NAVIGATING ANNUAL ENROLLMENT

LEARN, CHOOSE, ENROLL FOR 2018-19 BENEFITS

ENROLLMENT PERIOD:
July 1, 2018 to Aug. 24, 2018

TRS ACTIVECARE
TEACHER RETIREMENT SYSTEM OF TEXAS

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HOW TO NAVIGATE THIS GUIDE

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IMPORTANT CONTACT INFORMATION

For answers and information, call Customer Service

TRS-ActiveCare plans
TRS-ActiveCare 1-HD, TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health and TRS-ActiveCare 2

1-800-222-9205
1-800-628-3323 (TTY)
8 a.m.-6 p.m. CT (Monday to Friday)

HMO plans
FirstCare

1-800-884-4901
8 a.m.-6 p.m. CT (Monday to Friday)

Scott & White Health Plan

1-800-321-7947
7 a.m.-8 p.m. CT (Monday to Sunday)

Blue Essentials Access

1-888-378-1633
8 a.m.-6 p.m. CT (Monday to Friday)

This Enrollment 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 Sept. 1, 2018, 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.

You can also view a Summary of Benefits and Coverage at **www.trsactivecareaetna.com** or call TRS-ActiveCare Customer Service at **1-800-222-9205** to request a copy.

This Enrollment Guide applies to the 2018-19 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.texas.gov** or the TDI Consumer Helpline at **1-800-252-3439**.

Medical benefits for TRS-ActiveCare are administered by Aetna. Prescription drug benefits for TRS-ActiveCare 1-HD, TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health and TRS-ActiveCare 2 are administered by Caremark. HMO plans are provided by: SHA, L.L.C. dba FirstCare Health Plans; Scott & White Health Plan; and Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation.

START YOUR JOURNEY TO 2018-19 PLAN ENROLLMENT

July 1 to Aug. 24, 2018

This guide is designed to give you turn-by-turn directions to the best health plan choice for you and your family. Start your journey with an overview of what's new for the coming plan year, then move through available plan options, an enrollment how-to, and information about helpful resources and services designed with your good health in mind.

Be sure to read this guide and choose your plan carefully. Once you've enrolled, you may not change plans during the plan year (Sept. 1, 2018 to Aug. 31, 2019) unless you have a qualified enrollment event. (see page 38).

For more detailed information about plan options, visit **www.trsactivecareaetna.com** or call **1-800-222-9205**.

For help with benefits questions and health needs, call TRS-ActiveCare Customer Service at **1-800-222-9205**.

WHAT'S NEW & WHAT'S CHANGING

Points of interest in the year ahead

WHAT'S NEW

TRS-ActiveCare 2 will become a closed plan. If you are not currently enrolled in TRS-ActiveCare 2, you may not elect it for 2018-19. If you are currently enrolled in this plan, you may remain in the plan for 2018-19. However, if you elect another plan for 2018-19, you will not be able to enroll in TRS-ActiveCare 2 in the future.

Freestanding emergency room visits will require a $500 per visit copay for all TRS-ActiveCare plans.

WHAT'S CHANGING	TRS-ActiveCare 1-HD	TRS-ActiveCare Select/ TRS-ActiveCare Select Whole Health	TRS-ActiveCare 2 Note – closed plan no new enrollments
In-network deductible			
-Individual	$2,750	No change	No change
-Family	$5,500	No change	No change
In-network out-of-pocket maximum			
-Individual	$6,650	$7,350	$7,350
-Family	$13,300	$14,700	$14,700
Out-of-network deductible			
-Individual	$5,500	N/A	No change
-Family	$11,000	N/A	No change
Out-of-network out-of-pocket maximum			
-Individual	$13,300	N/A	$14,700
-Family	$26,600	N/A	$29,400

