

# TRS-ActiveCare 2018-19 what's new & what's changing



Medical Coverage	TRS-ActiveCare-1HD		TRS-ActiveCare Select/ ActiveCare Select Whole Health		TRS-ActiveCare 2 <small>Note: This is a closed plan. Only participants presently enrolled in ActiveCare 2 are eligible to remain in this plan for 2018-19. No new enrollments will be allowed.</small>	
	2017 – 18 Plan Year	2018 – 19 Plan Year	2017 – 18 Plan Year	2018 – 19 Plan Year	2017 – 18 Plan Year	2018 – 19 Plan Year
<b>In-network deductible</b> Individual/Family	\$2,500/\$5,000	\$2,750/\$5,500	\$1,200/\$3,600	No change	\$1,000/\$3,000	No change
<b>In-network out-of-pocket max</b> Individual/Family	\$6,550/\$13,100	\$6,650/\$13,300	\$7,150/\$14,300	\$7,350/\$14,700	\$7,150/\$14,300	\$7,350/\$14,700
<b>Out-of-network deductible</b> Individual/Family	\$5,000/\$10,000	\$5,500/\$11,000	N/A	N/A	\$2,000/\$6,000	No change
<b>Out-of-network out-of-pocket max</b> Individual/Family	\$13,100/\$26,200	\$13,300/\$26,600	N/A	N/A	\$14,300/\$28,600	\$14,700/\$29,400
<b>Specialist office visit</b>	20% after deductible	No change	\$60 copay	\$70 copay	\$50 copay	\$70 copay
<b>ER copay</b>	20% after deductible	No change	\$200 copay plus 20% after deductible	\$250 copay plus 20% after deductible	\$200 copay plus 20% after deductible	\$250 copay plus 20% after deductible
<b>NEW Freestanding ER</b>	20% after deductible	\$500 copay plus 20% after deductible	\$200 copay plus 20% after deductible	\$500 copay plus 20% after deductible	\$200 copay plus 20% after deductible	\$500 copay plus 20% after deductible
<b>Quest diagnostic lab</b>	20% after deductible	No change	Plan pays 100%	20% after deductible	Plan pays 100%	20% after deductible
<b>Prescription Coverage</b>						
<b>Retail</b> (up to 31-days supply) No change to generic or preferred brand Non-preferred brand	20% after deductible	50% after deductible	50% after RX deductible	No change	\$65 copay	50% after RX deductible (min \$65*, max \$130)
<b>Retail maintenance</b> (after 1st fill; up to 31-days supply) No change to generic or preferred brand Non-preferred brand	20% after deductible	50% after deductible	50% after RX deductible	No change	\$90 copay	50% after RX deductible (min \$90*, max \$180)
<b>Mail order &amp; Retail-Plus</b> (up to 90-days supply) No change to generic or preferred brand Non-preferred brand	20% after deductible	50% after deductible	50% after RX deductible	No change	\$180 copay	50% after RX deductible (min \$180*, max \$360)
<b>Specialty prescription drug</b>	20% after deductible	No change to coinsurance Limited to a 31-day supply per fill	20% after RX deductible	No change to coinsurance Limited to a 31-day supply per fill	\$200 (up to 31 day fill) \$450 (32-90 day fill)	20% after RX deductible (min \$200*, max \$900) Limited to a 31-day supply per fill

\*If the cost of the drug is less than the minimum, you will pay the cost of the drug.

