeon fees)	20% after deductible	20% after deductible
Outpatient Surgery	20% after deductible	$150 copay per visit plus 20% after deductible
Bariatric Surgery (physician charges; only covered if performed at an IOQ facility)	$5,000 copay plus 20% after deductible	Not covered
Ambulance	20% after deductible	20% after deductible
Emergency Room (true emergency use)	20% after deductible	$150 copay plus 20% after deductible (copay waived if admitted)
Urgent Care	20% after deductible	$50 copay per visit
Maternity Care (physician charges; does not include laboratory tests; hospital/facility charges are covered same as inpatient hospital facility charges)	**Initial Visit to Confirm Pregnancy** 20% after deductible **Routine Prenatal Care** Plan pays 100% (deductible waived) **Delivery/Postnatal Care** 20% after deductible	**Initial Visit to Confirm Pregnancy** $30 copay **Routine Prenatal Care** Plan pays 100% (deductible waived) **Delivery/Postnatal Care** 20% after deductible
Mental Health/Behavioral Health/ Substance Abuse Disorders	**Outpatient Services** 20% after deductible **Inpatient Services** 20% after deductible (preauthorization required)	**Outpatient Services** $60 copay **Inpatient Services** $150 copay per day plus 20% after deductible ($750 maximum copay per admission; preauthorization required)

ActiveCare Medical Benefits Summaries and Plan Comparisons

ActiveCare 2 Network	Non-Network
$1,000 individual $3,000 family	**AC1-HD & AC2:** Deductibles same as network **AC Select:** No coverage for non-network services
$6,600 per individual $13,200 family	**AC1-HD & AC2:** Out-of-pocket maximums same as network **AC Select:** No coverage for non-network services
$30 copay for primary $50 copay for specialist	**AC1-HD & AC2:** 40% after deductible **AC Select:** Not covered
Plan pays 100% (deductible waived)	**AC1-HD & AC2:** 40% after deductible **AC Select:** Not covered
Plan pays 100% (deductible waived)	**AC1-HD, AC Select, AC 2:** Not applicable
Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility	**AC1-HD & AC2:** 40% after deductible **AC Select:** Not covered
$100 copay per service plus 20% after deductible	**AC1-HD:** 40% after deductible **AC Select:** Not covered **AC2:** $100 copay per service plus 40% after deductible
$150 copay per day plus 20% after deductible ($750 maximum copay per admission; $2,250 maximum copay per plan year; preauthorization required)	**AC1-HD:** 40% after deductible **AC Select:** Not covered **AC2:** $150 copay per day plus 40% after deductible ($750 maximum copay per admission; $2,250 maximum copay per plan year; preauthorization required)
20% after deductible	**AC1-HD & AC2:** 40% after deductible **AC Select:** Not covered
$150 copay per visit plus 20% after deductible	**AC1-HD:** 40% after deductible **AC Select:** Not covered **AC2:** $150 copay per visit plus 40% after deductible
$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible	**AC1-HD, AC Select, AC2:** Not covered
20% after deductible	**AC1-HD & AC2:** 20% after deductible **AC Select:** Not covered
$150 copay plus 20% after deductible (copay waived if admitted)	**AC1-HD & AC2:** Same as network **AC Select:** Same as network
$50 copay per visit	**AC1-HD & AC2:** 40% after deductible **AC Select:** Not covered
Initial Visit to Confirm Pregnancy $30 copay **Routine Prenatal Care** Plan pays 100% (deductible waived) **Delivery/Postnatal Care** 20% after deductible	**Prenatal Care/Delivery/Postnatal Care** **AC1-HD & AC2:** 40% after deductible **AC Select:** Not covered
Outpatient Services $50 copay **Inpatient Services** $150 copay per day plus 20% after deductible ($750 maximum copay per admission; $2,250 maximum copay per plan year; preauthorization required)	**Outpatient Services** **AC1-HD & AC2:** 40% after deductible **AC Select:** Not covered **Inpatient Services** **AC1-HD:** 40% after deductible **AC Select:** Not covered **AC2:** $150 copay per day plus 40% after deductible ($750 maximum copay per admission; $2,250 maximum copay per plan year; preauthorization required)

ActiveCare 1-HD and Health Savings Accounts

ActiveCare 1-HD is a high-deductible health plan (HDHP) that offers traditional medical coverage, plus the opportunity to contribute pre-tax dollars to a health savings account (HSA). The HSA can be used to pay for current and/or future qualified medical expenses.

Is this plan for you?

You may want to consider ActiveCare 1-HD if you:

- Want the freedom to use any health care provider and the option to save money when you use in-network providers.
- Want a plan with a low premium cost that still offers comprehensive coverage.
- Like being able to set aside money in a tax-favored account that can be used as you choose to pay current qualified medical expenses or allowed to accumulate for future expenses.

How the plan works

The ActiveCare 1-HD plan features:

A medical plan that covers a wide range of services, from preventive care to hospital stays. As with most other medical plans, you must meet a deductible before the plan starts to pay benefits. For ActiveCare 1-HD, the deductible must be met before benefits are paid for any type of covered expense, including prescription drugs.

The deductible can be met by one family member or a combination of family members. However, benefits are not paid for any family member's expenses until the entire deductible amount ($5,000) is met (or $2,500 for a person with individual coverage).

Once the deductible is met, the plan pays a share of your expenses and you pay a share (coinsurance). Once your share of expenses reaches the plan's out-of-pocket maximum, the plan pays 100% of covered expenses for the rest of the year.

You can save on out-of-pocket expenses by using network providers. When you use network providers, the plan pays a larger share of your covered expenses. Plus, network providers accept the plan's allowable amount as payment in full. Why is this important? Non-network providers are not required to accept the allowable amount as payment in full, and may bill you for the difference between the allowable amount and their billed charge. You'll be responsible for this balance bill amount, which may be considerable.

To find in-network providers, go to **www.trsactivecareaetna.com** and click "Find a doctor or facility" on the right side of the home page.

An HSA that you can use to pay qualified medical expenses. You contribute to the HSA with pre-tax dollars. Your account balance rolls over year to year, earns interest and can be invested once you reach a minimum balance. Here are some facts to know about the HSA:

- To be eligible for an HSA, you must be covered by a HDHP, such as ActiveCare 1-HD.* You must not be covered by other health insurance,** must not be eligible for Medicare and cannot be claimed as a dependent on someone else's tax return.
- TRS does not offer HSAs, but some entities participating in TRS-ActiveCare do provide this option to their employees. Contact your Benefits Administrator to find out if your employer offers an HSA.
- Many banks and credit unions offer custodial account services for individuals who want to establish an HSA. Contact financial institutions serving your area for more information.

If you establish an HSA, you may use it to pay current expenses or allow it to accumulate for future expenses, even those in retirement. Contributions to your account are tax-deductible, withdrawals to pay qualified expenses are not taxed, and balances accumulate tax-free.

*ActiveCare 1-HD meets the current IRS definition of an HDHP for all tiers of coverage (employee only, employee and spouse, employee and child(ren) and employee and family). If you have questions on what happens to your deductible and out-of-pocket expenses when you drop family members during the year, please call TRS-ActiveCare Customer Service at **1-800-222-9205**.

**Does not apply to specific injury insurance and accident, disability, dental care, vision care and long-term care insurance

ActiveCare Select plan

The ActiveCare Select plan provides the essential health benefits required of all health plans. After you meet the annual deductible, you pay a portion of your covered charges. For many services this consists of a flat dollar amount plus a percentage of the billed charge.

Is this plan for you?

You may want to consider ActiveCare Select if you:

- Understand which ActiveCare Select network you will be placed in based on the county you live in. See the following network chart.
- Do ***not*** cover dependents who live outside your plan's network area.
- Want a lower deductible and a lower premium cost for coverage.
- Do ***not*** expect to use non-network providers.

If you are placed in an Aetna Whole Health network, you will ***only*** be covered for services you receive by providers that belong to that particular network. Suppose that you live in Dallas and you select the ActiveCare Select plan. You will be placed in the Aetna Whole Health Baylor Scott & White Quality Alliance network. If you receive care from a provider that does not belong to the Baylor Scott & White Quality Alliance network, your care will ***not*** be covered.

How the plan works

Benefits paid only for in-network care
ActiveCare Select pays benefits only when you and your covered dependents use network providers (except in the case of a true medical emergency). If you seek care outside of the network that applies to you (see below), you will pay all billed charges.

Two networks
When you enroll in ActiveCare Select, you have access to one of two provider networks, depending on where you live:

- The Aetna Select (Open Access) network

OR

- The Aetna Whole Health network

Check the chart on the right to see which network applies to you.

About Aetna Whole Health

Aetna Whole Health is an Accountable Care Network, which includes a team of doctors, nurses and other providers dedicated to your unique health care needs. The team is led by your primary care doctor. It's a participant-centered approach that may differ from care you've had in the past. Its focus is on keeping you healthy, not just treating you when you are sick or injured. There is more coordination between your care providers and you are encouraged to play a more active role in your health care and wellness.

Important: If you live in or around San Antonio, Dallas/Ft. Worth, Austin or Houston (in one of the counties shown in the chart) and choose ActiveCare Select as your plan, you and your covered dependents must receive care within the Aetna Whole Health network. This applies even if your covered dependents live temporarily or permanently outside the network area – for example, children away at school or living with another parent. You may want to consider choosing another plan if you live in one of the counties listed in the chart AND have dependents living in an area not listed.

If you move outside the Aetna Whole Health network area during the plan year, you will stay in the ActiveCare Select plan, but you will be able to use providers in the ActiveCare Select (Open Access) network or a different Aetna Whole Health network, depending on the county you move to. You will receive a new ID card showing the network change.

If you are in the ActiveCare Select (Open Access) network and move to a county assigned to an Aetna Whole Health network, you will be moved to that Aetna Whole Health network.

To find network providers
Remember, there is no coverage for care given by non-network providers, except in the case of a true medical emergency. To find network providers, go to **www.trsactivecareaetna.com** and click "Find a doctor or facility." You can then search by name, specialty, procedure or condition. Be sure to choose from the network that applies to you, based on where you live – as shown in the chart below.