WHAT'S CHANGING	TRS-ActiveCare 1-HD	TRS-ActiveCare Select/ TRS-ActiveCare Select Whole Health	TRS-ActiveCare 2 Note – closed plan no new enrollments
Specialist office visit	No change	$70 copay	$70 copay
ER copay	No change	$250 copay plus 20% after deductible	$250 copay plus 20% after deductible
Freestanding ER	$500 copay plus 20% after deductible	$500 copay plus 20% after deductible	$500 copay plus 20% after deductible
Quest Diagnostics® Lab	No change	20% after deductible	20% after deductible
Prescription drugs **Retail** *(up to 31-day supply)* -Non-preferred brand	50% after deductible	No change	50% coinsurance after Rx deductible (min $65,* max $130)
Retail maintenance *(after first fill; up to 31-day supply)* -Non-preferred brand	50% after deductible	No change	50% coinsurance after Rx deductible (min $90,* max $180)
Mail order & Retail-Plus *(up to 90-day supply)* -Non-preferred brand	50% after deductible	No change	50% coinsurance after Rx deductible (min $180,* max $360)
Specialty prescription drug *(up to 31-day supply limit per fill)*	No change to coinsurance 31-day supply limit	No change to coinsurance 31-day supply limit	20% coinsurance after Rx deductible (min $200,* max $900) 31-day supply limit
Cost of coverage	Increase for all coverage tiers	Increase for all coverage tiers	Increase for all coverage tiers

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

Annual enrollment is a good time to think about the road ahead.
While you are not required to actively elect a plan this year, take some time to consider whether your current plan will work for you going forward. Think about upcoming events, such as a scheduled or recommended surgery, birth of a child, marriage/divorce and other changes in your circumstances.

You will have to actively enroll or decline coverage if you:

- are newly eligible,
- are changing plans or adding/removing dependent(s) for the coming plan year,
- want to decline coverage for 2018-19.

YOUR ENROLLMENT ITINERARY

Actions to take by Aug. 24, 2018.

Take stock of your medical and prescription coverage needs for the coming year.

Find out if you need to enroll during this annual enrollment period.
See pages 5-6. [What's new & What's changing]

Check eligibility requirements for you and your family members.
See page 35. [Who can enroll in TRS-ActiveCare?]

Check your cost for coverage.
See page 34. [Cost for coverage]

Use ALEX®, your personal online benefits advisor, to learn more about your TRS-ActiveCare plan options and make an informed choice.
See page 8. [Find your way with ALEX.]

Review and compare the TRS-ActiveCare and HMO plan options available to you.
See pages 17–18 and 31. [TRS-ActiveCare plans, HMO plans – descriptions and summary charts]

Use the provider search tool to see if your doctors belong to the network of the plan(s) you are considering.
See "Is your doctor in the network?" within each plan description, starting on page 9.

Enroll in medical benefits from July 1, 2018 to Aug. 24, 2018.
See page 37. [How to enroll]

TRS-ACTIVECARE PLANS & PRESCRIPTION DRUG BENEFITS

This section describes the TRS-ActiveCare plan options available to you for 2018-19. To compare the plans, see the charts on pages 17–18.

ActiveCare 1-HD

ActiveCare 1-HD is a high-deductible health plan (HDHP) that offers integrated medical and prescription drug coverage, plus the opportunity to contribute pre-tax dollars to a health savings account (HSA). The HSA can be used to pay current and/or future qualified medical expenses. While many school districts offer HSAs to their employees, TRS does not administer them.

Find your way with ALEX

ALEX is an online tool you can use to learn about the TRS-ActiveCare plan options available to you and decide which works best for you and your family. ALEX can help you compare plan options, understand health benefits terms and see how the plans work.

To use the tool, visit
www.myalex.com/trsactivecare/2018.

How the TRS-ActiveCare 1-HD plan works

Deductible

You must meet a deductible before the plan starts to pay medical and prescription benefits, except for in-network preventive care. One family member or a combination of family members may meet the deductible. However, benefits are not paid for any family member's expenses until the entire deductible amount ($5,500 in-network/$11,000 for out-of-network) is met (or $2,750 in-network/$5,500 out-of-network for a person with employee-only coverage).

