



# Enrollment Guide

2014-2015 Health Plans



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**Questions?  
Call Customer Service**



**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** – TTY number



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



**1-800-321-7947**, 24 hours a day (Mon-Sun)



**1-800-829-6440**, 8 a.m.-6 p.m. CT (Mon-Fri)

This 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, 2014 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 2014-2015 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 Valley Baptist Insurance Company dba Valley Baptist Health Plans.

Enrollment Period:  
July 21–August 31

## Choosing a plan option

### Welcome to 2014-2015 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 2014-2015 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](http://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.

## What's new

### Aetna and Caremark will be the new plan administrators

Effective September 1, 2014, Aetna will replace Blue Cross and Blue Shield® of Texas as the administrator of the ActiveCare 1-HD, ActiveCare Select and ActiveCare 2 plans. Caremark will replace Express Scripts® as the administrator of our prescription drug benefits.

#### About Aetna

Aetna is one of America's most experienced and progressive health insurance companies. Choosing Aetna to administer TRS-ActiveCare plans means you and your family can enjoy the advantages of:

- **One of America's largest provider networks**
- **One-on-one support** from nurse consultants and other health professionals to help you reach your wellness goals
- **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 for those who travel
- **Enhanced customer** service that helps you better understand and use Aetna benefits, programs and tools, and much more

To get the best view of Aetna resources available to you, visit [www.trsactivecareaetna.com](http://www.trsactivecareaetna.com) for plan and benefit information.

#### About Caremark

Caremark is the largest pharmacy health care provider in the United States. Caremark's network includes more than 64,000 pharmacies nationwide, including chain pharmacies and 20,000 independent pharmacies.

Through Caremark pharmacy services, you can order maintenance and specialty medications online or by phone, and have them delivered directly to you. The Caremark website offers these and other services, including Ask-a-Pharmacist, for answers and information about your medications. To start using these and other features and services, register at [www.caremark.com/trsactivecare](http://www.caremark.com/trsactivecare).

### ActiveCare 3 to be discontinued

Effective September 1, 2014, ActiveCare 3 will be discontinued as a plan option. If you are currently enrolled in ActiveCare 3, you will be automatically enrolled in ActiveCare 2 unless you make a different plan selection by September 1, 2014.

### New plan – ActiveCare Select

ActiveCare Select is a new affordable plan option under TRS-ActiveCare that is designed to meet the essential health benefits required of all health plans, while limiting less frequently used benefits and services. Be sure to check out this new plan's benefits and limitations in the Benefits Summaries and Plan Comparisons section of this Enrollment Guide.

### New ID cards for plan members

#### Aetna

If you enroll in one of the TRS-ActiveCare plan options (i.e., not an HMO), you will receive a new Aetna member ID card in the mail. You will receive the new card even if you are staying in the same TRS-ActiveCare plan option, because your plan will now be administered by Aetna.

The cards are family ID cards – which means up to five covered family members will be listed on the card. If you have more than four dependents, you will receive an additional card displaying your other dependents. If you need more ID cards, call TRS-ActiveCare Customer Service at **1-800-222-9205** and speak to an Aetna Health Concierge. You also may request additional cards (or replacements for lost cards) by logging in to your secure member website, Aetna Navigator® at [www.trsactivecareaetna.com](http://www.trsactivecareaetna.com). You will need to be registered with Aetna Navigator to use its features and tools. Turn to page 12 to learn more.

#### Caremark

Your prescription benefit plan is designed to bring you quality pharmacy care that will help you save money. If you enroll in one of the TRS-ActiveCare plan options, you will receive a new Caremark prescription drug ID card in the mail. You will receive the new card even if you are staying in the same TRS-ActiveCare plan option. Included with the ID card will be Caremark Welcome Kit reflecting your elected prescription benefit plan. If you need to obtain a temporary ID card or order additional cards, you can call **1-800-222-9205** and select option #2 to speak to a Caremark representative, or you can go online at [www.caremark.com/trsactivecare](http://www.caremark.com/trsactivecare).

Be sure to take your prescription ID card to your pharmacy when you get prescription filled for the first time. Your TRS-ActiveCare member number is the same on both your Aetna medical card and your Caremark prescription benefit card, so you may present either card to your pharmacy when you fill a prescription for medications.

### ID card distribution

If you change your plan election after August 11, 2014, you will receive a second set of ID cards in the mail from Aetna and Caremark. The new cards will reflect your updated plan information. Please destroy all old ID cards when you receive your replacement cards. **Please note:** If prior to receiving your second set of Caremark ID cards, you need to fill a prescription beginning September 1, you can use your original Caremark card.

# What's New

## New 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 5.
- Doctor visits through **Teladoc®**. To learn more about this program, see page 11.

