

# 2014-2015 TRS-ActiveCare Plan Highlights

Effective September 1, 2014 through August 31, 2015 | Network Level of Benefits\*



Type of Service	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2
<b>Deductible</b> (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	\$1,000 individual \$3,000 family
<b>Out-of-Pocket Maximum</b> (per plan year; does include medical deductible/any medical copays/coinsurance)	\$6,350 employee only** \$9,200 employee and spouse; employee and child(ren); employee and family**	\$6,350 individual \$9,200 family	\$6,000 individual \$12,000 family
<b>Coinsurance</b> Plan pays (up to allowable amount) Participant pays (after deductible)	80% 20%	80% 20%	80% 20%
<b>Office Visit Copay</b> Participant pays	20% after deductible	\$30 copay for primary \$60 copay for specialist	\$30 copay for primary \$50 copay for specialist
<b>Diagnostic Lab</b> Participant pays	20% after deductible	Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility	Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility
<b>Preventive Care</b> See reverse side for a list of services	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Teladoc Physician Services</b>	\$40 consultation fee (applies to deductible and out-of-pocket maximum)	Plan pays 100%	Plan pays 100%
<b>High-Tech Radiology</b> (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible
<b>Inpatient Hospital</b> (preauthorization required) (facility charges) Participant pays	20% after deductible	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)
<b>Emergency Room</b> (true emergency use) Participant pays	20% after deductible	\$150 copay plus 20% after deductible (copay waived if admitted)	\$150 copay plus 20% after deductible (copay waived if admitted)
<b>Outpatient Surgery</b> Participant pays	20% after deductible	\$150 copay per visit plus 20% after deductible	\$150 copay per visit plus 20% after deductible
<b>Bariatric Surgery</b> Physician charges (only covered if performed at an IOQ facility) Participant pays	\$5,000 copay plus 20% after deductible	Not covered	\$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible
<b>Prescription Drugs</b> Drug deductible (per plan year)	Subject to plan year deductible	\$0 for generic drugs \$200 per person for brand-name drugs	\$0 for generic drugs \$200 per person for brand-name drugs
<b>Retail Short-Term</b> (up to a 31-day supply) • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list) Participant pays	20% after deductible	\$20 \$40*** 50% coinsurance	\$20 \$40*** \$65***
<b>Retail Maintenance</b> (after first fill; up to a 31-day supply) • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list) Participant pays	20% after deductible	\$25 \$50*** 50% coinsurance	\$25 \$50*** \$80***
<b>Mail Order and Retail-Plus</b> (up to a 90-day supply) • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list) Participant pays	20% after deductible	\$45 \$105*** 50% coinsurance	\$45 \$105*** \$180***
<b>Specialty Drugs</b> Participant pays	20% after deductible	20% coinsurance per fill	\$200 per fill (up to 31-day supply) \$450 per fill (32- to 90-day supply)
<b>Monthly Premium Cost</b> Employee only Employee and spouse Employee and child(ren) Employee and family	\$325 \$850 \$572 \$1,145	\$450 \$1,044 \$709 \$1,238	\$555 \$1,287 \$875 \$1,323

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician. \*Illustrates benefits when network providers are used. For some plans non-network benefits are also available; see Enrollment Guide for more information. Non-contracting providers may bill for amounts exceeding the allowable amount for covered services. Participants will be responsible for this balance bill amount, which may be considerable. \*\*Includes prescription drug coinsurance \*\*\*If the patient obtains a brand-name drug when a generic equivalent is available, the patient will be responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug.

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## TRS-ActiveCare Plans – Preventive Care

Preventive Care Services	Network Benefits When Using Network Providers (Provider must bill services as “preventive care”)		
	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2 Network
<p>Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (USPSTF)</p> <p>Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) with respect to the individual involved</p> <p>Evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for infants, children and adolescents. Additional preventive care and screenings for women, not described above, as provided for in comprehensive guidelines supported by the HRSA.</p> <p>For purposes of this benefit, the current recommendations of the USPSTF regarding breast cancer screening and mammography and prevention will be considered the most current (other than those issued in or around November 2009).</p> <p>The preventive care services described above may change as USPSTF, CDC and HRSA guidelines are modified.</p> <p>Examples of covered services included are routine annual physicals (one per year); immunizations; well-child care; breastfeeding support, services and supplies; cancer screening mammograms; bone density test; screening for prostate cancer and colorectal cancer (including routine colonoscopies); smoking cessation counseling services and healthy diet counseling; and obesity screening/counseling.</p> <p>Examples of covered services for women with reproductive capacity are female sterilization procedures and specified FDA-approved contraception methods with a written prescription by a health care practitioner, including cervical caps, diaphragms, implantable contraceptives, intra-uterine devices, injectables, transdermal contraceptives and vaginal contraceptive devices. Prescription contraceptives for women are covered under the pharmacy benefits administered by Caremark. To determine if a specific contraceptive drug or device is included in this benefit, contact Customer Service at <b>1-800-222-9205</b>. The list may change as FDA guidelines are modified.</p>	Plan pays 100% (deductible waived)	Plan pays 100% (deductible waived; no copay required)	Plan pays 100% (deductible waived; no copay required)
<p><b>Annual Vision Examination</b> (one per plan year; performed by an ophthalmologist or optometrist using calibrated instruments) Participant pays</p>	After deductible, plan pays 80%; participant pays 20%	\$60 copay for specialist	\$50 copay for specialist
<p><b>Annual Hearing Examination</b> Participant pays</p>	After deductible, plan pays 80%; participant pays 20%	\$30 copay for primary \$60 copay for specialist	\$30 copay for primary \$50 copay for specialist

**Note:** Covered services under this benefit must be billed by the provider as “preventive care.” If you receive preventive services from a non-network provider, you will be responsible for any applicable deductible and coinsurance under the ActiveCare 1-HD and ActiveCare 2. There is no coverage for non-network services under the ActiveCare Select plan.

### TRS-ActiveCare 3 to be discontinued effective September 1, 2014

The Teacher Retirement System of Texas (TRS) regularly reviews the TRS-ActiveCare plan options to ensure the plans meet the health care needs of public school employees and their families. Based on this review, TRS will eliminate the ActiveCare 3 option for the 2014-2015 plan year.