Coinsurance

Once the deductible is met, you pay a portion of your covered expenses. The plan pays a percentage of covered expenses (called coinsurance), and you pay a certain percentage. You pay less when you use in-network providers. To find them, go to **www.trsactivecareaetna.com** and click "Find a Doctor or Facility" on the right side of the home page and follow the prompts.

Note: Only in-network expenses will apply to meet the **in-network** deductible, and only **out-of-network** expenses will apply to meet the out-of-network deductible.

Out-of-pocket-maximum

The plan limits your out-of-pocket expenses. Once your share of expenses reaches the plan's out-of-pocket maximum (in-network: $6,650 individual/$13,300 family; out-of-network: $13,300 individual/$26,600 family), the plan pays benefits at 100% for the rest of the plan year.

The TRS-ActiveCare 1-HD out-of-pocket maximum applies to each covered person individually, up to the maximum per family. The individual out-of-pocket maximum only includes covered expenses incurred by that individual. After each covered person meets his/her individual out-of-pocket maximum, the plan pays 100% of the benefits for that person.

Note: Only **in-network** expenses will accumulate towards meeting the in-network out-of-pocket maximum, and only **out-of-network** expenses will accumulate towards meeting the out-of-network out-of-pocket maximum.

See the chart on pages 17-18 for deductible, coinsurance and out-of-pocket maximum amounts.

***Choose** wisely, save money.* **Take advantage of plan features that offer care and services at no cost or low cost. For example:**

- Teladoc® lets you consult with a primary care physician by phone. Use this service for minor problems and save a trip to the doctor's office (subject to the deductible). Each consult costs just $40. See page 26 for more about Teladoc.
- Keep up to date with your routine, preventive screenings. They are covered at 100% with no cost to you when you use in-network providers.
- Certain generic preventive drugs are available at no cost. The deductible and coinsurance do not apply. For a list of these drugs, go to **www.trsactivecareaetna.com/coverage** and click on "TRS-ActiveCare 1-HD."

Is your doctor in the network?

To find in-network providers, go to **www.trsactivecareaetna.com** and click "Find a Doctor or Facility" on the right side of the home page and follow the prompts.

Health Savings Account

You may have a health savings account (HSA). An HSA is a tax-favored account you can use to help pay current or future qualified medical expenses. To be eligible for an HSA:

- You must be covered by a high-deductible health plan, such as TRS-ActiveCare 1-HD.*
- You must not be covered by other health insurance.**
- You must not be eligible for Medicare.
- You cannot be claimed as a dependent on someone else's tax return.

TRS does not offer HSAs, but some entities participating in TRS-ActiveCare may. Contact your Benefits Administrator to find out if an HSA is available to you. If not, you may be able to open an HSA at a local bank or credit union. If you are considering enrolling in the TRS-ActiveCare 1-HD plan and establishing an HSA, here are some features you should know about:

Contributions: You may contribute up to IRS limits. For 2018, these limits are $3,450 for an individual and $6,850 for a family. For 2019, these limits will be $3,500 for an individual and $7,000 for a family. If you are age 55 or over, you may make an additional "catch-up" contribution of $1,000 each year.

Ownership: You own your account. You decide when to use it for qualified expenses. You may use it to pay current expenses or let it grow for future expenses, even those in retirement.

Tax savings: The HSA offers a triple tax advantage. Account contributions are tax-deductible, withdrawals to pay qualified expenses are not taxed, and balances accumulate and earn interest tax-free.

Growth: Your account balance rolls over year to year and earns interest, tax-free. Once your balance reaches a certain amount (usually $1,000 or $2,000), you may start to invest.

Portability: You can take your account with you if you leave TRS. The funds are yours to use for qualified expenses, but you may continue to contribute to the account only if you are enrolled in a high-deductible health plan.

What are qualified medical expenses?
Qualified medical expenses are established by the IRS and include your medical plan deductible and coinsurance, dental and vision care, and other expenses. For a complete list (IRS Publication 502), visit **www.irs.gov**. Or call **1-800-829-3676**.