## 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

With the 2014-2015 plan year comes new tools to help you choose wisely and save money:

- **Aetna Navigator** – A website where you can check the status of claims, view benefit information, find a doctor and much more.
- **Member Payment Estimator** – This tool lets you find and compare actual costs for common procedures and treatments *before* you receive care.
- **Personal Health Record** – This resource shows the care you have received based on claim data—such as medical procedures, services received, preventive care provided.
- **Mobile Apps** – They keep you connected. iTriage® helps you make sense of your health care options, check a symptom, find the right doctor, even look up ER wait times.
- **Self-Service WellSystems Enrollment Portal** – You will be able to enroll, change your address, review your dependents and plan election. May not apply to district/entity with Third Party Administrators.

## Welcome to your Aetna administered plan

The TRS-ActiveCare plans being offered for the 2014-2015 plan year will be administered by Aetna, a trusted administration support that has served TRS retirees since 1986. The TRS-ActiveCare 1-HD and ActiveCare 2 plans are Aetna Choice POS II plans, which work very much like the PPO plans you are familiar with. 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 similar to an HMO. **You must see network providers for the plan to cover and help pay for care.**

When you receive your new member ID card, you will see "Choice POS II" for ActiveCare 1-HD and ActiveCare 2 or "Aetna Select Open Access" for ActiveCare Select (along with the Accountable Care Organization, if applicable) printed on the front. This identifies the plan you are enrolled in, as well as the provider network associated with it. To find providers in the network, go to [www.trsactivecareaetna.com](http://www.trsactivecareaetna.com) and click "Find a doctor or facility" on the right side of the home page.

We invite you to learn about your Aetna medical plan and take advantage of all it offers for your health and well-being.

## 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	<a href="http://www.trsactivecareaetna.com">www.trsactivecareaetna.com</a>	<b>1-800-222-9205</b>
FirstCare Health Plans	<a href="http://www.firstcare.com/trs">www.firstcare.com/trs</a>	<b>1-800-884-4901</b>
Scott & White Health Plan	<a href="http://www.trs.swhp.org">www.trs.swhp.org</a>	<b>1-800-321-7947</b>
Valley Baptist Health Plans	<a href="http://www.valleybaptisthealthplans.com">www.valleybaptisthealthplans.com</a>	<b>1-800-829-6440</b>

# ActiveCare Medical Benefits Summaries and Plan Comparisons

# ActiveCare Medical Benefits Summaries and Plan Comparisons

Type of Service	ActiveCare 1-HD Network	ActiveCare Select Network
<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
<b>Out-of-Pocket Maximum</b> (per plan year; includes medical deductibles/copays/coinsurance)	\$6,350 employee only*  \$9,200 employee and spouse; employee and child(ren); employee and family*	\$6,350 individual  \$9,200 family
<b>Doctor Office Visits</b>	20% after deductible	\$30 copay for primary  \$60 copay for specialist
<b>Preventive Care</b>	Plan pays 100% (deductible waived)	Plan pays 100% (deductible waived)
<b>Teladoc Physician Services</b>	\$40 consultation fee (applies to deductible and out-of-pocket maximum)	Plan pays 100% (deductible waived)
<b>Diagnostic Lab</b>	20% after deductible	Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility
<b>High-Tech Radiology</b> (CT scan, MRI, nuclear medicine)	20% after deductible	\$100 copay per service plus 20% after deductible
<b>Inpatient Hospital</b> (facility charges)	20% after deductible (preauthorization required)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; preauthorization required)
<b>Inpatient Hospital</b> (physician/surgeon fees)	20% after deductible	20% after deductible
<b>Outpatient Surgery</b>	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)	\$5,000 copay plus 20% after deductible	Not covered
<b>Ambulance</b>	20% after deductible	20% after deductible
<b>Emergency Room</b> (true emergency use)	20% after deductible	\$150 copay plus 20% after deductible (copay waived if admitted)
<b>Urgent Care</b>	20% after deductible	\$50 copay per visit plus 20% after deductible
<b>Maternity Care</b> (physician charges; does not include laboratory tests; hospital/facility charges are covered same as inpatient hospital facility charges)	<b>Initial Visit to Confirm Pregnancy</b> 20% after deductible  <b>Routine Prenatal Care</b> Plan pays 100% (deductible waived)  <b>Delivery/Postnatal Care</b> 20% after deductible	<b>Initial Visit to Confirm Pregnancy</b> \$30 copay  <b>Routine Prenatal Care</b> Plan pays 100% (deductible waived)  <b>Delivery/Postnatal Care</b> 20% after deductible
<b>Mental Health/Behavioral Health/Substance Abuse Disorders</b>	<b>Outpatient Services</b> 20% after deductible  <b>Inpatient Services</b> 20% after deductible (preauthorization required)	<b>Outpatient Services</b> \$60 copay  <b>Inpatient Services</b> \$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; preauthorization required)

