

# 2017 – 2018 TRS-ActiveCare Plan Highlights

Effective September 1, 2017 through August 31, 2018 | In-Network Level of Benefits\*



Medical Coverage	ActiveCare 1-HD	ActiveCare Select or ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott & White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)	ActiveCare 2
<b>Deductible</b> (per plan year) <b>In-Network</b> <b>Out-of-Network</b>	\$2,500 employee only/\$5,000 family <b>\$5,000 employee only/\$10,000 family</b>	\$1,200 individual/\$3,600 family Not applicable. This plan does not cover out-of-network services except for emergencies.	\$1,000 individual/\$3,000 family <b>\$2,000 individual/\$6,000 family</b>
<b>Out-of-Pocket Maximum</b> (per plan year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum) <b>In-Network</b> <b>Out-of-Network</b>	The individual out-of-pocket maximum only includes covered expenses incurred by that individual. \$6,550 individual/\$13,100 family <b>\$13,100 individual/\$26,200 family</b>	<b>\$7,150 individual/\$14,300 family</b> Not applicable. This plan does not cover out-of-network services except for emergencies.	<b>\$7,150 individual/\$14,300 family</b> <b>\$14,300 individual/\$28,600 family</b>
<b>Coinsurance</b> <b>In-Network</b> Participant pays (after deductible) <b>Out-of-Network</b> Participant pays (after deductible)	20% <b>40% of allowed amount</b>	20% Not applicable. This plan does not cover out-of-network services except for emergencies.	20% <b>40% of allowed amount</b>
<b>Office Visit Copay</b> Participant pays	20% after deductible	\$30 copay for primary \$60 copay for specialist	\$30 copay for primary \$50 copay for specialist
<b>Diagnostic Lab</b> Participant pays	20% after deductible	Plan pays 100% (deductible waived) if performed at a Quest facility; participant pays 20% after deductible at other facility	Plan pays 100% (deductible waived) if performed at a Quest facility; participant pays 20% after deductible at other facility
<b>Preventive Care</b> See below for examples	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Teladoc® Physician Services</b>	\$40 consultation fee (counts toward deductible and out-of-pocket maximum)	Plan pays 100%	Plan pays 100%
<b>High-Tech Radiology</b> (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible
<b>Inpatient Hospital (preauthorization required) (facility charges)</b> Participant pays	20% after deductible	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)
<b>Emergency Room</b> (true emergency use) Participant pays	20% after deductible	<b>\$200 copay</b> plus 20% after deductible (copay waived if admitted)	<b>\$200 copay</b> plus 20% after deductible (copay waived if admitted)
<b>Outpatient Surgery</b> Participant pays	20% after deductible	\$150 copay per visit plus 20% after deductible	\$150 copay per visit plus 20% after deductible
<b>Bariatric Surgery</b> Physician charges (only covered if performed at an IOQ facility) Participant pays	\$5,000 copay (does apply to out-of-pocket maximum) plus 20% after deductible	Not covered	\$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible
<b>Annual Vision Examination</b> (one per plan year; performed by an ophthalmologist or optometrist using calibrated instruments) Participant pays	20% after deductible	\$60 copay for specialist	\$50 copay for specialist
<b>Annual Hearing Examination</b> Participant pays	20% after deductible	\$30 copay for primary \$60 copay for specialist	\$30 copay for primary \$50 copay for specialist

## Preventive Care

Some examples of preventive care frequency and services:

- **Routine physicals** – annually age 12 and over
- **Mammograms** – 1 every year age 35 and over
- **Smoking cessation counseling** – 8 visits per 12 months
- **Well-child care** – unlimited up to age 12
- **Colonoscopy** – 1 every 10 years age 50 and over
- **Healthy diet/obesity counseling** – unlimited to age 22; age 22 and over – 26 visits per 12 months
- **Well woman exam & pap smear** – annually age 18 and over
- **Prostate cancer screening** – 1 per year age 50 and over
- **Breastfeeding support** – 6 lactation counseling visits per 12 months

**Note:** Covered services under this benefit must be billed by the provider as “preventive care.” Non-network preventive care is not paid at 100%. 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 Whole Health.

For a complete listing of preventive care services, please view the Benefits Booklet at [www.trselectivecareetna.com](http://www.trselectivecareetna.com) for the latest list of covered services.