If you live in one of these counties	Look under "ActiveCare Select/ Aetna Whole Health" in the "Select a Plan" box on the provider directory page and then pick plan based on your county:
• Bexar • Comal • Guadalupe • Kendall	Baptist Health System and HealthTexas Medical Group
• Collin • Dallas • Denton • Ellis • Parker • Rockwall • Tarrant	Baylor Scott & White Quality Alliance
• Ft. Bend • Harris • Montgomery	Memorial Hermann Accountable Care Network
• Hays • Travis • Williamson	Seton Health Alliance
If you do not live in a county listed above	**Look under the "Aetna Open Access" plan in the "Select a Plan" box on the provider directory page and pick "ActiveCare Select Open Access plan".**

ActiveCare 2

Is this plan for you?

You may want to consider ActiveCare 2 if you:

- Want a lower deductible than with ActiveCare 1-HD.
- Want the freedom to use any health care provider and the option to save money when you use in-network providers.
- Prefer paying a flat dollar amount for doctors' office visits.

How the plan works

ActiveCare 2 works much like ActiveCare 1-HD, except:

- The deductible is lower.
- The deductible applies to each covered person individually, up to the maximum per family. For example, if a covered person meets the $1,000 individual deductible, his or her deductible is considered met and the plan will pay benefits going forward for his or her expenses – even if the $3,000 family deductible is not yet met.
- You do not have the option to establish a health savings account to help pay qualified medical expenses.

Remember, you save with network providers

When you use network providers, the plan pays a larger share of your covered expenses. In addition, network providers accept the plan's allowable amount as payment in full. In contrast, non-network providers are not required to accept the allowable amount as payment in full, and may bill you for the difference between the allowable amount and their billed charge. You'll be responsible for this balance bill amount, which may be considerable.

To find network providers, go to **www.trsactivecareaetna.com** and click "Find a doctor or facility." You can then search by name, specialty, procedure or condition.

Added savings and value with Quest Diagnostics

You can take advantage of extra savings when you need a lab test. Quest Diagnostics has agreed to lower rates for TRS-ActiveCare participants. That helps you save on out-of-pocket costs. In fact, the ActiveCare 2 and ActiveCare Select plans cover lab services at 100% if you use a Quest Diagnostics facility.

In addition to savings, Quest Diagnostics also gives you access to:

- Locations near where you live and work
- Appointment scheduling online or by phone
- Email reminders to help you keep track of your appointments
- Saturday hours as well as extended hours at many locations
- Free courier service to pick up lab work from most doctors' offices

Note: For ActiveCare 1-HD and ActiveCare 2, non-network providers may bill you for amounts exceeding the allowable amount. The non-network provider is not required to accept the allowable amount as payment in full and may balance bill you for the difference between the allowable amount and the non-network provider's billed charge. You will be responsible for this balance bill amount, which may be considerable. **Remember, there is no coverage for non-network providers for ActiveCare Select plan, except for true emergency care.** Therefore, under the ActiveCare Select plan, you will be responsible for all billed charges from a non-network provider.

Note: A "specialist" is any physician other than a family practitioner, internist, OB/GYN or pediatrician.

Note: This is a general summary of your options under the TRS-ActiveCare program. Please refer to your Benefits Booklet for details specific to your plan. You can also view a Summary of Benefits and Coverage at **www.trsactivecareaetna.com** or call TRS-ActiveCare Customer Service at **1-800-222-9205** to request a copy.

Network retail pharmacy services

Participating network retail pharmacies will accept your TRS-ActiveCare ID card and charge you the lesser of the negotiated Caremark price or the usual and customary cost for up to a 31-day supply of your prescription at a traditional retail network pharmacy, or a 60-day to 90-day supply at a Retail-*Plus* network pharmacy. For the ActiveCare 1-HD Plan, after your plan year deductible is met, you will pay the applicable coinsurance percentage based on the cost of the prescription until your out-of-pocket maximum is satisfied. For the ActiveCare Select and ActiveCare 2 Plans, after your prescription brand-name drug deductible is met, you will pay any applicable copay or coinsurance percentage based on the cost of the prescription.

Your traditional retail pharmacy service is most convenient when you need a medication for a short period. For example, if you need an antibiotic to treat an infection, you can go to one of the many pharmacies that participate in the TRS-ActiveCare program and get your medication on the same day. For your short-term prescriptions, you may save money by using pharmacies that participate in the Caremark network.

Mail order through the Caremark Pharmacy

By using the Caremark Pharmacy, you can receive up to a 90-day supply of covered medications. For the ActiveCare 1-HD Plan, after your plan year deductible is met, you will pay the applicable coinsurance percentage based on the cost of the prescription until your out-of-pocket maximum is satisfied. For the ActiveCare Select and ActiveCare 2 Plans, after your prescription brand-name drug deductible is met, you will pay any applicable copay or coinsurance percentage based on the cost of the prescription.

The Caremark Pharmacy offers you convenience and potential cost savings. If you need medication on an ongoing or long-term basis, such as medication to treat asthma or diabetes, you can ask your doctor to prescribe up to a 90-day supply for home delivery, plus refills for up to one year.

About Caremark

Caremark is the largest pharmacy health care provider in the U.S., with more than 64,000 pharmacies in its network. Through Caremark pharmacy services, you can order maintenance and specialty medications online or by phone and have them delivered directly to you. To register and start using Caremark services, visit **www.caremark.com/trsactivecare**.

If you enroll in one of the TRS-ActiveCare plan options, you will receive a Caremark prescription drug ID card in the mail. If you need replacement or additional cards, call **1-800-222-9205** and select option 2 to talk with a representative or visit **www.caremark.com/trsactivecare**.

Retail-*Plus* pharmacy network

Retail pharmacies that choose to participate in the Retail-*Plus* network are able to dispense a 60-day to 90-day supply of medication. You may visit **www.trs.state.tx.us/trs-activecare** or contact TRS-ActiveCare Customer Service for more information on which pharmacies have chosen to participate in the Retail-*Plus* network.

Specialty medications

Specialty medications are defined as certain pharmaceutical and/or biotech or biological drugs (including "biosimilars" or "follow-on biologics") which are used in the management of chronic or genetic disease, including but not limited to, injected, infused, inhaled or oral medications, or medications that otherwise require special handling.

Note: Prescription drug deductibles/coinsurance/copays apply to the ActiveCare plan out-of-pocket maximum.

Type of Service	ActiveCare 1-HD Network	ActiveCare Select Network	ActiveCare 2 Network	Non-Network
Drug Deductible (per plan year)	Subject to plan year deductible	$0 for generic drugs $200 per individual for brand-name drugs	$0 for generic drugs $200 per individual for brand-name drugs	Same as Network
Retail Short Term (up to 31-day supply) Generic Preferred Brand Non-preferred Brand	20% after deductible	 $20 $40 50% coinsurance	 $20 $40 $65	**AC 1-HD:** You will be reimbursed the amount that would have been charged by a network pharmacy less the required deductible and coinsurance **AC Select:** You will be reimbursed the amount that would have been charged by a network pharmacy less the required deductible, copay and coinsurance **AC2:** You will be reimbursed the amount that would have been charged by a network pharmacy less the required deductible and copay
Retail Maintenance (after first fill; up to 31-day supply) Generic Preferred Brand Non-preferred Brand	20% after deductible	 $25 $50 50% coinsurance	 $25 $50 $80	
Mail Order and Retail-*Plus* Network (up to 90-day supply) Generic Preferred Brand Non-preferred Brand	20% after deductible	 $45 $105 50% coinsurance	 $45 $105 $180	
Specialty Medications	20% after deductible	20% coinsurance per fill	$200 per fill (up to 31-day supply) $450 per fill (32-day to 90-day supply)	

Frequently Asked Questions (FAQs)

Prescription drug coverage for ActiveCare 1-HD, ActiveCare Select and ActiveCare 2 plans

1. **How can I find out if my medication is covered?**
   You can find drug coverage and pricing information online at the TRS-ActiveCare website or, once you are enrolled in TRS-ActiveCare, by registering online with Caremark at **www.caremark.com/trsactivecare**.

2. **How do I get a new mail-service prescription filled through Caremark?**
   For new long-term or maintenance medications, ask your doctor to write two prescriptions:

   - The first for up to a 90-day supply, plus any appropriate refills, to fill through the Caremark Mail-Service Pharmacy.
   - The second for up to a 31-day supply, which you can fill at a participating retail network pharmacy for use until your mail-service prescription arrives.

   Complete a Mail-Service Order Form and send it to Caremark, along with your original prescription(s) and the appropriate copayment for each prescription. **Be sure to include your original prescription. Photocopies are not accepted.**

   Please note: You must mail in a Caremark Mail-Service Order Form the first time you request a new prescription through mail service. Caremark's automated refill service is only available after your first prescription order has been processed. You can download a Mail-Service Order Form by visiting **www.caremark.com/trsactivecare**.

3. **How do I pay for my mail-service prescriptions?**
   A credit card is preferred, but you can also pay by check or money order. For credit card payments, include your VISA®, Discover®, MasterCard® or American Express® number and expiration date in the space provided on the order form.

4. **When will I receive my mail-service prescription?**
   You can expect to get your prescription 7-10 days from the time your order is placed.

5. **I have seen several $4 and $5 generic medication offerings. Can I take advantage of these offers through my pharmacy benefits?**
   Caremark's claims processing looks at both the Caremark discount and what a cash paying customer would pay at that pharmacy. The lesser of those two amounts is then applied. Plan participants are encouraged to present their Caremark/TRS-ActiveCare ID card when picking up a prescription at a pharmacy as both a safety and cost-savings measure. When the card is presented, the prescription can be assessed for possible drug-to-drug interactions, excessive quantity, etc. The amount paid will also be applied to the participant's deductible, if any. If the participant fails to show the card, neither safety nor cost-savings activities will occur. Of course, as is the case with any product, consumers are encouraged to shop for the best value for their dollar.

6. **Can Caremark transfer my prescriptions from a retail pharmacy to mail order?**
   You must ask your doctor to provide a new prescription when you request mail order. By law, a 31-day prescription cannot be converted to a 90-day prescription. A new prescription is required. By asking for a prescription, your doctor can prescribe the maximum days' supply for your mail order, which is typically 90 days for long-term drugs.