*TRS-ActiveCare 1-HD meets the current IRS definition of an HDHP for all tiers of coverage (employee only, employee and spouse, employee and child(ren), and employee and family). To learn what happens to your deductible and out-of-pocket expenses when you drop family members during the year, call TRS-ActiveCare Customer Service at **1-800-222-9205**.

**Does not apply to specific injury insurance and accident, disability, dental, vision and long-term care insurance.

When you pay, when the plan pays

To understand how the TRS-ActiveCare 1-HD plan works, it can help to break coverage down into "phases." The chart below illustrates how the plan works for in-network care. Keep in mind that you may not reach all phases during a given year.

PHASE 1 **Preventive care (covered at 100% with no deductible)**	Preventive services and certain preventive drugs are covered at 100% when you use in-network providers.
PHASE 2 **Meet your deductible**	You pay medical, prescription and non-preventive expenses out of your own pocket (or using HSA dollars) until you meet the deductible. If you have family coverage, the family deductible must be met before benefits are paid for any covered individual.
PHASE 3 **Pay coinsurance**	Once you meet the deductible, the plan pays a percentage of covered expenses, and you pay the rest (coinsurance). If you have an HSA, you may use your account to pay your share of expenses or pay out of your own pocket.
PHASE 4 **Meet the out-of-pocket maximum**	If your share of covered expenses (deductible, coinsurance, prescription costs) reaches the out-of-pocket maximum, the plan pays 100% of covered expenses for the rest of the plan year. If you have family coverage, the plan will pay the 100% benefit for each covered individual once his/her expenses reach the individual out-of-pocket maximum, or once the family out-of-pocket maximum has been reached.

Is this plan for you?

You may want to consider TRS-ActiveCare 1-HD if you:

- want the freedom to use any health care provider and the option to save money when you use in-network providers,
- want a plan with a low premium cost,
- like being able to set money aside in a tax-favored account to pay current and/or future qualified medical expenses,
- have few health care costs,
- have dependents who live outside of the area you live in.

How to get the most out of your TRS-ActiveCare 1-HD plan

The chart on the right shows how the medical plan works for the Griffins. They are a young family – Sam and Joan, and their children Leah and Ian.

- Both children visit their network pediatrician for routine physical exams. The exams are covered at **100%**, not subject to the deductible.
- Joan woke up with what she thought might be a sinus infection. She called Teladoc and talked to a doctor, who diagnosed her with a sinus infection. The doctor called in a prescription to her network pharmacy. Joan paid **$40** for the Teladoc consultation and **$14** for her generic antibiotic. This **$54** will go towards reaching the plan deductible and out-of-pocket maximum.
- Joan has her annual preventive OB/GYN exam with a network doctor. The exam and Pap test are covered at **100%**, not subject to the deductible.
- Sam has high blood pressure. He takes daily medicine to keep it under control. Through his TRS-ActiveCare 1–HD plan, certain generic preventive medications are covered at **100%**, not subject to the deductible.
- Sam visits his primary care doctor for his routine physical checkup. The exam is preventive and covered at **100%**, not subject to the deductible.
- Sam fell while doing some chores around the house. He ended up breaking his leg in two places. His total in-network costs equaled **$6,480**. Sam paid **$5,446** to meet the plan deductible. The plan paid **80%** of the remaining charges of **$1,034** = **$827.20**. Sam paid the remaining **20%** of the costs: **$206.80.** Since the deductible has been met for the family, any other incurred expenses will be paid at **80%** by the plan.