\*Includes prescription drug coinsurance

ActiveCare 2 Network	Non-Network
\$1,000 individual  \$3,000 family	<b>AC1-HD &amp; AC2:</b> Deductibles same as network <b>AC Select:</b> No coverage for non-network services
\$6,000 per individual  \$12,000 family	<b>AC1-HD &amp; AC2:</b> Out-of-pocket maximums same as network <b>AC Select:</b> No coverage for non-network services
\$30 copay for primary  \$50 copay for specialist	<b>AC1-HD &amp; AC2:</b> 40% after deductible <b>AC Select:</b> Not covered
Plan pays 100% (deductible waived)	<b>AC1-HD &amp; AC2:</b> 40% after deductible <b>AC Select:</b> Not covered
Plan pays 100% (deductible waived)	<b>AC1-HD, AC Select, AC 2:</b> Not applicable
Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility	<b>AC1-HD &amp; AC2:</b> 40% after deductible <b>AC Select:</b> Not covered
\$100 copay per service plus 20% after deductible	<b>AC1-HD:</b> 40% after deductible <b>AC Select:</b> Not covered <b>AC2:</b> \$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)	<b>AC1-HD:</b> 40% after deductible <b>AC Select:</b> Not covered <b>AC2:</b> \$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	<b>AC1-HD &amp; AC2:</b> 40% after deductible <b>AC Select:</b> Not covered
\$150 copay per visit plus 20% after deductible	<b>AC1-HD:</b> 40% after deductible <b>AC Select:</b> Not covered <b>AC2:</b> \$150 copay per visit plus 40% after deductible
\$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible	<b>AC1-HD, AC Select, AC2:</b> Not covered
20% after deductible	<b>AC1-HD &amp; AC2:</b> 20% after deductible <b>AC Select:</b> Not covered
\$150 copay plus 20% after deductible (copay waived if admitted)	<b>AC1-HD &amp; AC2:</b> Same as network <b>AC Select:</b> Same as network
\$50 copay per visit plus 20% after deductible	<b>AC1-HD &amp; AC2:</b> 40% after deductible <b>AC Select:</b> Not covered
<b>Initial Visit to Confirm Pregnancy</b> \$30 copay  <b>Routine Prenatal Care</b> Plan pays 100% (deductible waived)  <b>Delivery/Postnatal Care</b> 20% after deductible	<b>Prenatal Care/Delivery/Postnatal Care</b> <b>AC1-HD &amp; AC2:</b> 40% after deductible <b>AC Select:</b> Not covered
<b>Outpatient Services</b> \$50 copay	<b>Outpatient Services</b> <b>AC1-HD &amp; AC2:</b> 40% after deductible <b>AC Select:</b> Not covered
<b>Inpatient Services</b> \$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year; preauthorization required)	<b>Inpatient Services</b> <b>AC1-HD:</b> 40% after deductible <b>AC Select:</b> Not covered <b>AC2:</b> \$150 copay per day plus 40% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year; preauthorization required)

# ActiveCare Medical Benefits Summaries and Plan Comparisons

## ActiveCare 1-HD and Health Savings Accounts

ActiveCare 1-HD meets the current IRS definition of a high deductible health plan (HDHP) for all tiers of coverage (employee only, employee and spouse, employee and child(ren), and employee and family), and offers plan participants the opportunity to contribute pretax dollars into a health savings account (HSA). An HSA allows individuals to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis.

To be eligible for an HSA, an individual must be covered by an HDHP, must not be covered by other health insurance (does not apply to specific injury insurance and accident, disability, dental care, vision care, long-term care), is not eligible for Medicare and can not 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. Individuals should contact their Benefits Administrator to determine whether an HSA is available through their employer. Individuals can also establish an HSA by working directly with financial institutions offering this product. Many banks and credit unions offer custodial account services for individuals wishing to establish an HSA. TRS does not have a list of these institutions and does not endorse any particular HSA product. Please contact financial institutions serving your area to obtain further information.

## Family deductibles and the differences between plans

A deductible is the amount of out-of-pocket expense that must be paid for health care services by the plan participant before becoming payable by the health plan. For ActiveCare 1-HD, before the plan pays for any of your family's covered medical expenses, the entire amount of the deductible must be met first. It can be

met by one family member or a combination of family members; however, there are no benefits until covered expenses equaling the deductible amount (\$5,000) have been incurred.

For ActiveCare Select and ActiveCare 2 the deductible applies to each covered person individually, up to the maximum per family. For example, under ActiveCare 2, which has a \$1,000 individual and \$3,000 family deductible, if your daughter incurs \$1,000 in medical bills, her deductible is met and the plan will pay any subsequent medical bills for your daughter for the year even though the family deductible of \$3,000 has not been met yet.