Note: If you obtain a brand-name drug when a generic equivalent is available, you are responsible for the generic copay plus the cost difference between the brand-name drug and the generic drug.

Note: Registered pharmacists are available 24 hours a day, seven days a week to answer any questions about your medications. Call the toll-free number located on your Caremark card. You can also talk with a registered pharmacist online at **www.caremark.com/trsactivecare**. Look for the link to "Ask-a-Pharmacist."

If you need to…	**Network:** You pay lower out-of-pocket costs if you choose network care	**Non-Network:** **ActiveCare 1-HD and ActiveCare 2:** You pay higher out-of-pocket costs if you choose non-network care. Payment for non-network services is limited to the allowable amount as determined by Aetna. You are responsible for all charges billed by non-network providers that exceed the allowable amount. **ActiveCare Select:** No coverage for non-network care, except for a true emergency
Visit a doctor or specialist A "specialist" is any physician other than a family practitioner, internist, OB/GYN or pediatrician	• Visit any network doctor or specialist • Pay the office visit copay (not applicable for ActiveCare 1-HD) • Pay any deductible and coinsurance • Your doctor cannot charge more than the allowable amounts for covered services	**ActiveCare 1-HD and ActiveCare 2:** • Visit any licensed doctor or specialist • Pay for the office visit • File a claim and get reimbursed for the visit minus any deductible and coinsurance • Your costs will be based on allowable amounts; the non-network doctor you receive services from may require you to pay any charges over the allowable amounts determined by Aetna. **ActiveCare Select:** No coverage for non-network care
Receive preventive care	• Visit any network doctor or specialist • Plan pays 100% • Your doctor cannot charge more than the allowable amounts for covered services	**ActiveCare 1-HD and ActiveCare 2:** • Visit any licensed doctor or specialist • Pay for the preventive care visit • File a claim and get reimbursed for the visit minus any deductible and coinsurance • Your costs will be based on allowable amounts; the non-network doctor you receive services from may require you to pay any charges over the allowable amounts determined by Aetna. **ActiveCare Select:** No coverage for non-network care
Receive emergency care Use the iTriage mobile app to find an urgent care center or emergency room near you. (See page 13 for more information.)	• Call 911 or go to any hospital or doctor immediately; you will receive network benefits for emergency care • Pay any copay (waived if admitted) • Pay any deductible and coinsurance • Call the preauthorization number on your ID card within 48 hours	**All plans:** • Call 911 or go to any hospital or doctor immediately; you will receive network benefits for emergency care • Pay any copay (waived if admitted) • Pay any deductible and coinsurance • Call the preauthorization number on your ID card within 48 hours
Have lab work	• Visit a Quest Diagnostics facility • ActiveCare Select and ActiveCare 2 Plan pays 100% at Quest; you pay applicable deductible or coinsurance at other facility • ActiveCare 1-HD pay applicable deductible and coinsurance	**ActiveCare 1-HD and ActiveCare-2:** • Visit any licensed facility • Pay for the lab work • File a claim and get reimbursed for the lab service minus any deductible and coinsurance. • Your costs will be based on allowable amounts; the non-network provider may require you to pay any charges over the allowable amounts determined by Aetna. **ActiveCare Select:** No coverage for non-network care
Talk with a doctor (Teladoc)	• Call **1-855-Teladoc (835-2362)** • Teladoc doctors diagnose non-emergency medical problems, recommend treatment, call in a prescription to your pharmacy of choice and more • $40 consultation fee for ActiveCare 1-HD; Plan pays 100% for ActiveCare Select and ActiveCare 2	**All plans:** Not applicable – only available through Teladoc physician service.
Be admitted to the hospital	• Your network doctor will preauthorize your admission • Go to the network hospital • Pay any copays, deductible and coinsurance	**ActiveCare 1-HD and ActiveCare 2:** • You, a family member, your doctor or the hospital must preauthorize your admission • Go to any licensed hospital • Pay any copays, deductible and coinsurance each time you are admitted **ActiveCare Select:** No coverage for non-network care
Receive behavioral health or chemical dependency services	• Call the behavioral health number on your ID card first to authorize all care • See a network doctor or health care professional, or go to any network hospital or facility • Pay any copays, deductible and coinsurance	**ActiveCare 1-HD and ActiveCare 2:** • Call the behavioral health number on your ID card first to authorize all care • See a non-network doctor or health care professional, or go to any non-network hospital or facility • Pay any copays, deductible and coinsurance **ActiveCare Select:** No coverage for non-network care
File a claim	Claims will be filed for you	You may need to file the claim yourself
Get prescription drugs	• Take prescription to a network retail pharmacy or use Caremark mail service • Pay the required deductible, coinsurance or copay	**All plans:** • Take prescription to any licensed pharmacy • Pay the total cost of the drug • File a claim with Caremark and get reimbursed the amount that would have been charged by a network pharmacy less any deductible, copay and coinsurance

Preauthorization

Advance approval is required from Aetna for certain treatments or services, such as all inpatient hospital admissions, bariatric surgery, extended care expenses, home infusion therapies and outpatient treatment of certain mental health and chemical dependency care. For more information on preauthorization requirements for the ActiveCare 1-HD, ActiveCare Select and ActiveCare 2 plans, refer to the online benefits booklet at **www.trsactivecareaetna.com** or call TRS-ActiveCare Customer Service at **1-800-222-9205** and speak with an Aetna Health Concierge.

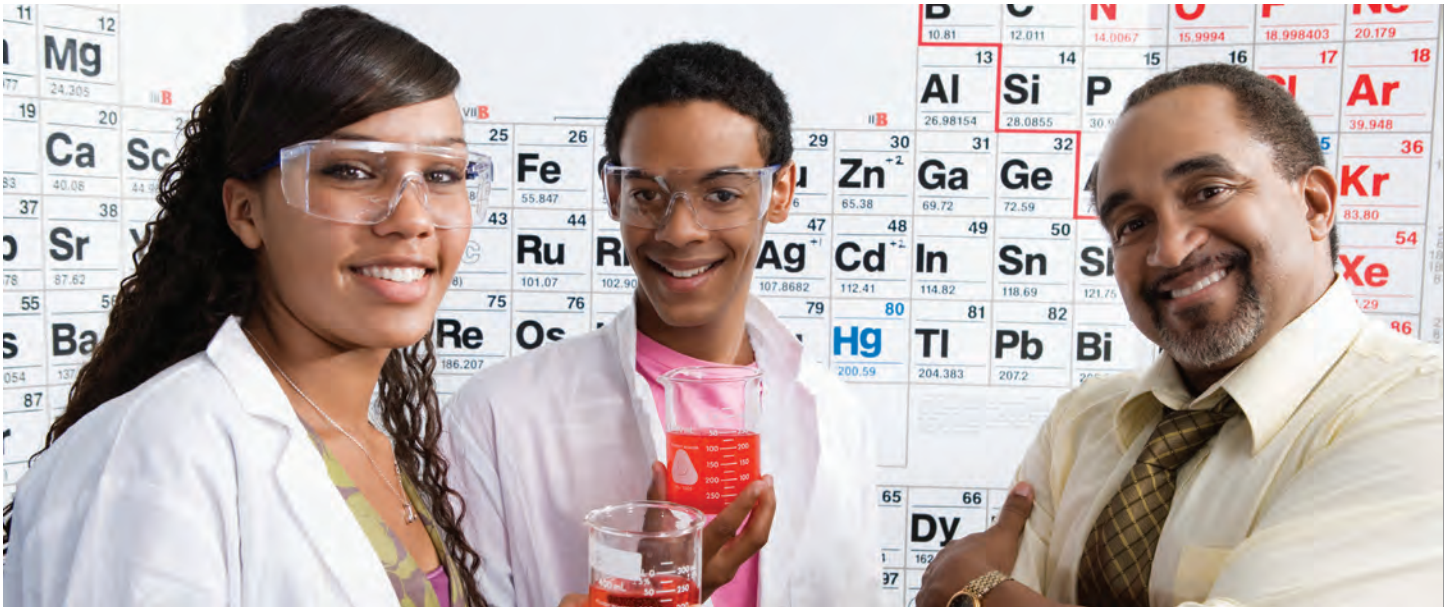
Tools to help you make better health care choices

The ActiveCare 1-HD, ActiveCare Select and ActiveCare 2 plans offer you resources, tools and services to help you best manage your own and your family's health care. Be sure to take advantage of them. Check out these tools to help you with your health care choices.

- **Member Payment Estimator** – This tool lets you find and compare actual costs for common procedures and treatments before you receive care. Your search results are run through Aetna's claim system, so your out-of-pocket cost will reflect how much of your deductible you have met, and any copays, coinsurance and plan limits that may apply. To find this and other cost-of-care tools, go to **www.trsactivecareaetna.com** and log in to Aetna Navigator. On your Aetna Navigator home page, you will see a "Cost of Care" box.
- **Aetna Health Concierge** – The Aetna Health Concierge can help you understand and use all that your Aetna plan offers, from benefits and providers, to wellness programs and online tools. Call TRS-ActiveCare Customer Service at **1-800-222-9205** and speak with an Aetna Health Concierge.
- **DocFind®** – Use DocFind to locate doctors, hospitals, urgent care facilities and other health care providers in your plan's network. Go to **www.trsactivecareaetna.com** and click "Find a doctor or facility" on the home page. Once in DocFind, enter a name, specialty, procedure or condition.