Case Study: Griffin Family

Deductible	$5,500 (family)
Covered expenses (for children)	$560 (two routine physical exams)
Paid by plan (100%, no deductible)	$560
Covered expenses (Joan)	$54 (Teladoc visit and generic prescription)
Paid by Joan	$54
Covered expenses (Joan)	$325 (OB/GYN preventive exam and Pap test)
Paid by plan (100%, no deductible)	$325
Covered expenses (Sam)	$360 (annual generic preventive prescription)
Paid by plan (100%, no deductible)	$360
Covered expenses (Sam)	$425 (routine preventive physical)
Paid by plan (100%, no deductible)	$425
Covered expenses (Sam)	$6,480 (broken leg)
Paid by Sam	$5,652.80 (deductible + 20% coinsurance)
Paid by plan (80% after deductible met)	$827.20
Plan paid	$2,497.20
Paid by Joan	$54
Paid by Sam	$5,652.80
Amount applied to deductible	$5,500

TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health

TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health provides the essential health benefits required of all health plans. It covers care ranging from preventive services to hospital stays, and it offers the lowest out-of-pocket costs of all plan options. If you elect this plan, you will automatically be placed into TRS-ActiveCare Select or the TRS-ActiveCare Select Whole Health plan. Your plan placement is based on your physical address. Please refer to the TRS-ActiveCare Select network chart on page 14 to see which plan you will be assigned. When you enroll, only the plan options available to you will be displayed.

It's important to understand which network you will use in this plan. This is because TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health is a **network-only** plan. It pays benefits *only* when you receive care from doctors and other providers who belong to your dedicated network (except in a true medical emergency) as described on page 28. **If you seek care outside your network, you will pay all billed charges out of your own pocket.**

Note: If you are placed in a TRS-ActiveCare Select Whole Health network, there is no coverage if you see a provider who is not part of the TRS-ActiveCare Select Whole Health network. You and your covered dependents (including any dependents who temporarily or permanently live outside the network area) are required to receive care from providers who belong to the TRS-ActiveCare Select Whole Health network.

How the plan works

- For non-preventive doctor's office visits, you pay a flat dollar amount or copay.
- Charges not subject to the doctor's office copay are subject to the plan deductible and/or other applicable copays. For many services, this is a flat dollar amount plus a percentage of the billed charge.
- The plan pays benefits only when you and your covered dependents use in-network providers (except in a true emergency). **If you seek care outside the network that applies to you (see network chart on page 14), you will pay all billed charges out of your own pocket.**
- If your out-of-pocket expenses reach the plan's out-of-pocket maximum, the plan pays 100% of covered expenses for the rest of the plan year.

TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health networks

If you choose this plan, depending on where you live, you will be placed in TRS-ActiveCare Select or TRS-ActiveCare Select Whole Health. A network will be assigned to you based on your home address. View the network chart below to determine which network will apply to you.

Note: Some participants will have the option of choosing between two TRS-ActiveCare Select Whole Health networks.

The Select Whole Health network is a **local** accountable care organization (ACO) that includes doctors, nurses and other providers dedicated to your unique health care needs. With Select Whole Health, you have a care team led by your primary care physician (PCP) whom you select from the network. Your PCP provides preventive, routine and basic care and refers you to the appropriate care team members when you need other types of care. Your team is dedicated to keeping you healthy and providing the services you need when you are sick or injured. They communicate, coordinate care and share information, so everyone is familiar with your health history, needs and goals. It's a better health care experience for you and your family — one focused just as much on wellness as sickness. There are five different Select Whole Health networks.

The Select network is a **nationwide** network. It covers a wide variety of services ranging from primary and specialty care, to hospital and diagnostic services. You do not need a referral from your PCP to see other network providers.

TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health networks chart

If you live in one of these counties	TRS-ActiveCare Select Whole Health
Bexar, Comal, Guadalupe and Kendall	Baptist Health System and HealthTexas Medical Group
Bell, Brazos, Collin, Dallas, Denton, Ellis, Hays, McLennan, Milam, Parker, Rockwall, Tarrant, Travis, Washington and Williamson	Baylor Scott & White Quality Alliance
Ft. Bend, Harris, Montgomery, Galveston and part of Brazoria*	Kelsey Select
Brazoria*, Ft. Bend, Galveston**, Harris and Montgomery	Memorial Hermann Accountable Care Network
Bastrop, Bell, Burnet, Caldwell, Hays, Travis and Williamson	Seton Health Alliance
If you do not live in any of the counties listed above	**TRS-ActiveCare Select**

*Brazoria ZIP code areas 77511, 77512, 77578, 77581, 77583, 77584, 77588
**Galveston ZIP code areas: 77539, 77546, 77549, 77565, 77573, 77574

TRS-ActiveCare Select Whole Health expansion effective Sept. 1, 2018

Seton Health Alliance

The coverage area for Seton Health Alliance has extended to now include Bastrop, Burnet and Caldwell counties.

