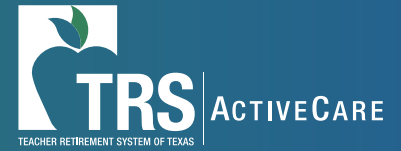


LOCAL HEALTH CARE. TEXAS-SIZED BENEFITS.

TRS-ActiveCare Plan Highlights 2022-23



From the North Texas plains to the Gulf Coast, TRS-ActiveCare is where you live and work. We have more Texas doctors than any other plan and more ways to make your health plan *yours*.



Learn the terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2022-23 TRS-ActiveCare Plan Highlights Sept. 1, 2022 – Aug. 31, 2023



All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

How to Calculate Your Monthly Premium

Total Monthly Premium
 - Your District and State Contributions
 = Your Premium
Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

- Being healthy is easy with:
- \$0 preventive care
 - 24/7 customer service
 - One-on-one health coaches
 - Weight loss programs
 - Nutrition programs
 - Ovia™ pregnancy support
 - TRS Virtual Health
 - Mental health benefits
 - And much more!

**Available for all plans. See the benefits guide for more details.*

Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Compatible with a Health Savings Account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet your deductible before plan pays for non-preventive care

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$364	\$64	\$457	\$157	\$376	\$76
Employee and Spouse	\$1,026	\$726	\$1,117	\$817	\$1,058	\$758
Employee and Children	\$654	\$354	\$735	\$435	\$675	\$375
Employee and Family	\$1,228	\$928	\$1,405	\$1,105	\$1,285	\$965

Plan Features	In-Network Coverage Only		In-Network		Out-of-Network	
	Type of Coverage	In-Network Coverage Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual/Family Deductible		\$2,500/\$5,000	\$1,200/\$3,600	\$3,000/\$6,000	\$5,500/\$11,000	
Coinsurance		You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 40% after deductible
Individual/Family Maximum Out of Pocket		\$8,150/\$16,300	\$6,900/\$13,800	\$7,050/\$14,100	\$20,250/\$40,500	\$23,700/\$47,400
Network		Statewide Network	Statewide Network	Nationwide Network	Nationwide Network	Nationwide Network
PCP Required		Yes	Yes	No	No	No

Doctor Visits	Primary Care	Specialist	Primary Care	Specialist	Primary Care	Specialist
	\$30 copay	\$70 copay	\$30 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible
					You pay 30% after deductible	You pay 50% after deductible

Immediate Care	Urgent Care	Emergency Care	Emergency Care	Emergency Care	Emergency Care
	\$50 copay	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 30% after deductible
		TRS Virtual Health-RediMD™	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation
		TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation	\$42 per medical consultation

Prescription Drugs	Drug Deductible	Generics (30-Day Supply/90-Day Supply)	Preferred Brand	Non-preferred Brand	Specialty	Insulin Out-of-Pocket Costs
	Integrated with medical	\$15/\$45 copay; \$0 copay for certain generics	You pay 30% after deductible	You pay 50% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible	\$25 copay for 31-day supply; \$75 for 61-90 day supply
	\$200 brand deductible	\$15/\$45 copay	You pay 25% after deductible	You pay 50% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible	\$25 copay for 31-day supply; \$75 for 61-90 day supply
	Integrated with medical	You pay 20% after deductible; \$0 coinsurance for certain generics	You pay 25% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 25% after deductible

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRS-ActiveCare 2	Total Premium	Your Premium
	\$1,013	\$713
	\$2,402	\$2,102
	\$1,507	\$1,207
	\$2,841	\$2,541

Total Premium	Your Premium
\$1,013	\$713
\$2,402	\$2,102
\$1,507	\$1,207
\$2,841	\$2,541

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

Primary Care	Specialist
\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

Urgent Care	Emergency Care
\$50 copay	You pay 40% after deductible
	You pay a \$250 copay plus 20% after deductible
	\$0 per medical consultation
	\$12 per medical consultation

Drug Deductible
\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

What's New and What's Changing



This table shows you the changes between 2021-22 statewide premium price and this year's 2022-23 regional price for your Education Service Center.

		2021-22 Total Premium	New 2022-23 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	\$417	\$364	(\$53)	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc® rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,176	\$1,026	(\$150)	
	Employee and Children	\$751	\$654	(\$97)	
	Employee and Family	\$1,405	\$1,228	(\$177)	
TRS-ActiveCare HD	Employee Only	\$429	\$376	(\$53)	<ul style="list-style-type: none"> In-network maximum rose by \$50/individual; \$100/families The Member Rewards program is now available for HD participants <ul style="list-style-type: none"> Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses Consult fee for Teladoc rose from \$30 to \$42
	Employee and Spouse	\$1,209	\$1,058	(\$151)	
	Employee and Children	\$772	\$675	(\$97)	
	Employee and Family	\$1,445	\$1,265	(\$180)	
TRS-ActiveCare Primary+	Employee Only	\$542	\$457	(\$85)	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,334	\$1,117	(\$217)	
	Employee and Children	\$879	\$735	(\$144)	
	Employee and Family	\$1,675	\$1,405	(\$270)	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	\$0	<ul style="list-style-type: none"> Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply This plan is still closed to new enrollees
	Employee and Spouse	\$2,402	\$2,402	\$0	
	Employee and Children	\$1,507	\$1,507	\$0	
	Employee and Family	\$2,841	\$2,841	\$0	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2022

Compare Prices for Common Medical Services

REMEMBER:

Log into Blue Access for MembersSM at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices through different providers.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

*Pre-certification for genetic and specialty testing may apply. Contact a Personal Health Guide at 1-866-355-5999 with questions.


www.trs.texas.gov

2022-23 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

REMEMBER:

Remember that when you choose an HMO, you're choosing a regional network.

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas additional options. Not all HMOs are available in all regions. Please verify your eligibility.

		Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	
		<p>You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson</p>	
Total Monthly Premiums		Total Premium	Your Premium
Employee Only	\$491.55	\$191.55	
Employee and Spouse	\$1,232.58	\$932.58	
Employee and Children	\$789.39	\$489.39	
Employee and Family	\$1,418.42	\$1,118.42	
Plan Features			
Type of Coverage	In-Network Coverage Only		
Individual/Family Deductible	\$1,900/\$4,750		
Coinsurance	You pay 20% after deductible		
Individual/Family Maximum Out of Pocket	\$8,000/\$15,000		
Doctor Visits			
Primary Care	\$15 copay		
Specialist	\$70 copay		
Immediate Care			
Urgent Care	\$45 copay		
Emergency Care	\$500 copay after deductible		
Prescription Drugs			
Drug Deductible	\$200 (excl. generics)		
Days Supply	30-day supply/90-day supply		
Generics	\$12/\$30 copay		
Preferred Brand	You pay 30% after deductible		
Non-preferred Brand	You pay 50% after deductible		
Specialty	You pay 25%/35% after deductible (perferred/non-preferred)		

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