### 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:

- Thousands of 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 doctor's offices



# ActiveCare Medical Benefits Summaries and Plan Comparisons

## New TRS-ActiveCare Select plan

ActiveCare Select is a new health plan option available for the 2014-2015 plan year. With ActiveCare Select, you are free to see any network provider without a referral. However, there is **no** coverage if you see a provider who is not in the plan network. The only exception is for a true medical emergency.

There are two networks that make up the ActiveCare Select plan, the Aetna Select (Open Access) network or the Aetna Whole Health<sup>SM</sup> network.

*Aetna Whole Health is an Accountable Care Network. With Aetna Whole Health, you have a health care team of doctors, nurses, therapists and other providers whose goal is to work with you to meet your unique needs and keep you healthy.*

If you live in or around San Antonio, Dallas, Austin, or Houston (in one of the counties listed below) and elect ActiveCare Select as your 2014-2015 plan option, you will be **required** to use providers who belong to the Aetna Whole Health network. If you do not live in one of the counties listed, you must choose providers in the Aetna Select (Open Access) network.

### Locating an ActiveCare Select provider

To find an ActiveCare Select provider go to [www.trsactivecareaetna.com](http://www.trsactivecareaetna.com) and click "Find a doctor or facility, then DocFind." You will then be able to search by provider name, specialty, procedure or condition.

**Important Note:** When searching for providers in the ActiveCare Select plan, **you must choose from a network based on where you live.**

#### If you live in one of these counties...

- Bexar
- Comal
- Guadalupe
- Kendall

- Collin
- Dallas
- Denton
- Ellis
- Parker
- Rockwall
- Tarrant

- Ft. Bend
- Harris
- Montgomery

- Hays
- Travis
- Williamson

#### If you live in a county (not listed above)

#### Choose "TRS-ActiveCare Select/ Aetna Whole Health" in the "Select a Plan" box and then pick:

Baptist Health System and HealthTexas Medical Group

Baylor Scott & White Quality Alliance

Memorial Hermann Accountable Care Network

Seton Health Alliance

#### Choose the "Aetna Open Access TRS-ActiveCare Select" plan in the "Select a Plan" box.

### Aetna Whole Health

#### *Better health, better care, better cost*

This is what Aetna Whole Health is all about. It is a participant-centered approach that may differ from care you have had in the past.

Here are some of the ways it is different. The members of your care team:

- Strive to keep you healthy or improve your health, not just treat you when you are sick or injured
- Can better coordinate your care because they can see how other doctors are treating you, what medicines you are taking, your lab results, your health history and more
- Are up to date on medical guidelines and clinical information so they can spot problems early and develop personalized care plans for you
- Encourage you to play an active and informed role in your health and health care decisions

**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.

**Please note:** If you enroll in the ActiveCare Select plan (Aetna Whole Health) network and move out of the Aetna Whole Health network area during the 2014-2015 plan year, you will remain in the ActiveCare Select plan and may choose providers in the ActiveCare Select (Open Access) network. You will receive a new ID card indicating the network change.

**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](http://www.trsactivecareaetna.com) or call TRS-ActiveCare Customer Service at **1-800-222-9205** to request a copy.

See page 7 for prescription drugs.

# ActiveCare Prescription Drugs Summaries and Plan Comparisons

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

## 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. After your plan year deductible is met, you will pay the applicable copay or coinsurance percentage of the price of the prescription until the out-of-pocket maximum is satisfied.

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. After your plan year deductible is met, you will pay the applicable copay or coinsurance percentage of the price of the prescription until the out-of-pocket maximum is satisfied.

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.

### 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](http://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.



# Prescription Drugs

## 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](http://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](http://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 90-day 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](http://www.caremark.com/trsactivecare). Look for the link to "Ask-a-Pharmacist."