If you are currently enrolled in TRS-ActiveCare Select and reside in Bastrop, Burnet or Caldwell counties, you will be aligned to the TRS-ActiveCare Select Seton Health Alliance plan effective Sept. 1, 2018. You can change to the TRS-ActiveCare 1-HD plan during annual enrollment, but if you don't take action, you will be covered under the TRS-ActiveCare Select Seton Health Alliance plan effective Sept. 1, 2018.

Baylor Scott & White Quality Alliance

The coverage area for Baylor Scott & White Quality Alliance has extended to now include Hays, Travis, Williamson, McLennan, Washington, Brazos and Milam counties.

If you are currently enrolled in TRS-ActiveCare Select and reside in McLennan, Washington, Brazos or Milam counties, you will be aligned to the TRS-ActiveCare Select Baylor Scott & White Quality Alliance plan effective Sept. 1, 2018. You can change to the TRS-ActiveCare 1-HD plan during annual enrollment, but if you don't take action, you will be covered under the TRS-ActiveCare Select Baylor Scott & White Quality Alliance plan effective Sept. 1, 2018.

If you reside in Hays, Travis or Williamson counties and are currently enrolled in TRS-ActiveCare Select Seton Health Alliance, you can change to the TRS-ActiveCare Baylor Scott & White Quality Alliance plan or the TRS-ActiveCare 1-HD plan during annual enrollment. If you don't take any action, you will continue to be covered under the TRS-ActiveCare Select Seton Health Alliance plan effective Sept. 1, 2018.

BELL COUNTY RESIDENTS: You have the option to choose either Seton Health Alliance, Baylor Scott & White Quality Alliance or the TRS-ActiveCare 1-HD plan during annual enrollment. If you don't take action, you will be covered under the plan (Seton Health Alliance or Baylor Scott & White Quality Alliance) whose providers you have previously visited. If you have not visited providers in either plan network, you will be covered under the plan closest to your home address.

Memorial Hermann Accountable Care Network

The coverage area for Memorial Hermann Accountable Care Network has extended to now include Brazoria and Galveston counties.

If you are currently enrolled in TRS-ActiveCare Kelsey Select and reside in certain ZIP codes of Brazoria or Galveston county, you will have an option to enroll in the TRS-ActiveCare Select Memorial Hermann Accountable Care Network plan effective Sept. 1, 2018. You can make the enrollment change during annual enrollment.

Is your doctor in the network?

To find in-network providers, go to **www.trsactivecareaetna.com** and click the "Find a Doctor or Facility" on the right side of the home page. Follow the prompts and when you are asked to "Select a Plan," use the following instructions and network chart.

- If you live in one of the counties or ZIP codes listed on page 14, look under ActiveCare Select & Select Aetna Whole Health Plan Options, then pick the network for your county or ZIP code. For example, if you live in Denton County, your network will be Baylor Scott & White Quality Alliance.
- If you don't live in one of the counties or ZIP codes listed on page14, look under ActiveCare Select & Select Aetna Whole Health, then pick "ActiveCare Select."

For help determining your plan network, call TRS-ActiveCare Customer Service at **1-800-222-9205**.

Find your way with ALEX

Check out ALEX, your online benefits advisor.
See page 8 to learn more or visit
www.myalex.com/trsactivecare/2018.