Helpful tips to help you make your health benefits plan work for you

- **Stay in network** – Aetna has negotiated discounts with doctors, hospitals and other health care professionals in their network. That usually means lower out-of-pocket costs for you. Network providers will file your claims and cannot charge more than the allowable amounts for covered services. There is no coverage for non-network care under the ActiveCare Select plan.
- **Use the emergency room (ER) for life-threatening emergencies only** – Life-threatening emergencies warrant a trip to the closest ER.
- **Use an urgent care center or walk-in clinic for non-life-threatening emergencies** – If it is not a true emergency but you need help in a hurry, please consider visiting an urgent care center or walk-in clinic. You can find them by using the DocFind online provider directory. Go to **www.trsactivecareaetna.com** and click "Find a doctor or facility" on the home page. Not sure where to go? Call the 24-Hour Nurse Information Line at **1-800-556-1555** to get guidance from a trained nurse.
- **Use generic drugs** – They are the most affordable drugs and offer you the lowest copay. Generic drugs are pharmaceutically and therapeutically equivalent to brand-name drugs.
- **Use freestanding medical service facilities** – You can generally lower medical expenses by scheduling laboratory work, imaging and other outpatient services at freestanding medical service facilities instead of at full-service hospitals. Remember, you get additional savings when you use a Quest Diagnostics lab. To find them, use DocFind. Go to **www.trsactivecareaetna.com** and click "Find a doctor or facility" on the home page.
- **Adopt healthy habits** – Do your best to eat right, exercise and get regular health screenings. Sign up for member newsletters or read online articles or health and fitness tips. Encourage all family members to live a healthy lifestyle too.
- **Get online** – The ActiveCare 1-HD, ActiveCare Select and ActiveCare 2 plans offer online services where members can check the status of claims, view benefits information, find a doctor and much more. Go to **www.trsactivecareaetna.com** and register for Aetna Navigator.



Helping you live a healthier life

Managing your health is more than just doctor visits and lab tests. Aetna offers the following resources as part of your medical plan to help you and your covered family members reach your health and wellness goals.

- **24-Hour Nurse Information Line** – You can't always talk with your doctor when you have a question or need to know more about a health concern. This is why Aetna offers the 24-hour nurse information line. You can call toll-free, day or night, to talk with a registered nurse and get answers and information. The nurse can help you decide where to seek care and suggest things you can do until you're able to see your doctor. Call the 24-hour nurse information line at **1-800-556-1555**.

Teladoc

Teladoc is a service that gives you phone access to primary care physicians who can diagnose, treat and prescribe for many common, non-emergency medical issues. These include colds and flu, allergies, sinus infections and others.

Teladoc physicians are board-certified general practitioners, internists and pediatricians. They are available by phone 24 hours a day, seven days a week. The consultation is covered at 100% for ActiveCare Select and ActiveCare 2. You'll pay a fee of $40 per consultation under ActiveCare 1-HD.

Call Teladoc at **1-855-Teladoc (835-2362)**.

- **Simple Steps To A Healthier Life®** – Simple Steps To A Healthier Life is an online health and wellness program that can help you reach goals such as losing weight, eating healthier and even getting a better night's sleep – step by step, at your own pace.

  You start by completing the Health Assessment, a questionnaire on topics such as health history, lifestyle and habits, and health screenings. It's interactive, engaging and takes just about 15 minutes. When you're done, you'll get an overall health score, health report and personalized action plan. Your plan will recommend one or more self-guided online programs you can complete at your own pace. The programs lead you step by step to goals such as losing weight, quitting tobacco, managing a chronic condition and fitting healthier habits into a busy schedule.

  To get started, visit **www.trsactivecareaetna.com** and log in to Aetna Navigator (see page 13). On your home page, click "I want to . . . Take a Health Assessment.

Get help to quit tobacco

Your health starts to improve the day you quit tobacco. Now you can quit with an easy-to-follow online program. **Be Tobacco Free™** offers information and support proven effective in reducing cravings, resisting relapse and building a healthier life.

- **Condition Management** – If you and/or a family member lives with a chronic condition, you know what a challenge it is to follow a treatment regimen and avoid complications. Now there's help, with Aetna Health Connections. The program matches you with registered nurses and other health care professionals who provide education, coaching and monitoring to help you manage your condition and enjoy better overall health.

  The program covers more than 30 conditions, including asthma, high blood pressure, diabetes, heart disease, chronic obstructive pulmonary disorder (COPD), osteoporosis and more. If you could benefit from the program's services, an Aetna nurse may be in touch.

- **The Aetna Care Advocate Team (CAT)** – This is a group of trained nurses who can guide you through the health care system. With CAT, you can get help to understand a medical condition or term. You can find out about treatment options. You can also have a nurse coordinate care and services for a complex condition.

- **The Beginning Right® Maternity Program** – Talk with trained nurses who can help you give your baby a healthier start in life. Learn about prenatal care, preterm labor, newborn care and more. Get personal attention for special needs, risks or conditions. Call **1-800-272-3531** to learn more and get started. You can also find more information at **www.trsactivecareaetna.com**.

- **The National Medical Excellence® Program** – Provides care coordination and other services to Aetna members facing transplant surgery or other complex medical procedures. Participation is entirely voluntary. If you choose to participate, your procedure will be performed at a designated Institutes of Excellence™ hospital chosen for its experience and outcomes with organ transplants and complex medical care. The program also provides expert case management and coordination of follow-up care.

- **Aetna Discount Program** – As an Aetna member, you and your covered family members are eligible for discounts on health-related products and services. Get special rates on vision and hearing care, gym memberships and fitness equipment, weight management programs and products, natural products and services, and more.

Get help to practice prevention

With Preventive Care Considerations, you get direct mail and email reminders to get preventive services appropriate for your age and gender. These can include yearly physical exams, mammograms, colonoscopies and other services.

Your secure member website

Aetna Navigator is where you will find information and tools to make the most of your plan benefits and better manage your health care and health dollars. It is easy to register and use the site.

To register:

Visit **www.trsactivecareaetna.com** and click "Log In/Register" on Aetna Navigator. Follow the simple prompts. Need help? Use the "Ask Ann" link to register, retrieve a password and find your way around the site.

Once you are registered, you can:

- Check benefits and claims.
- Search for doctors who participate in the Aetna network.
- Find hours and locations of urgent care centers.
- Confirm family members covered under your plan.
- Request a new or replacement Aetna ID card or print a temporary card.
- Get cost estimates for medical procedures and treatments.
- Take the Health Assessment.
- View your Personal Health Record.
- Get started with Aetna discounts on hearing and vision care, fitness memberships and much more.

Make Aetna Navigator your first stop when you need to know more about your benefits and other resources available for your good health.

Personal Health Record

Aetna Navigator is where you will find your Personal Health Record (PHR), an online record of care you have received, gathered from your claims information. You can view medical procedures and services received, and preventive and routine care provided – by whom and when. You can also enter your own information, such as medications prescribed, over-the-counter drugs and nutritional supplements you use. The PHR also features:

- *MedQuery®,* an advanced program that can identify opportunities for better care and better health. MedQuery works for you by sending personal health recommendations and alerts that appear on your PHR.
- *Health and physical activity trackers* that let you record important information and measures such as blood pressure, blood glucose, strength training and other daily fitness activities. To view your PHR, go to **www.trsactivecareaetna.com** and log in to Aetna Navigator. In the "I want to …" menu on the left side of your Aetna Navigator home page, select "View Personal Health Record."

Mobile apps and tools

- Access Aetna Navigator on the go with **Aetna Mobile**. Pull up your secure member website to find network doctors, view and show your ID card, check on claims, contact Member Services and more. The Aetna Mobile app works with Apple® and Android™ digital devices.*

Get it: Text "Apps" to 23862** or visit **www.aetna.com/mobile**.

- **iTriage** helps you make sense of your health care options. Check a symptom,look up conditions and procedures, find the right doctor or facility, look up ER wait times and much more.

Get it: The app is free on Google Play™ or the App Store℠;* you can also visit **www.itriagehealth.com**.

- The Caremark app gives you real-time, secure access to your prescriptions and pharmacy information. Look up pharmacies near you. Order prescriptions using the mail service, then check on the status of your order. Check your prescription history. You can use the app on your iPhone® or Android phone.*

Get it: Visit **www.caremark.com**. On the home page, look for the More Mobile Choices link to "get your App now."

- **Teladoc** gives you 24/7/365 access to board-certified doctors by phone who can treat conditions like colds, allergies, ear infections and much more.

Get it: Download the app at **www.teladoc.com/mobile** or text "Get Started" to **469-804-9918**.

- You can schedule appointments, check your results, share information and more using the **MyQuest** mobile app.

Get it: Download the app at **www.questdiagnostics.com/myquest**.

*Android and Google Play are trademarks of Google, Inc. Apple and the iPhone are trademarks of Apple, Inc., registered in the U.S. and other countries. The App Store is a service mark of Apple, Inc.