# How the Medical Plans Work

<b>If you need to...</b>		
<b>Visit a doctor or specialist</b> A "specialist" is any physician other than a family practitioner, internist, OB/GYN or pediatrician	<p><b>Network:</b> You pay lower out-of-pocket costs if you choose network care</p> <ul style="list-style-type: none"> <li>Visit any network doctor or specialist</li> <li>Pay the office visit copay (not applicable for ActiveCare 1-HD)</li> <li>Pay any deductible and coinsurance</li> <li>Your doctor cannot charge more than the allowable amounts for covered services</li> </ul>	<p><b>Non-Network:</b></p> <p><b>ActiveCare 1-HD and ActiveCare 2:</b> 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.</p> <p><b>ActiveCare Select:</b> No coverage for non-network care, except for a true emergency.</p> <p><b>ActiveCare 1-HD and ActiveCare 2:</b></p> <ul style="list-style-type: none"> <li>Visit any licensed doctor or specialist</li> <li>Pay for the office visit</li> <li>File a claim and get reimbursed for the visit minus any deductible and coinsurance</li> <li>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.</li> </ul> <p><b>ActiveCare Select:</b> No coverage for non-network care</p>
<b>Receive preventive care</b>	<ul style="list-style-type: none"> <li>Visit any network doctor or specialist</li> <li>Plan pays 100%</li> <li>Your doctor cannot charge more than the allowable amounts for covered services</li> </ul>	<p><b>ActiveCare 1-HD and ActiveCare 2:</b></p> <ul style="list-style-type: none"> <li>Visit any licensed doctor or specialist</li> <li>Pay for the preventive care visit</li> <li>File a claim and get reimbursed for the visit minus any deductible and coinsurance</li> <li>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.</li> </ul> <p><b>ActiveCare Select:</b> No coverage for non-network care</p>
<b>Receive emergency care</b> Use the iTriage mobile app to find an urgent care center or emergency room near you. (See page 12 for more information.)	<ul style="list-style-type: none"> <li>Call 911 or go to any hospital or doctor immediately; you will receive network benefits for emergency care</li> <li>Pay any copay (waived if admitted)</li> <li>Pay any deductible and coinsurance</li> <li>Call the preauthorization number on your ID card within 48 hours</li> </ul>	<p><b>All plans:</b></p> <ul style="list-style-type: none"> <li>Call 911 or go to any hospital or doctor immediately; you will receive network benefits for emergency care</li> <li>Pay any copay (waived if admitted)</li> <li>Pay any deductible and coinsurance</li> <li>Call the preauthorization number on your ID card within 48 hours</li> </ul>
<b>Have lab work</b>	<ul style="list-style-type: none"> <li>Visit a Quest Diagnostics facility</li> <li>ActiveCare Select and ActiveCare 2 Plan pays 100% at Quest; you pay applicable deductible or coinsurance at other facility</li> <li>ActiveCare 1-HD pay applicable deductible and coinsurance</li> </ul>	<p><b>ActiveCare 1-HD and ActiveCare 2:</b></p> <ul style="list-style-type: none"> <li>Visit any licensed facility</li> <li>Pay for the lab work</li> <li>File a claim and get reimbursed for the lab service minus any deductible and coinsurance.</li> <li>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.</li> </ul> <p><b>ActiveCare Select:</b> No coverage for non-network care</p>
<b>Talk to a doctor (Teladoc)</b>	<ul style="list-style-type: none"> <li>Call <b>1-800-Teladoc (835-2362)</b></li> <li>Teladoc doctors diagnose non-emergency medical problems, recommend treatment, call in a prescription to your pharmacy of choice</li> <li>\$40 consultation fee for ActiveCare 1-HD; Plan pays 100% for ActiveCare Select and ActiveCare 2</li> </ul>	<p><b>All plans:</b></p> <p>Not applicable – only available through Teladoc physician service.</p>
<b>Be admitted to the hospital</b>	<ul style="list-style-type: none"> <li>Your network doctor will preauthorize your admission</li> <li>Go to the network hospital</li> <li>Pay any copays, deductible and coinsurance</li> </ul>	<p><b>ActiveCare 1-HD and ActiveCare 2:</b></p> <ul style="list-style-type: none"> <li>You, a family member, your doctor or the hospital must preauthorize your admission</li> <li>Go to any licensed hospital</li> <li>Pay any copays, deductible and coinsurance each time you are admitted</li> </ul> <p><b>ActiveCare Select:</b> No coverage for non-network care</p>
<b>Receive behavioral health or chemical dependency services</b>	<ul style="list-style-type: none"> <li>Call the behavioral health number on your ID card first to authorize all care</li> <li>See a network doctor or health care professional, or go to any network hospital or facility</li> <li>Pay any copays, deductible and coinsurance</li> </ul>	<p><b>ActiveCare 1-HD and ActiveCare 2:</b></p> <ul style="list-style-type: none"> <li>Call the behavioral health number on your ID card first to authorize all care</li> <li>See a non-network doctor or health care professional, or go to any non-network hospital or facility</li> <li>Pay any copays, deductible and coinsurance</li> </ul> <p><b>ActiveCare Select:</b> No coverage for non-network care</p>
<b>File a claim</b>	Claims will be filed for you	<p>You may need to file the claim yourself</p>
<b>Get prescription drugs</b>	<ul style="list-style-type: none"> <li>Take prescription to a network retail pharmacy or use Caremark mail service</li> <li>Pay the required deductible, coinsurance or copay</li> </ul>	<p><b>All Plans:</b></p> <ul style="list-style-type: none"> <li>Take prescription to any licensed pharmacy</li> <li>Pay the total cost of the drug</li> <li>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</li> </ul>

# Tips to Make Your Medical Plan Work for You

## Premarkitization

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](http://www.trsactivecareaetna.com) or call TRS-ActiveCare Customer Service at **1-800-222-9205** and speak to an Aetna Health Concierge.

