

# 2015-2016 TRS-ActiveCare Plan Highlights

Effective September 1, 2015 through August 31, 2016 | Network Level of Benefits\*



| Type of Service   | ActiveCare 1-HD   | ActiveCare Select or ActiveCare Select – Aetna Whole Health<br>(Baptist Health System and HealthTexas Medical Group; Baylor Scott & White Quality Alliance; Memorial Hermann Accountable Care Network; Seton Health Alliance) | ActiveCare 2   |
|---|---|---|--|
| <b>Deductible</b><br>(per plan year)  | \$2,500 employee only<br>\$5,000 employee and spouse; employee and child(ren); employee and family  | \$1,200 individual<br>\$3,600 family  | \$1,000 individual<br>\$3,000 family   |
| <b>Out-of-Pocket Maximum</b><br>(per plan year; does include medical deductible/ any medical copays/coinsurance/any prescription drug deductible and applicable copays/coinsurance)   | \$6,450 employee only<br>\$12,900 employee and spouse; employee and child(ren); employee and family | \$6,600 individual<br>\$13,200 family   | \$6,600 individual<br>\$13,200 family  |
| <b>Coinsurance</b><br>Plan pays (up to allowable amount)<br>Participant pays (after deductible)   | 80%<br>20%  | 80%<br>20%  | 80%<br>20%   |
| <b>Office Visit Copay</b><br>Participant pays   | 20% after deductible  | \$30 copay for primary<br>\$60 copay for specialist   | \$30 copay for primary<br>\$50 copay for specialist  |
| <b>Diagnostic Lab</b><br>Participant pays   | 20% after deductible  | Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility   | Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility            |
| <b>Preventive Care</b><br>See reverse side for a list of services   | Plan pays 100%  | Plan pays 100%  | Plan pays 100%   |
| <b>Teladoc® Physician Services</b>  | \$40 consultation fee (applies to deductible and out-of-pocket maximum)                             | Plan pays 100%  | Plan pays 100%   |
| <b>High-Tech Radiology</b><br>(CT scan, MRI, nuclear medicine)<br>Participant pays  | 20% after deductible  | \$100 copay plus 20% after deductible   | \$100 copay plus 20% after deductible  |
| <b>Inpatient Hospital</b><br>(preauthorization required)<br>(facility charges)<br>Participant pays  | 20% after deductible  | \$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)   | \$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year) |
| <b>Emergency Room</b><br>(true emergency use)<br>Participant pays   | 20% after deductible  | \$150 copay plus 20% after deductible (copay waived if admitted)  | \$150 copay plus 20% after deductible (copay waived if admitted)   |
| <b>Outpatient Surgery</b><br>Participant pays   | 20% after deductible  | \$150 copay per visit plus 20% after deductible   | \$150 copay per visit plus 20% after deductible  |
| <b>Bariatric Surgery</b><br>Physician charges (only covered if performed at an IOQ facility)<br>Participant pays  | \$5,000 copay plus 20% after deductible   | Not covered   | \$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible                                      |
| <b>Prescription Drugs</b><br>Drug deductible (per plan year)  | Subject to plan year deductible   | \$0 for generic drugs<br>\$200 per person for brand-name drugs  | \$0 for generic drugs<br>\$200 per person for brand-name drugs   |
| <b>Retail Short-Term</b><br>(up to a 31-day supply)<br>Participant pays<br>• Generic copay<br>• Brand copay (preferred list)<br>• Brand copay (non-preferred list)                    | 20% after deductible  | \$20<br>\$40***<br>50% coinsurance  | \$20<br>\$40***<br>\$65***   |
| <b>Retail Maintenance</b><br>(after first fill; up to a 31-day supply)<br>Participant pays<br>• Generic copay<br>• Brand copay (preferred list)<br>• Brand copay (non-preferred list) | 20% after deductible  | \$25<br>\$50***<br>50% coinsurance  | \$25<br>\$50***<br>\$80***   |
| <b>Mail Order and Retail-Plus</b><br>(up to a 90-day supply)<br>Participant pays<br>• Generic copay<br>• Brand copay (preferred list)<br>• Brand copay (non-preferred list)           | 20% after deductible  | \$45<br>\$105***<br>50% coinsurance   | \$45<br>\$105***<br>\$180***   |
| <b>Specialty Drugs</b><br>Participant pays  | 20% after deductible  | 20% coinsurance per fill  | \$200 per fill (up to 31-day supply)<br>\$450 per fill (32- to 90-day supply)  |

# 2015-2016 TRS-ActiveCare Plan Highlights

## TRS-ActiveCare Plans – Preventive Care

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

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

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician. \*Illustrates benefits when network providers are used. For some plans non-network benefits are also available; there is no coverage for non-network benefits under the Aetna Select Plan; see Enrollment Guide for more information. Non-contracting providers may bill for amounts exceeding the allowable amount for covered services. Participants will be responsible for this balance bill amount, which maybe considerable. \*\*Includes prescription drug coinsurance \*\*\*If the patient obtains a brand-name drug when a generic equivalent is available, the patient will be responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug.

TRS-ActiveCare is administered by Aetna Life Insurance Company. Aetna provides claims payment services only and does not assume any financial risk or obligation with respect to claims. Prescription drug benefits are administered by Caremark.