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Prescription Coverage	ActiveCare 1-HD	ActiveCare Select or ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott & White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)	ActiveCare 2
<b>Drug Deductible</b> (per person, per plan year)	Must meet plan-year deductible before plan pays.**	\$0 generic; \$200 brand	\$0 generic; \$200 brand
<b>Short-Term Supply at a Retail Location</b> (up to a 31-day supply) Tier 1 – Generic Tier 2 – Preferred Brand Tier 3 – Non-Preferred Brand	20% coinsurance after deductible, except for certain generic preventive drugs that are covered at 100%.**	\$20 for a 1- to 31-day supply \$40 for a 1- to 31-day supply*** 50% coinsurance for a 1- to 31-day supply***	\$20 for a 1- to 31-day supply \$40 for a 1- to 31-day supply*** \$65 for a 1- to 31-day supply***
<b>Extended-Day Supply at Mail Order or Retail-Plus Pharmacy Location</b> (60- to 90-day supply)**** Tier 1 – Generic Tier 2 – Preferred Brand Tier 3 – Non-Preferred Brand	20% coinsurance after deductible	\$45 for a 60- to 90-day supply \$105 for a 60- to 90-day supply*** 50% coinsurance for a 60- to 90-day supply***	\$45 for a 60- to 90-day supply \$105 for a 60- to 90-day supply*** \$180 for a 60- to 90-day supply***
<b>Specialty Medications</b>	20% coinsurance after deductible	20% coinsurance per fill	\$200 per fill (up to 31-day supply) \$450 per fill (32- to 90-day supply)
<b>Short-Term Supply of a Maintenance Medication at Retail Location</b> (up to a 31-day supply) The second time a participant fills a short-term supply of a maintenance medication at a retail pharmacy, they will pay a convenience fee. They will be charged the coinsurance and copays in the row below the second time they fill a short-term supply of a maintenance medication. Participants can avoid paying the convenience fee by filling a larger day supply of a maintenance medication through mail order or at a Retail-Plus location.			
Tier 1 – Generic Tier 2 – Preferred Brand Tier 3 – Non-Preferred Brand	20% coinsurance after deductible	\$35 for a 1- to 31-day supply \$60 for a 1- to 31-day supply 50% coinsurance for a 1- to 31-day supply	\$35 for a 1- to 31-day supply \$60 for a 1- to 31-day supply \$90 for a 1- to 31-day supply

### What is a maintenance medication?

Maintenance drugs are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

### When does the convenience fee apply?

For example, if you are covered under TRS-ActiveCare Select, the first time you fill a 31-day supply of a generic maintenance drug at a retail pharmacy you will pay \$20, then you will pay \$35 each month that you fill a 31-day supply of that generic maintenance drug at a retail pharmacy. A 90-day supply of that same generic maintenance medication would cost \$45, and you would save \$225 over the year by filling a 90-day supply.

## Premium Information for ALEX

You will need to enter the applicable amount – YOUR ANNUAL COST – from the table below into ALEX when prompted. To determine this cost multiply the monthly cost by 12 to get YOUR ANNUAL COST.

TRS-ActiveCare Monthly Premium	ActiveCare 1-HD	ActiveCare Select/ ActiveCare Select Whole Health	ActiveCare 2	Your Annual Cost (use this amount for ALEX)
Individual	\$25	\$156	\$356	
+Spouse	\$603	\$876	\$1,306	
+Children	\$299	\$462	\$690	
+Family	\$923	\$1,196	\$1,611	

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

\*Illustrates benefits when in-network providers are used. For some plans non-network benefits are also available; there is no coverage for non-network benefits under the ActiveCare Select or ActiveCare Select Whole Health 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 may be considerable.

\*\*For ActiveCare 1-HD, certain generic preventive drugs are covered at 100%. Participants do not have to meet the deductible (\$2,500 - individual, \$5,000 -family) and they pay nothing out of pocket for these drugs. The list of drugs is on the TRS-ActiveCare website.

\*\*\*If a participant obtains a brand-name drug when a generic equivalent is available, they are responsible for the generic copay plus the cost difference between the brand-name drug and the generic drug.

\*\*\*\*Participants can fill 32-day to 90-day supply through mail order.