## Tools to help you make better health care choices

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](http://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 to 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](http://www.trsactivecareaetna.com) and click "Find a doctor or facility" on the home page. Once in DocFind, enter a name, specialty, procedure or condition.

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.

## 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](http://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](http://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](http://www.trsactivecareaetna.com) and register for Aetna Navigator.



# Wellness Resources for ActiveCare 1-HD, ActiveCare Select and ActiveCare 2 Plans

## Helping you live a healthier life

Managing your health is more than just doctor visits and lab tests. Aetna provides the following resources so you and your covered family members can reach your health and wellness goals.

- **24-Hour Nurse Information Line** – Registered nurses are available any time to answer your health-related questions. If an unexpected medical situation arises, a nurse can help you decide if you should call your doctor, or visit the emergency room or an urgent care facility. The nurse can also suggest things you can do until you are able to see your doctor. Call the 24-Hour Nurse Information Line at **1-800-556-1555**.

### Teladoc®

You have phone access to a national network of physicians for non-emergency medical assistance. Teladoc physicians include general practitioners, internists and pediatricians. They can diagnose, treat and prescribe medication for many common medical issues such as the flu.

When your doctor's office is closed or you cannot get to a doctor because of your schedule or location, Teladoc is available by phone, 24 hours a day, 7 days a week.\* Call **1-855-Teladoc (835-2362)**.

And, you will save time and money. The consult is covered at 100% for ActiveCare Select and ActiveCare 2. You will also save under the ActiveCare 1-HD plan.

\*Not available in Idaho per state regulations.



- **Simple Steps To A Healthier Life®** – Start by taking an online Health Assessment to learn more about your current state of health and any risks you may be facing. You will then get a health score, health report and action plan that includes online wellness programs tailored to your needs. These programs provide “simple steps” you can take to eat healthier, lose weight, quit tobacco, manage stress, deal with depression and get a better night’s sleep without medication. To get started, visit [www.trsactivecareaetna.com](http://www.trsactivecareaetna.com) and log in to Aetna Navigator (see page 12). On your Aetna Navigator home page, click “I want to . . . Take a Health Assessment.”

### Get Help to Quit Tobacco

One of the best things you can do for your health is to quit tobacco – and Aetna can help. One of the HealthMedia® online wellness programs that is part of Simple Steps To A Healthier Life is BREATHE®, a smoking cessation program. With BREATHE, you can get help and support to quit tobacco and stay quit. Step by step, you will learn how to reduce cravings, resist relapse and feel healthier.

- **Condition Management** – If you or a family member has been diagnosed with one or more chronic conditions, Aetna Health Connections can provide one-on-one help and support. Registered nurses and other health care professionals work with you and your doctor to 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, osteoporosis, chronic obstructive pulmonary disorder and more.

- **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](http://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.

# Wellness Resources for ActiveCare 1-HD, ActiveCare Select and ActiveCare 2 Plans

## 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.

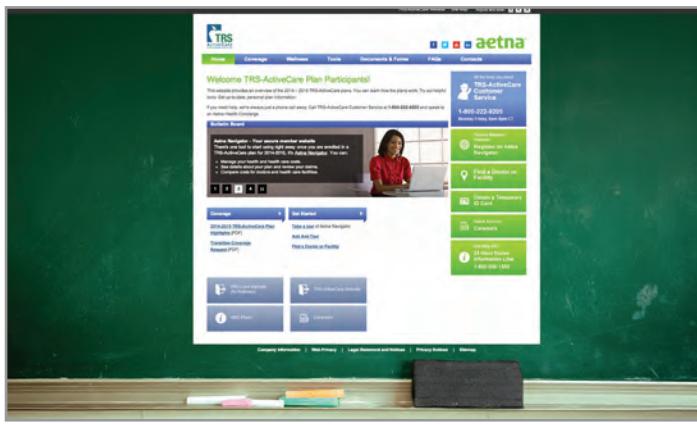
### To register:

Visit [www.trsactivecareaetna.com](http://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
- Link to reliable health information with Aetna IntelHealth® and Aetna SmartSourceSM and much more

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



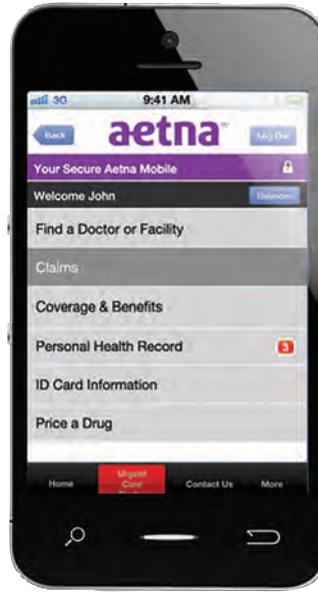
## Personal Health Record

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](http://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® mobile digital devices and Android™-powered phones.\*

**Get it:** Text "Apps" to 44040\*\* OR visit [www.aetna.com/mobile](http://www.aetna.com/mobile).

- **CarePass®** connects you to health and fitness apps you will love. Set goals and track your nutrition, fitness, health and sleep all in one place. Get started with FitBit®, Lose It!, Body Media®, Zipongo and others.