**Standard text messaging rates may apply.

HMO Benefits Summaries and Plan Comparisons

Type of Service	FirstCare HEALTH PLANS	Scott & White Health Plan — Now part of Baylor Scott & White Health	Allegian health plans
	No primary care physician required to direct care or make referrals	No primary care physician required to direct care or make referrals	No primary care physician required to direct care or make referrals
Deductible (per plan year)	$450 individual $1,125 family	$800 individual $2,400 family	$500 individual $1,000 family
Out-of-Pocket Maximum (per plan year; includes medical and prescription drug deductibles/copays/coinsurance)	$5,000 individual $10,000 family	$5,000 individual $10,000 family	$4,500 individual $9,000 family
Doctor Office Visits	$20 copay for primary ($0 copay for primary visit for dependents age 19 and under) $60 copay for specialist	$20 copay for primary $50 copay for specialist	$25 copay for primary $60 copay for specialist
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%
Inpatient Hospital (facility charges)	25% after deductible	$150 copay per day plus 20% after deductible ($750 maximum copay per admission)	20% after deductible
Inpatient Hospital (physician/surgeon fees)	25% after deductible	Included in facility charges	20% after deductible
Outpatient Surgery	25% after deductible	$150 copay per visit plus 20% after deductible	20% after deductible
Ambulance	25% after deductible	$40 copay plus 20% after the deductible ($40 copay waived if transported)	20% after deductible
Emergency Room	25% after deductible	$150 copay plus 20% after deductible (copay waived if admitted within 24 hours)	20% after deductible
Urgent Care	$75 copay (deductible waived)	$55 copay	$75 copay (deductible waived)
Maternity Care	**Prenatal and Postnatal Care** $20 copay for primary $60 copay for specialist **Delivery and Inpatient Services** 25% after deductible	**Prenatal Care** No charge **Postnatal Care** $20 copay for primary $50 copay for specialist **Delivery and Inpatient Services** $150 copay per day plus 20% after deductible ($750 maximum copay per admission)	**Prenatal and Postnatal Care** $25 copay for primary $60 copay for specialist **Delivery and Inpatient Services** 20% after deductible
Mental Health/Behavioral Health/Substance Abuse Disorders	**Outpatient Services** 25% after deductible (facility) $20 (physician office visit) **Inpatient Services** 25% after deductible	**Outpatient Services** $20 copay for physician **Inpatient Services** $150 copay per day plus 20% after deductible ($750 maximum copay per admission)	**Outpatient Services** 20% after deductible **Inpatient Services** 20% after deductible
Drug Deductible (per plan year)	$100 per individual/$300 per family	$100 per individual (generics excluded)	$100 per individual
Retail Short Term	(up to 30-day supply) $0 – Select Generics/ACA Tier I (drug deductible waived) $15 – Preferred Generics Tier II (drug deductible waived) $40 – Preferred Brands/Non-preferred Generics Tier III after deductible $100 – Non-preferred Brands/Non-preferred Generics Tier IV after deductible	(up to 34-day supply) $3 – Generic 30% after deductible – Preferred 50% after deductible – Non-preferred Greater of $50 or 50% after deductible – Non-formulary	(up to 30-day supply) $10 – Generic $40* – Preferred $65* – Non-preferred
Retail Maintenance	(up to 30-day supply) $0 – Select Generics/ACA Tier I (drug deductible waived) $15 – Preferred Generics Tier II (drug deductible waived) $40 – Preferred Brands/Non-preferred Generics Tier III after deductible $100 – Non-preferred Brands/Non-preferred Generics Tier IV after deductible	(up to 90-day supply; in-plan pharmacies only) $6 – Generic 30% after deductible – Preferred 50% after deductible – Non-preferred Not available – Non-formulary	(up to 30-day supply) $10 – Generic $40* – Preferred $65* – Non-preferred
Mail Order	(up to 90-day supply) $0 – Select Generics/ACA Tier I (drug deductible waived) $45 – Preferred Generics Tier II (drug deductible waived) $120 – Preferred Brands/Non-preferred Generics Tier III after deductible $300 – Non-preferred Brands/Non-preferred Generics Tier IV after deductible	(up to 90-day supply; in-plan pharmacies only) $6 – Generic 30% after deductible – Preferred 50% after deductible – Non-preferred Not available – Non-formulary	(up to 90-day supply) $30 – Generic $120* – Preferred $195* – Non-preferred
Specialty Medications (Tier IV)	20% after drug deductible	10% after deductible – Tier I 20% after deductible – Tier II 30% after deductible – Tier III 50% after deductible – Tier IV	20% after deductible Mail order – Not covered
Diabetic Supplies	10% – Preferred after drug deductible 20% – Non-preferred after drug deductible		

*If you obtain a brand-name drug when a generic equivalent is available, you are responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug.

Note: This is a general summary of your HMO plan options. Please refer to your Evidence of Coverage for details specific to your plan.

See page 16 for HMO service areas.

FirstCare Health Plans

Customer Service
1-800-884-4901
8 a.m. – 6 p.m. CT
(Mon-Fri)

Service Area – Counties

Andrews, Armstrong, Bailey, Bell, Borden, Bosque, Brazos, Briscoe, Burleson, Burnet, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Coryell, Cottle, Crane, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Erath, Falls, Fisher, Floyd, Freestone, Gaines, Garza, Glasscock, Gray, Grimes, Hale, Hall, Hamilton, Hansford, Hartley, Haskell, Hemphill, Hill, Hockley, Houston, Howard, Hutchinson, Jones, Kent King, Knox, Lamb, Lampasas, Lee, Leon, Limestone, Lipscomb, Llano, Loving, Lubbock, Lynn, Madison, Martin, McCulloch, McLennan, Midland, Milam, Mills, Mitchell, Moore, Motley, Navarro, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Robertson, Runnels, San Saba, Scurry, Shackelford, Sherman, Somervell, Stephens, Stonewall, Swisher, Taylor, Terry, Throckmorton, Upton, Walker, Ward, Washington, Wheeler, Winkler, Yoakum

Scott & White Health Plan

Now part of Baylor Scott & White Health

Customer Service
1-800-321-7947 or **254-298-3000**
24 hours a day
7 days a week

Service Area – Counties

Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coke, Coleman, Collin, Concho, Coryell, Crockett, Dallas, Denton, Ellis, Falls, Freestone, Grimes, Hamilton, Hayes, Hill, Hood, Irion, Johnson, Kimble, Lampasas, Lee, Limestone, Llano, Madison, Mason, McCullough, McLennan, Menard, Milam, Mills, Reagan, Robertson, Rockwall, Runnels, San Saba, Schleicher, Sommervell, Sterling, Sutton, Tarrant, Tom Green, Travis, Walker, Waller, Washington, Williamson

As well as these partial counties:
Includes zip codes (*zip codes may cross into a non-covered county)

Erath – 76433
76436
76446*
76457
76401*
76690

Leon – 75833*
77855
75850*
77865*
77871

Geographical description of partial counties:

Erath – the southeastern one-half of the county below U.S. Highway 377 southwest from the Hood County line to the Comanche County line but including the towns of Bluff Dale, Stephenville and Dublin

Leon – the southwestern one-fourth of the county bounded on the north by Texas Highway 7 east from the Robertson County line to Texas Highway 75 and bounded on the east by Texas Highway 75 south from Texas Highway 7 to the Madison County line but including the towns of Marquez, Robbins, Centerville and Leona

Allegian health plans

Customer Service
1-855-463-7264
8 a.m. – 6 p.m. CT
(Mon-Fri)

Service Area – Counties

Cameron, Hidalgo, Starr, Willacy

FirstCare Health Plans

FirstCare Plus
At FirstCare Health Plans, we believe that Texans and our communities should be healthy. That is why we developed FirstCare Plus, which is a unique set of integrated programs and services that keep you connected to your health.

- Our **wellness program** offers an array of tools, including: online health assessment, alerts, information, and wellness trackers.
- The **24-hour Nurseline** and **online nurse chat** provides help day or night.
- Our **disease management program** provides support to those with chronic conditions. Get specialized help from health coaches to achieve better outcomes.
- Our new **Expecting the Best™ Maternity Program** is available for pregnant mothers! Our goal is to provide those mothers and their babies with the support and tools they need to have the best health during their pregnancy. This free program is offered by FirstCare and administered by Alere™.

FirstCare Member Portal
Log in to the member portal at **www.firstcare.com/TRS**

- Find a doctor or pharmacy with our new online provider directory
- View or print plan documents
- Order ID cards or print a temporary one
- Access FirstCare Plus tools and information

Scott & White Health Plan

Now part of Baylor Scott & White Health

MyBenefits – Online Tools: Log in to MyBenefits at **trs.swhp.org**

- Find a provider or pharmacy
- View the Summary of Benefits (SOB/SBC)
- View Explanation of Benefits (EOB)
- Order ID cards
- Access online wellness programs

LiveWell! – A new approach to health and wellness

The Dialog Center
- Shared Decision-Making
- Condition Care Guidance Programs

Health Coaches
- Available to answer your health questions by phone, anytime day or night: **1-877-505-7947**

Online Lifestyle Management Programs
- Succeed® Health Risk Assessment
- 10 additional wellness programs

24-Hour Nurse Advice Line
- **1-877-505-7947**
- Available to all SWHP members

Allegian health plans

A listing of "Preventive Health Care Services," that are available to all enrolled members can be found in your Evidence of Coverage. These services are available at no cost to the enrolled member, and can be found in Section 3 of the Evidence of Coverage which is titled "What is Covered."

Healthy Partners Program is a program designed to assist members with diabetes. Through the program, members are able to obtain their diabetic supplies at no cost and have access to a case manager who assists in information/referral to community resources and educational services/referrals via Internet sources or subsidiary programs. We believe improved monitoring will assist you and your physician to optimize control of your blood sugars and decrease long-term complications associated with poorly controlled diabetes. Enroll by calling **1-800-459-2110, x2297**.

Cost for coverage

Your cost for TRS-ActiveCare coverage is determined by the funding available from the state and district as well as your choice of a health plan, which determines your deductibles, copayments, coinsurance and your monthly contributions.

Chapter 1581, Texas Insurance Code, authorizes funding to help active employees who are TRS members—those making retirement contributions to the Teacher Retirement System of Texas—pay for TRS-ActiveCare coverage. Currently, each district/entity is required to contribute at least $150 per month and the state currently contributes $75 per month per active TRS member. That is a minimum of $225 per month to help you pay for health coverage. Your Benefits Administrator will provide you with information on any additional funding that may be available to offset the gross monthly premiums.

Pooling Funds/Split Premium

Married employees who are both active contributing TRS members may "pool" their local district and state funding to use toward the cost of TRS-ActiveCare coverage. If a husband and wife both work for the same participating entity, funds may be pooled when one selects "employee and children" coverage or "employee and family" coverage and the spouse declines coverage.

If a husband and wife work for *different* participating entities and wish to pool funds, with the help of his/her Benefits Administrator, each must complete an *Application to Split Premium*. This form should be submitted to each entity's Benefits Administrator with the *Enrollment Application and Change Form*.

To download the *Application to Split Premium*, visit the TRS-ActiveCare website or call Customer Service at **1-800-222-9205**.

Gross Monthly Cost – 2015-2016 Plan Year
Effective September 1, 2015 through August 31, 2016

ActiveCare Plans	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2
Coverage Category	Total Cost*	Total Cost*	Total Cost*
Employee Only	$341	$473	$614
Employee and Spouse	$914	$1,122	$1,478
Employee and Child(ren)	$615	$762	$992
Employee and Family	$1,231	$1,331	$1,521

HMO Plans	FirstCare Health Plans	Scott & White Health Plan	Allegian Health Plans (formerly Valley Baptist Health Plans)
Coverage Category	Total Cost*	Total Cost*	Total Cost*
Employee Only	$418.80	$503.60	$413.38
Employee and Spouse	$1,050.44	$1,135.62	$1,001.88
Employee and Child(ren)	$664.74	$798.30	$647.94
Employee and Family	$1,060.84	$1,259.76	$1,022.16

*District and state funds are provided each month to active contributing TRS members to use toward the cost of TRS-ActiveCare coverage. State funding is subject to appropriation by the Texas Legislature. Please contact your Benefits Administrator to determine your net monthly cost for your coverage

The plan enrollment period for the 2015-2016 plan year is July 1-August 31, 2015.