## HMO Changes

Medical Coverage	BCBSTX		FirstCare		Scott and White	
	2017 – 18 Plan Year	2018 – 19 Plan Year	2017 – 18 Plan Year	2018 – 19 Plan Year	2017 – 18 Plan Year	2018 – 19 Plan Year
<b>Out-of-pocket maximum</b> Individual/Family	\$4,500/\$9,000	No change	\$6,000/\$12,000	\$7,350/\$14,700	\$6,550/\$13,100	\$7,000/\$14,000
<b>PCP copay</b>	\$25	No change	\$20	No change	\$20	\$15
<b>Specialist copay</b>	\$60	No change	\$60	No change	\$50	\$70
<b>Urgent Care copay</b>	\$75	No change	\$75	No change	\$55	\$50
<b>ER copay</b>	20% after deductible	No change	\$500 copay after deductible	No change	\$150 copay plus 20% after deductible	\$250 copay plus 20% after deductible
<b>Prescription Coverage</b>						
<b>Specialty prescription drug</b>	20% after RX deductible	No change	20% after RX deductible	No change	20% after RX deductible	Tier 1 and 2–15% after RX deductible Tier 3–25% after RX deductible

## TRS-ActiveCare Premium Changes

### New 2018–19 Premiums

TRS-ActiveCare Monthly Premium	TRS-ActiveCare 1-HD		TRS-ActiveCare Select/ ActiveCare Select Whole Health		TRS-ActiveCare 2	
	Full monthly Premium*	Cost after state/ district contribution**	Full monthly Premium*	Cost after state/ district contribution**	Full monthly Premium*	Cost after state/ district contribution**
Individual	\$367	\$142	\$540	\$315	\$782	\$557
+Spouse	\$1,035	\$810	\$1,327	\$1,102	\$1,855	\$1,630
+Children	\$701	\$476	\$876	\$651	\$1,163	\$938
+Family	\$1,374	\$1,149	\$1,668	\$1,443	\$2,194	\$1,969

### Current 2017–18 Premiums

TRS-ActiveCare Monthly Premium	TRS-ActiveCare 1-HD		TRS-ActiveCare Select/ ActiveCare Select Whole Health		TRS-ActiveCare 2	
	Full monthly Premium*	Cost after state/ district contribution**	Full monthly Premium*	Cost after state/ district contribution**	Full monthly Premium*	Cost after state/ district contribution**
Individual	\$351	\$126	\$514	\$289	\$714	\$489
+Spouse	\$991	\$766	\$1,264	\$1,039	\$1,694	\$1,469
+Children	\$671	\$446	\$834	\$609	\$1,062	\$837
+Family	\$1,316	\$1,091	\$1,589	\$1,364	\$2,004	\$1,779

## HMO Premium Changes

### New 2018–19 Premiums

Monthly Premium	BCBSTX		FirstCare		Scott and White	
	Full monthly Premium*	Cost after state/ district contribution**	Full monthly Premium*	Cost after state/ district contribution**	Full monthly Premium*	Cost after state/ district contribution**
Individual	\$474.02	\$249.02	\$534.04	\$309.04	\$578.36	\$353.36
+Spouse	\$1,146.83	\$921.83	\$1,348.92	\$1,123.92	\$1,353.40	\$1,128.40
+Children	\$742.19	\$517.19	\$849.76	\$624.76	\$908.06	\$683.06
+Family	\$1,216.42	\$991.42	\$1,385.36	\$1,160.36	\$1,509.56	\$1,284.56

### Current 2017–18 Premiums

Monthly Premium	BCBSTX		FirstCare		Scott and White	
	Full monthly Premium*	Cost after state/ district contribution**	Full monthly Premium*	Cost after state/ district contribution**	Full monthly Premium*	Cost after state/ district contribution**
Individual	\$460.50	\$235.50	\$514.82	\$289.82	\$561.04	\$336.04
+Spouse	\$1,113.72	\$888.72	\$1,287.60	\$1,062.60	\$1,263.08	\$1,038.08
+Children	\$720.86	\$495.86	\$816.07	\$591.07	\$888.42	\$663.42
+Family	\$1,181.28	\$956.28	\$1,298.52	\$1,073.52	\$1,400.98	\$1,175.98

\*If you are not eligible for the state/district subsidy, you will pay the full monthly premium. Contact your Benefits Administrator for your monthly premium.

\*\*The cost after state, \$75, and district, \$150, contribution is the maximum you may pay per month. Ask your Benefits Administrator for your monthly cost. (This is the amount you will owe each month after all available subsidies are applied to your premium.)