**Get it:** Go to [www.trsactivecareaetna.com](http://www.trsactivecareaetna.com), log in to Aetna Navigator, then click the link on your Aetna Navigator home page to "Get started with CarePass."

- **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](http://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](http://www.caremark.com). On the home page, look for the More Mobile Choices link to "get your App now."

\*Android and Google Play are trademarks of Google, Inc. Apple, and 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

# HMO Benefits Summaries and Plan Comparisons

Type of Service	 FirstCare™ HEALTH PLANS	 SCOTT & WHITE HEALTH PLAN  The one Texans trust.	 Valley Baptist Health Plans <small>AN AFFILIATE OF VALLEY BAPTIST HEALTH SYSTEM</small>
Deductible (per plan year)	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
Out-of-Pocket Maximum (per plan year; includes medical deductibles/copays/coinsurance)	\$450 individual \$1,125 family	\$1,000 individual \$3,000 family	\$500 individual \$1,000 family
Doctor Office Visits	\$20 copay for primary \$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	Prenatal No charge	Prenatal and Postnatal Care \$25 copay for primary \$60 copay for specialist
Mental Health/Behavioral Health/Substance Abuse Disorders	Delivery and Inpatient Services 25% after deductible	Postnatal Care \$20 copay for primary \$50 copay for specialist	Delivery and Inpatient Services 20% after deductible
Drug Deductible (per plan year)	Outpatient Services 25% after deductible (facility) \$20 (physician office visit)	Delivery and Inpatient Services \$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)	Outpatient Services 20% after deductible
Retail Short Term	Inpatient Services 25% after deductible	Outpatient Services \$20 copay for physician	Inpatient Services 20% after deductible
Retail Maintenance	\$100 per individual/\$300 per family  (up to 30-day supply) \$10 – Generic Tier I (drug deductible waived) \$30 – Preferred Tier II after drug deductible \$60 – Non-preferred Tier III after drug deductible	Inpatient Services \$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)  \$100 per individual (generics excluded)  (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	\$100 per individual  (up to 30-day supply) \$10 – Generic \$40* – Preferred \$65* – Non-preferred
Mail Order	(up to 30-day supply) \$10 – Generic Tier I (drug deductible waived) \$30 – Preferred Tier II after drug deductible \$60 – Non-preferred Tier III after drug 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 at participating pharmacies) \$30 – Generic \$120* – Preferred \$195* – Non-preferred
Specialty Medications (Tier IV)	(up to 90-day supply) \$30 – Generic Tier I (drug deductible waived) \$90 – Preferred Tier II after drug deductible \$180 – Non-preferred Tier III after drug 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
Diabetic Supplies	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

**Note:** \*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.

## HMO Plan Service Areas

	 The one Texans trust.	
Service Area – Counties	Service Area – Counties	Service Area – Counties
<p>Customer Service <b>1-800-884-4901</b> 8 a.m. – 6 p.m. CT (Mon-Fri)</p>	<p>Customer Service <b>1-800-321-7947 or 254-298-3000</b> 24 hours a day 7 days a week</p>	<p>Customer Service <b>1-855-463-7264</b> 8 a.m. – 6 p.m. CT (Mon-Fri)</p>
<p><b>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</b></p>	<p><b>Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coke, Coleman, Concho, Coryell, Crockett, Falls, Freestone, Grimes, Hamilton, Hayes, Hill, Hood, Irion, Johnson, Kimble, Lampasas, Lee, Limestone, Llano, Madison, Mason, McCullough, McLennan, Menard, Milam, Mills, Reagan, Robertson, Runnels, San Saba, Schleicher, Somervell, Sterling, Sutton, Tom Green, Travis, Walker, Waller, Washington, Williamson</b></p> <p><b>As well as these partial counties:</b> Includes zip codes (*zip codes may cross into a non-covered county)</p> <p><b>Erath</b> – 76433 76436 76446* 76457 76401* 76690</p> <p><b>Leon</b> – 75833* 77855 75850* 77865* 77871</p> <p><b>Geographical description of partial counties:</b> <b>Erath</b> – 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</p> <p><b>Leon</b> – 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</p>	<p><b>Cameron, Hidalgo, Starr, Willacy</b></p>

# HMO Wellness Resources



## 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.

## FirstCare Member Portal

Log in to the member portal at [www.firstcare.com](http://www.firstcare.com)

- 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



The one Texans trust.