Who can enroll in TRS-ActiveCare?

To be eligible for TRS-ActiveCare, you must be employed by a participating district/entity and be either an active, contributing TRS member or employed 10 or more regularly scheduled hours each week.

You are not eligible for TRS-ActiveCare coverage if you are:

- Receiving health care coverage as an employee or retiree under the Texas State College and University Employees Uniform Insurance Benefits Act. **Example:** A school employee who has UT SELECT coverage as an employee with The University of Texas System.
- Receiving health care coverage as an employee or retiree under the Texas Employee Uniform Group Insurance Benefits Act. **Example:** A school employee who has HealthSelect coverage as an employee with ERS.
- A TRS retiree receiving, or who waived coverage under, TRS-Care, including a retiree who has returned to work.*

*If a TRS retiree has returned to work and has never been eligible for TRS-Care, he or she would be eligible for TRS-ActiveCare coverage, as long as the retiree meets all the TRS-ActiveCare eligibility requirements.

Although a retiree, a higher education employee or a state employee may not be covered as an employee of a participating district/entity, he or she can be covered as a dependent of an eligible employee.

Note: Under Section 22.004, Texas Education Code, and TRS rules, an employee who is participating in TRS-ActiveCare is entitled to continue participating in TRS-ActiveCare if the employee resigns after the end of the instructional year and, at the time of the effective date of the resignation, is in good standing with TRS-ActiveCare. TRS Rule 41.38, Texas Administrative Code, will be applied by TRS-ActiveCare in determining the appropriate termination date of TRS-ActiveCare coverage. This is important when planning for retirement and determining when your TRS-Care coverage will begin. Discuss your options for health coverage with your employer when planning for retirement.

Eligible dependents include:

- Your spouse (including a common law spouse)
- A child under the age of 26, who is one of the following:
  - A natural child
  - An adopted child or a child who is lawfully placed for legal adoption
  - A stepchild
  - A foster child
  - A child under the legal guardianship of the employee
- "Any other child" under the age of 26 in a regular parent-child relationship with the employee (other than a child described in the previous category), meeting all four of the following requirements:
  1. The child's primary residence is the household of the employee;
  2. The employee provides at least 50% of the child's support;
  3. Neither of the child's natural parents resides in that household; and
  4. The employee has the legal right to make decisions regarding the child's medical care.
- A grandchild under age 26 whose primary residence is the household of the employee and who is a dependent of the employee for federal income tax purposes for the reporting year in which coverage of the grandchild is in effect.
- A child (age 26 or over) of a covered employee, may be eligible for dependent coverage, provided that the child is either mentally or physically incapacitated to such an extent to be dependent on the employee on a regular basis as determined by TRS, and meets other requirements as determined by TRS.

Note: The employee (and the dependent's attending physician) must complete a *Request for Continuation of Coverage for Handicapped Child Form* and *Attending Physician's Statement* to provide satisfactory proof of the disability and dependency. The forms are available on the TRS-ActiveCare website at **www.trsactivecareaetna.com** and must be submitted no later than 31 days after the date the child turns 26. To avoid any gap in coverage, the form must be submitted and approved prior to the end of the month the child turns 26.

A dependent does not include a brother or a sister of an employee unless the brother or sister is an individual under 26 years of age who is either: (1) under the legal guardianship of an employee, or (2) in a regular parent-child relationship with an employee, as defined in the "any other child" category above. Parents and grandparents of the covered employee **do not** meet the definition of an eligible dependent.

Note: It is against the law to elect coverage for an ineligible person. Violations may result in prosecution and/or expulsion from the TRS-ActiveCare program for up to five years.

What is CHIP and is it available to my family?

Currently, families may qualify for low-cost children's health insurance through the Children's Health Insurance Program (CHIP). To apply, call CHIP at **1-800-647-6558**, 211 or log in to **www.chipmedicaid.org**

Note: A child cannot receive coverage under both TRS-ActiveCare and CHIP.

How to enroll

You must actively enroll or decline coverage this year because your present plan election will not carry forward to the new plan year (September 1, 2015 – August 31, 2016). Consequently, if you do not enroll during the enrollment period, you will not have coverage effective September 1, 2015; your current coverage will end on August 31, 2015 and you will not be able to enroll for coverage in the 2015-2016 plan year, unless you have an applicable special enrollment event. See page 21 for more information on what qualifies as a special enrollment event.

Follow these steps to enroll:

1. Using the information included in this Guide as well as employee contribution amounts provided by your district/entity, choose the health plan option that is right for you.
2. You must make an election or declination this year. Your district/entity will tell you the steps to enroll using one of the available options:
   a. The ability to enroll online through WellSystems. WellSystems, a specialty partner of Aetna, provides user-friendly tools for enrollment. You will be provided with instructions for logging in to the web portal and will be walked through the process. If you are currently covered, you will find your information including address, dependents, plan and coverage type already entered. The system will allow you to change your address, who you are covering and your plan. You can print a confirmation of your enrollment when you are finished.
   b. You can also enroll or change your enrollment using the *Enrollment Application and Change Form* available from your Benefits Administrator or on the TRS-ActiveCare website at **www.trsactivecareaetna.com**. Submit the completed, signed and dated form to your Benefits Administrator within the required enrollment period(s).
3. Even if you are not accepting available coverage through TRS-ActiveCare, please complete sections 1, 2 and 6 of the *Enrollment Application and Change Form* and note that you are declining health coverage for yourself and/or your dependents.

Note: Some districts/entities may offer electronic enrollment through a web portal other than WellSystems. If so, you will not need to use the WellSystems enrollment portal or submit an *Enrollment Application and Change Form*. **See your Benefits Administrator for details**. Please keep a copy of any confirmation of coverage you receive from the other electronic enrollment system.

If you are enrolling in TRS-ActiveCare for the first time, you will need to enroll online through the WellSystems enrollment portal, a different electronic enrollment web portal offered by your entity, or complete, sign and submit an *Enrollment Application and Change Form* to your Benefits Administrator before:

- The end of the plan enrollment period, or
- 31 calendar days after your actively-at-work date, or
- 31 calendar days after a special enrollment event (Special rules apply to adding newborns; see page 21 for more information)

New Hires – New hires have 31 calendar days after the first day of employment to select health coverage through TRS-ActiveCare. New hires may choose their actively-at-work date (the date they start to work) or the first of the month following their actively-at-work date as their effective date of coverage. If choosing the actively-at-work date, the full premium for the month will be due; premiums are not prorated.

For districts/entities not using the WellSystems enrollment portal, the *Enrollment Application and Change Form* is available online or from your Benefits Administrator

You can complete the online version as follows:

1. Visit the TRS web site at **www.trsactivecareaetna.com**.
2. On the top of the home page, click on "Documents & Forms."
3. The *Enrollment Application and Change Form* is the first form listed. Click on it.
4. Enter your information in the application. Please make sure to provide and complete all of the information requested.
5. Print the application.
6. Sign, date and submit the application to your Benefits Administrator.

Forms should be returned to your Benefits Administrator. ***If you do not actively make an election through the WellSystems enrollment portal or return your Enrollment Application and Change Form, you will not have coverage for the 2015-2016 plan year.*** Please pay close attention to any benefit changes from last year as you make your plan choices. Your employee contribution will be adjusted to reflect any rate change that becomes effective on September 1, 2015.

What if I choose not to enroll in TRS-ActiveCare? TRS believes it is very important for everyone to have health coverage. Please keep in mind that if you decline coverage in TRS-ActiveCare, you will not be able to elect coverage in TRS-ActiveCare during the plan year unless you have a special enrollment event, such as a marriage, birth or adoption of a child or a loss of other coverage.
To decline coverage: Follow the instructions in the WellSystems enrollment portal or complete sections 1, 2 and 6 of the *Enrollment Application and Change Form* to voluntarily decline coverage for yourself and any of your dependents and to provide the reason for declining. Sign and submit the form to your Benefits Administrator.

Any decision you make, including the decision not to enroll, stays in effect for the entire plan year, unless you have a special enrollment event.

Note: If you enroll during the year due to "loss of other coverage," via the WellSystems enrollment web portal or submit an *Enrollment Application and Change Form*, your original application will be checked to verify that coverage was declined (in the web portal or in section 6 of the Form) due to other coverage.

Making changes/special enrollment events

During the plan year, you can only change plan options or add or change a covered person if you or a dependent have a special enrollment event. Examples of a special enrollment event include gaining a new dependent through marriage, birth, adoption or placement for adoption, or if an individual with other health insurance coverage involuntarily loses that coverage.

Note: An employee cannot change plans when dropping a dependent from TRS-ActiveCare coverage.

Changes in employee and/or dependent coverage must be made within 31 calendar days after the special enrollment event. It is your responsibility to meet any such deadlines. If you do not request the appropriate changes during the applicable special enrollment period, the changes cannot be made until the next plan enrollment period or, if applicable, until another special enrollment event occurs.

For more information on special enrollment events, please refer to the Benefits Booklet or Evidence of Coverage for your plan.

How are newborns covered by TRS-ActiveCare?

TRS-ActiveCare automatically provides coverage for a newborn child of a covered employee for the first 31 days after the date of birth. To add coverage for the newborn, you must either enroll the child through the WellSystems Enrollment Portal or sign, date and submit an *Enrollment Application and Change Form* to your Benefits Administrator **within 60 days after the date of birth**. However, you have up to one year after the newborn's date of birth to add the newborn to coverage if you had "employee and family" or "employee and child(ren)" coverage with TRS-ActiveCare at the time of the newborn's birth. The effective date of coverage for the newborn child is the date of birth. **If the enrollment via WellSystems Enrollment Portal or completed *Enrollment Application and Change Form* is submitted after the enrollment period for the newborn child, the request to add coverage will be denied** – even if there would be no change in premium. Even though the employee has more time to add a newborn to coverage as described immediately above, changing plans must be done within 31 days after the newborn's date of birth (and the plan change becomes effective the first of the month following the date of birth).

Note: Newborn grandchildren are **not** automatically covered by TRS-ActiveCare for the first 31 days; however, a covered employee may enroll eligible newborn grandchildren within 31 days after the newborn's date of birth.

It is not necessary to wait for the newborn's Social Security number to enroll. To add coverage, you should use the WellSystems Enrollment Portal or submit an *Enrollment Application and Change Form* without the newborn's Social Security number, then update the enrollment record via the WellSystems Enrollment Portal or by submitting another *Enrollment Application and Change Form* once the number has been issued.

For more information about the newborn and eligible dependent's effective date of coverage and the amount of monthly premium, please refer to the Benefits Booklet or Evidence of Coverage for your plan.

Initial notice about special enrollment rights in your group health plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about a very important provision in the program. You have the right to enroll in the program under its "special enrollment provisions" if (i) you acquire a new dependent or if (ii) you decline coverage under this program for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Special enrollment provisions

Loss of other coverage (excluding Medicaid or a state Children's Health Insurance Program)

If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other available group health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this program if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops all contributions towards other coverage for you and your dependents). However, you must request enrollment, and Aetna must receive your request, within 31 days after coverage ends for you or your dependents (or you move out of the prior plan's HMO service area, or after the employer stops all contributions toward the other coverage, including employer paid COBRA paid premiums).

Loss of coverage for Medicaid or a state Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under the Texas Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this program if you or your dependents lose eligibility for that other coverage. However, you must request enrollment, and Aetna must receive your request, within 60 days after your or your dependents' coverage ends under Medicaid or a state Children's Health Insurance Program.

Loss of coverage as a result of a lifetime limit on all benefits

You or your spouse or dependents may also have special enrollment rights in this program at the time a claim is denied by another group health program as a result of a lifetime limit on all benefits in the other group health program. However, you must request enrollment, and Aetna must receive your request, within 31 days after the claim has been denied by the other group health program.

New dependent by marriage, birth, adoption or placement for adoption

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in this program. However, you must request enrollment, and Aetna must receive your request, within 31 days after the marriage, birth,* adoption or placement for adoption.

**Special rules apply to newborns; refer to your TRS-ActiveCare Benefits Booklet or the HMO's Evidence of Coverage.*

Eligibility for state premium assistance for enrollees (HIPP) of Medicaid or a state Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state Children's Health Insurance Program with respect to coverage under this program, you may be able to enroll yourself and your dependents in this program. However, you must request enrollment, and Aetna must receive your request, within 60 days after the determination is made concerning eligibility for such assistance for you or your dependents.

Additional Information

To request special enrollment or obtain more information, call the TRS-ActiveCare Customer Service phone number on the back of your TRS-ActiveCare ID card.

Medicare Beneficiaries and Medicare Part D

Effective January 1, 2006, a Medicare prescription drug plan, called Medicare Part D has provided and continues to provide Medicare benefits for prescription drugs to those Medicare beneficiaries who enroll in Part D. Medicare Part D is an optional benefit and is available only to individuals who have Medicare Part A and/or Part B. TRS-ActiveCare coverage will not be affected by enrollment in Medicare Part D for these individuals. That is, your TRS-ActiveCare coverage will continue to be your primary coverage; Medicare Part D will be secondary. However, the TRS-ActiveCare plan you have may influence your decision on whether or not to enroll in Medicare Part D. The Centers for Medicare & Medicaid Services (CMS) administers Medicare and a link to their website is available on the TRS-ActiveCare page of the TRS website: **www.trs.state.tx.us**. If you or your dependent is covered by TRS-ActiveCare and is at least age 65, you will receive additional information on Medicare Part D from TRS (if covered by ActiveCare 1-HD, ActiveCare Select, or ActiveCare 2) or from your HMO plan before the end of the calendar year 2015.

For Medicare-eligible individuals and individuals expecting to be Medicare-eligible this plan year:

- The ActiveCare 1-HD, ActiveCare Select and ActiveCare 2 plans have been determined to be creditable coverage for Medicare Part D purposes under current Medicare guidelines.
- Each HMO has determined that the coverage it is offering is creditable coverage for Medicare Part D purposes under current Medicare guidelines.
- Disclosure notices are posted on the Creditable Coverage web page at **www.cms.hhs.gov/creditablecoverage**.
- Questions about Medicare Part D should be directed to Medicare at **1-800-MEDICARE (1-800-633-4227)**.

Notice of Privacy Practices

The Teacher Retirement System of Texas (TRS) administers your health benefits plan and your pension plan pursuant to federal and Texas law. This notice is required by the Privacy Regulations adopted pursuant to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH).

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully. This notice also sets out TRS' legal obligations concerning your health information. Additionally, this notice describes your rights to control your health information.

Please contact in writing the Privacy Officer, at the following address, if you have questions or want additional information about the privacy practices described in this notice:

Privacy Officer
Teacher Retirement System of Texas
1000 Red River Street
Austin, Texas 78701

Federal law requires TRS to maintain and protect the privacy of your health information. Your protected health information is individually identifiable health information, including genetic information and demographic information, collected from you or created or received by TRS that relates to:

- Your past, present or future physical or mental health or condition;
- The health care you receive; or
- The past, present or future payment for the provision of health care for you.

Unsecured protected health information is protected health information that is not secured through the use of a technology or methodology that renders the protected health information unusable, unreadable or indecipherable.

The effective date of this notice was April 14, 2003 and has been revised effective April 1, 2013. Texas law already makes your member information, including your protected health information, confidential. Therefore, following the original implementation of this notice and the implementation of this notice as revised, TRS did not and is not changing the way that it protects your information. On April 14, 2003, the new rights and other terms in this notice, as originally drafted, automatically applied. Likewise, as subsequently revised, the rights and other terms of this notice continue to automatically apply. You do not need to do anything to get privacy protection for your health information.

Federal law requires that TRS provide you with this notice about its privacy practices and its legal duties regarding your protected health information. This notice explains how, when and why TRS uses and discloses your protected health information. By law, TRS must follow the privacy practices that are described in the most current privacy notice.

TRS reserves the right to change its privacy practices and the terms of this notice at any time. Changes will be effective for all of your protected health information that TRS maintains. If TRS makes an important change that affects what is in this notice, TRS will mail you a new notice within 60 days of the change. This notice is on the TRS website, and TRS will post any new notice on its website at **www.trs.state.tx.us.**

How TRS may use and disclose your protected health information

Certain uses and disclosures do not require your written permission.

For any use or disclosure of your protected health information that is described immediately below, TRS and/or Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare may use and disclose your protected health information without your written permission (an authorization).

For all activities that are included within the definitions of "payment," "treatment" and "health care operations" as set out in 45 C.F.R. Section 164.501, including the following noted below. This notice does not contain all of the activities found within these definitions; refer to 45 C.F.R. Section 164.501 for a complete list. When "TRS" is used below in describing these reasons, the auditors, actuarial consultants, lawyers, health plan administrators and pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare are intended to be included.

- **For treatment.** TRS is not a medical provider and does not directly participate in decisions about what kind of health treatment you should receive. TRS also does not maintain your current medical records. However, TRS may disclose your protected health information for treatment purposes. For example, TRS may disclose your protected health information if your doctor asks that TRS disclose the information to another doctor to help in your treatment.
- **For payment.** Here are two examples of how TRS might use or disclose your protected health information for payment: First, TRS may use or disclose your information to prepare a bill for medical services to you or another person or company responsible for paying the bill. The bill may include information that identifies you, the health services you received, and why you received those services. Second, TRS could use or disclose your protected health information to collect your premium payments.
- **For health care operations.** TRS may use or disclose your protected health information to support health plan administration functions. TRS may provide your protected health information to its accountants, attorneys, consultants and others in order to make sure TRS is complying with the laws that affect it. For example, your protected health information may be given to people looking at the quality of the health care you received. Another example of health care operations is TRS using and sharing this information to manage its business and perform its administrative activities.
- **When federal, state or local law, judicial or administrative proceedings, or law enforcement requires a use or disclosure.** For example, upon receipt of your request for disability retirement benefits, TRS and members of the Medical Board may use your protected health information to determine if you are entitled to a disability retirement. TRS may disclose your protected health information:
  - To a federal or state criminal law enforcement agency that asks for the information for a law enforcement purpose;
  - To the Texas Attorney General to collect child support or to ensure health care coverage for your child;
  - In response to a subpoena if the TRS Executive Director determines that you will have a reasonable opportunity to contest the subpoena;
  - To a governmental entity, an employer, or a person acting on behalf of the employer, to the extent that TRS needs to share the information to perform TRS' business;
  - To the Texas Legislature or agencies of the state or federal government, including, but not limited to health oversight agencies for activities authorized by law, such as audits; investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs, and (iv) compliance with civil rights laws;
  - To a public health authority for the purpose of preventing or controlling disease; and
  - If required by other federal, state or local law.
- **For specific government functions.** TRS may disclose protected health information of military personnel and veterans in certain situations. TRS may also disclose protected health information to authorized federal officials for conducting national security, such as protecting the President of the United States, or conducting intelligence activities, or to the Texas Legislature or agencies of the state or federal government, including, but not limited to health oversight agencies, for activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, civil, administrative, or criminal proceedings or actions, or other activities. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs, and (iv) compliance with civil rights laws.
- **Business associates.** TRS has contracts with individuals and companies (business associates) that help TRS in its business of providing health care coverage and in making disability retirement benefit decisions. For example, several companies assist TRS with the TRS-Care and TRS-ActiveCare programs: Aetna, Caremark, Express Scripts and Gabriel, Roeder, Smith and Company. Some of the functions these companies provide are: performing audits; performing actuarial analysis; adjudication and payment of claims; customer service support; utilization review and management; coordination of benefits; subrogation; pharmacy benefit management; and technological functions. TRS may disclose your protected health information to its business associates so that they can perform the services that TRS has asked them to do. To protect your health information, however, TRS requires that these companies follow the same rules that are set out in this notice and to notify TRS in the event of a breach of your unsecured protected health information.