**MyBenefits – Online Tools:** Log in to MyBenefits at [trs.swhp.org](http://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

**VitalCare** – An Approach to Health and Wellness  
24-Hour Nurse Advice Line – **1-877-505-7947**

Online lifestyle management programs

- Succeed Health Risk Assessment
- 9 additional wellness programs

## The Dialog Center Condition Care Guidance Programs

Health Coaches are available to answer your health questions by phone, anytime day or night – **1-877-505-7947**. Or visit [www.trs.swhp.org](http://www.trs.swhp.org) (select VitalCare Health and Wellness Coaching) to see videos for Shared Decision-Making, look up health topics or email your health coach.



AN AFFILIATE OF VALLEY BAPTIST HEALTH SYSTEM

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."

Valley Healthy Partners 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 **956-389-4471**.



# Cost for Coverage

## 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 determined 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 other” 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 must complete an *Application to Split Premium*. This form should be submitted to each 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.

### Gross Monthly Cost – 2014-2015 Plan Year Effective September 1, 2014 through August 31, 2015

ActiveCare Plans	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2
Coverage Category	Total Cost*	Total Cost*	Total Cost*
Employee Only	\$325	\$450	\$555
Employee and Spouse	\$850	\$1,044	\$1,287
Employee and Child(ren)	\$572	\$709	\$875
Employee and Family	\$1,145	\$1,238	\$1,323

HMO Plans	FirstCare Health Plans	Scott & White Health Plan	Valley Baptist Health Plans
Coverage Category	Total Cost*	Total Cost*	Total Cost*
Employee Only	\$390.14	\$452.80	\$400.20
Employee and Spouse	\$977.76	\$1,020.08	\$969.60
Employee and Child(ren)	\$618.94	\$717.32	\$627.14
Employee and Family	\$987.44	\$1,131.50	\$989.22

\*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.

# Enrollment

The plan enrollment period for  
the 2014-2015 plan year is  
July 21-August 31, 2014.

## 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 category immediately above), 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. However, neither of the child's natural parents may reside in the household.
  - 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.trsactivecareetna.com](http://www.trsactivecareetna.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](http://www.chipmedicaid.org)

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

## How to enroll

### 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. If you are presently enrolled in ActiveCare 1-HD or ActiveCare 2 and you do not want to change your plan or your coverage (Employee Only, Employee plus Spouse, Employee and Children or Employee plus Family) you do not need to do anything. Your elections from last year will carry forward to this year.
3. ActiveCare 3 is being discontinued. Therefore, if you are presently enrolled in ActiveCare 3, you will be automatically enrolled in the ActiveCare 2 plan. If you do not want to be enrolled in ActiveCare 2, you must enroll in another plan. Follow directions below in 4 (a. and b.).
4. If you want to make a change, your district/entity will tell you the steps to enroll using one of the available options:
  - a. New this year is 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 into 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](http://www.trsactivecareaetna.com). Submit the completed, signed and dated form to your Benefits Administrator within the required enrollment period(s).
5. 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 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 20 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, 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](http://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.

Who needs to enroll or change via the WellSystems enrollment portal or complete an *Enrollment Application and Change Form*?

- New hires enrolling or declining TRS-ActiveCare coverage
- Employees enrolling for TRS-ActiveCare coverage with a different participating district/entity
- Employees already enrolled, but making changes such as:
  - ▶ Selecting a different TRS-ActiveCare plan option\*
  - ▶ Adding or dropping dependents
  - ▶ Choosing to cancel or decline coverage
  - ▶ Changing name or address or correcting date of birth or social security number
- If you plan to keep the same TRS-ActiveCare coverage, you do not need to submit an *Enrollment Application and Change Form* unless you are transferring to a new participating district/entity.

Forms should be returned to your Benefits Administrator. If you do not change your election through the WellSystems enrollment portal or return your *Enrollment Application and Change Form*, you will automatically be enrolled in the same plan you elected for 2013-2014 (ActiveCare 1-HD or ActiveCare 2) at the same level of coverage. If you are enrolled in ActiveCare 3, you will automatically be enrolled in ActiveCare 2 for 2014-2015 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, 2014.

\*Remember: if you are currently enrolled in ActiveCare 3 and do not want to be transitioned to ActiveCare 2, you must actively enroll in another plan option.

# Enrollment

**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 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 and at enrollment. The effective date of coverage is the date of birth. **If the application 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 add coverage, you should submit an *Enrollment Application and Change Form* without the newborn's social security number and re-submit another 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.

# Important Notices

## 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.

# Important Notices

## Medicare Beneficiaries and Medicare Part D

Effective January 1, 2006, a Medicare prescription drug plan, called Medicare Part D, provides 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](http://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 2014.

### 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 <http://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.

# Important Notices

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](http://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.

# Important Notices

- **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.

# Important Notices

## 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 healthcare 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.

# Important Notices

- **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](mailto: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**.