- **Executor or administrator.** TRS may disclose your protected health information to the executor or administrator of your estate.
- **Health-related benefits.** TRS or one of its business associates may contact you to provide appointment reminders. They may also contact you to give you information about treatment alternatives or other health benefits or services that may be of interest to you.
- **Legal proceedings.** TRS may disclose your protected health information: (1) in the course of any judicial or administrative proceeding, including, but not limited to, an appeal of denial of coverage or benefits; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized by law); and (3) because it is necessary to provide evidence of a crime that occurred on our premises.
- **Coroners, medical examiners, funeral directors and organ donation.** TRS may disclose protected health information to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. TRS also may disclose, as authorized by law, protected health information to funeral directors so that they may carry out their duties. Further, TRS may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.
- **Research.** TRS may disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.
- **To prevent a serious threat to health or safety.** Consistent with applicable federal and state laws, TRS may disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Inmates.** If you are an inmate of a correctional institution, TRS may disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.
- **Workers' compensation.** TRS may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.
- **To your personal representative.** TRS may provide your protected health information to a person representing or authorized by you, or any person that you tell TRS in writing is acting on your behalf. For this purpose, a person acts on your behalf by being involved in your health care or in the payment for your health care.
- **To an entity assisting in disaster relief.** TRS may also disclose your protected health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your protected health information, then TRS may, using our professional judgment, determine whether the disclosure is in your best interest. TRS will attempt to gain your personal authorization when possible before making such disclosures.

Certain disclosures that TRS is required to make.
The following is a description of disclosures that TRS is required by law to make:

- **Disclosures to the Secretary of the U.S. Department of Health and Human Services.** TRS is required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Regulations.
- **Disclosures to you.** TRS is required to disclose to you most of your protected health information in a "designated record set" when you request access to this information, including information maintained electronically. Generally, a "designated record set" contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. TRS is also required to provide, upon your request, an accounting of the disclosures of your protected health information. In many cases, your protected health information will be in the possession of a plan administrator or pharmacy benefits manager. If you request protected health information, TRS will work with the administrator or pharmacy benefits manager to provide your protected health information to you.

Certain uses and disclosures of genetic information that cannot be made.
TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare are prohibited from using or disclosing genetic information for underwriting purposes.

Certain uses and disclosures of protected health information that will not be made.
The following uses and disclosures of protected health information will not be made by TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare:

- Uses and disclosures that constitute marketing purposes;
- Uses and disclosures that constitute the sale of your protected health information; and
- Uses and disclosures that constitute fundraising purposes.

All other uses and disclosures require your prior written authorization.
The following uses and disclosures will be made by TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare only with a written permission (an authorization) from you:

- Most uses and disclosures of psychotherapy notes; and
- For any other use or disclosure of your protected health information that is not described in this notice.

If you provide TRS with such an authorization, you may cancel (revoke) the authorization in writing at any time, and this revocation will be effective for future uses and disclosures of your protected health information. Revoking your written permission will not affect a use or disclosure of your protected health information that TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare already made, based on your written authorization.

Your rights

The following is a description of your rights with respect to your protected health information:

- **The right to request limits on uses and disclosures of your protected health information.** You can ask that TRS limit how it uses and discloses your protected health information. TRS will consider your request *but is not required to agree to it.* If TRS agrees to your request, TRS will put the agreement in writing and will follow the agreement unless you need emergency treatment, and the information that you asked to be limited is needed for your emergency treatment. You cannot limit the uses and disclosures that TRS is legally required to make.

  If you are enrolled in TRS-ActiveCare, you may request a restriction by writing to: Aetna Legal Support Services, 152 Farmington Avenue, W121, Hartford, CT 06156-9998. In your request, state: (1) the information whose disclosure you want to limit, and (2) how you want to limit our use and/or disclosure of the information.

  If you are enrolled in TRS-Care, you may request a restriction by writing to: Aetna Legal Support Services, 152 Farmington Avenue, W121, Hartford, CT 06156-9998. In your request, state: (1) the information whose disclosure you want to limit, and (2) how you want to limit our use and/or disclosure of the information.

  You have the right to request that your protected health information not be disclosed to TRS if you have paid for the service received in full.

- **The right to choose how TRS sends protected health Information to you.** You can ask that TRS send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, courier service instead of U.S. mail) only if not changing the address or the way TRS communicates with you could put you in physical danger. You must make this request in writing. You must be specific about where and how to contact you. TRS must agree to your request only if:

  - You clearly tell TRS that sending the information to your usual address or in the usual way could put you in physical danger; and
  - You tell TRS a specific alternative address or specific alternative means of sending protected health information to you. If you ask TRS to contact you via an email address, TRS will not send protected health information by email unless it is possible for the protected health information to be encrypted.

- **The right to see and get copies of your protected health information.** You can look at or get copies of your protected health information that TRS has or that a business associate maintains on TRS' behalf. You must make this request in writing. If your protected health information is not on file at TRS and TRS knows where the information is maintained, TRS will tell you where you can ask to see and get copies of your information. You may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set that is in the possession of TRS or a business associate of TRS.

  If you request copies of your protected health information, TRS can charge you a fee for each page copied, for the labor involved in compiling and copying the information, and for postage if you request that the copies be mailed to you. Instead of providing the protected health information you request, TRS may provide you with a summary or explanation of the information, but only if you agree in advance to:

  - Receive a summary or explanation instead of the detailed protected health information; and
  - Pay the cost of preparing the summary or explanation.

  The fee for the summary or explanation will be in addition to any copying, labor and postage fees that TRS may require. If the total fees will exceed $40, TRS will tell you in advance. You can withdraw or change your request at any time.

  TRS may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your protected health information, you may request that the denial be reviewed. TRS will choose a licensed health care professional to review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, the denial will not be reviewable. If this event occurs, TRS will inform you in our denial that the decision is not reviewable.

- **The right to get a list of TRS' uses and disclosures of your protected health information.** You have the right to get a list of TRS' uses and disclosures of your protected health information. By law, TRS is not required to create a list that includes any uses or disclosures:

  - To carry out treatment, payment or health care operations;
  - To you or your personal representative;
  - Because you gave your permission;
  - For national security or intelligence purposes;
  - To corrections or law enforcement personnel; or
  - Made prior to three (3) years before the date of your request, but in no event made before April 14, 2003.

  TRS will respond to your request within 60 days of receiving it. TRS can extend this deadline one time by an additional 30 days. If TRS extends its response time, TRS will tell you in writing the reasons for the delay and the date by which TRS will provide the list. The list will include:

  - The date of the disclosure or use;
  - The person or entity that received the protected health information;
  - A brief description of the information disclosed; and
  - Why TRS disclosed or used the information.

  If TRS disclosed your protected health information because you gave TRS written permission to disclose the information, instead of telling you why TRS disclosed the information, TRS will give you a copy of your written permission. You can get a list of disclosures for free every 12 months. If you request more than one list during a 12-month period, TRS can charge you for preparing the list, including charges for copying, labor, and postage to process and mail each additional list. These fees will be the same as the fees allowed under the Texas Public Information Act. TRS will tell you in advance of the fees it will charge. You can withdraw or change your request at any time.

- **The right to correct or update your protected health information.** If you believe that there is a mistake in your protected health information or that a piece of important health information is missing, you can ask TRS to correct or add the information. You must request the correction or addition in writing.

  Your letter must tell TRS what you think is wrong and why you think it is wrong. TRS will respond to your request within 60 days of receiving it. TRS can extend this deadline one time by an additional 30 days. If TRS extends its response time, it must tell you in writing the reasons for the delay and the date by which TRS will respond.

  Because of the technology used to store information and laws requiring TRS to retain information in its original text, TRS may not be able to change or delete information, even if it is incorrect. If TRS decides that it should correct or add information, it will add the correct or additional information to your records and note that the new information takes the place of the old information. The old information may remain in your record. TRS will tell you that the information has been added or corrected. TRS will also tell its business associates that need to know about the change to your protected health information.

  TRS will deny your request if your request is not in writing or does not have a reason why the information is wrong or incomplete. TRS will also deny your request if the protected health information is:

  - Correct and complete;
  - Not created by TRS; or
  - Not part of TRS' records.

  TRS will send you the denial in writing. The denial will say why your request was denied and explain your right to send TRS a written statement of why you disagree with TRS' denial. TRS' denial will also tell you how to complain to TRS or the Secretary of the Department of Health and Human Services. If you send TRS a written statement of why you disagree with the denial, TRS can file a written reply to your statement. TRS will give you a copy of any reply.

  If you file a written statement disagreeing with the denial, TRS must include your request for an amendment, the denial, your written statement of disagreement, and any reply when TRS discloses the protected health information that you asked to be changed; or TRS can choose to give out a summary of that information with a disclosure of the protected health information that you asked to be changed. Even if you do not send TRS a written statement explaining why you disagree with the denial, you can ask that your request and TRS' denial be attached to all future disclosures of the protected health information that you wanted changed.

- **The right to be notified of a breach of unsecured protected health information.** You have the right to be notified and TRS has the duty to notify you of a breach of your unsecured protected health information. A breach means the acquisition, access, use or disclosure of your unsecured protected health information in a manner not permitted under HIPAA that compromises the security or privacy of your protected health information. If this occurs, you will be provided information about the breach and how you can mitigate any harm as a result of the breach.

- **The right to get this notice.** You can get a paper copy of this notice on request.

- **The right to file a complaint.** If you think that TRS has violated your privacy rights concerning your protected health information, you can file a written complaint with the TRS Privacy Officer by mailing your complaint to:

  Privacy Officer
  Teacher Retirement System of Texas
  1000 Red River Street
  Austin, Texas 78701

  All complaints must be in writing. You may also send a written complaint to:

  Region VI, Office for Civil Rights
  Secretary of the U.S. Department of Health and Human Services
  1301 Young Street, Suite 1169
  Dallas, Texas 75202
  Fax: **214-767-0432**, and email at **OCRComplaint@hhs.gov**

  Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

  Finally, you may send a written complaint to:

  Texas Office of the Attorney General
  P.O. Box 12548
  Austin, Texas, 78711-2548
  1-800-806-2092

  TRS will not penalize or in any other way retaliate against you if you file a complaint.

More information

If you want more information about this notice, how to exercise your rights or how to file a complaint, please contact the TRS Telephone Counseling Center at **1-800-223-8778.** TDD users should call **1-800-841-4497**.