Important to know – Where you live determines your TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health network

If you live in or around San Antonio, Dallas/Ft. Worth, Austin or Houston (in one of the counties shown in the chart) and choose TRS-ActiveCare Select as your plan, you and your covered dependents must receive care within the TRS-ActiveCare Select Whole Health network. This applies even if your covered dependents live temporarily or permanently outside the network area – for example, children away at school or living with another parent. You may want to consider choosing another plan if you live in one of the counties listed in the chart AND have dependents living in an area not listed.

If you move outside the TRS-ActiveCare Select Whole Health network area during the plan year, you will stay in the TRS-ActiveCare Select plan, but you will be able to use providers in the TRS-ActiveCare Select network or a different TRS-ActiveCare Select Whole Health network, depending on the county you move to. You will receive a new ID card showing the network change.

If you are in the TRS-ActiveCare Select network and move to a county assigned to a TRS-ActiveCare Select Whole Health network, you will be moved to that TRS-ActiveCare Select Whole Health network.

Is this plan for you?

You may want to consider TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health if you:

- want a lower deductible and reliable copays for medical visits and prescription drugs,
- understand which network you will be placed in based on the county you live in,
- do not expect to use out-of-network providers,
- do not cover dependents who live outside your plan's network area.

For deductible, coinsurance/copayment and out-of-pocket maximum dollar amounts, see the benefits chart on pages 17–18.

How to get the most out of your TRS-ActiveCare Select/ TRS-ActiveCare Select Whole Health plan

The chart on the right shows how the health plan works for the Wilsons. They are an empty nester couple – Tom and Mary. They live in Harris County and are enrolled in the TRS-ActiveCare Select Whole Health plan. Since they live in a local accountable care network area – Memorial Hermann Accountable Care Network — they will only see providers who belong to this network.

- Tom has a chronic condition and visits his primary care physician three times a year for follow-up care. After Tom pays his **$30** copay per visit, the plan pays **100%**, not subject to the deductible.
- Tom takes two long-term prescription medications on a daily basis. He takes advantage of the plan's mail-order pharmacy. Tom pays **$45** per prescription for a 90-day supply. By using this service, he saves money and time.
- Mary believes she has pink eye. She calls Teladoc and talks to a doctor, who diagnoses her with an eye infection. The doctor calls in a prescription to her network pharmacy. Mary pays $20 for her generic medication. The plan pays the Teladoc consult fee at 100%.
- Mary has her annual preventive OB/GYN exam with a Memorial Hermann network gynecologist. The exam and Pap test are covered at 100%, not subject to the deductible.
- Mary has an outpatient surgery. The care is coordinated through her care team from the Memorial Hermann Accountable Care Network. She pays her deductible ($1,200) and a $150 copay before the plan pays 80% ($1,496) of the cost. Mary is responsible for the remaining 20% ($374) of the network negotiated cost.

Case Study: Tom and Mary Wilson

Deductible	$1,200 (individual); $3,600 (family)
Covered expenses (Tom)	$425 (three primary care doctor visits)
Paid by Tom	$90 ($30 primary copay per visit)
Paid by plan (100% after copays, no deductible)	$335
Covered expenses (Tom)	$1,800 (two annual generic prescriptions)
Paid by Tom	$360 (copays for mail-order generic prescriptions)
Paid by plan (100% after copays, no deductible)	$1,440
Covered expenses (Mary)	$160 (Teladoc consult and generic prescription)
Paid by Mary	$20 (copay for prescription)
Paid by plan (100% after copay, no deductible)	$140
Covered expenses (Mary)	$325 (OB/GYN preventive exam and Pap test)
Paid by plan (100%, no deductible)	$325
Covered expenses (Mary)	$3,200 (outpatient surgery)
Paid by Mary	$1,704 ($1,180 to meet deductible; $150 copay; $374 coinsurance)
Paid by plan (80% after copay and deductible)	$1,496
Plan paid	$3,736
Paid by Tom	$450
Paid by Mary	$1,724
Amount applied to deductible	$1,200 (Mary met her deductible) $450 (Tom deductible) $2,174 (applied toward meeting their family deductible)

Type of Service	TRS-ActiveCare 1-HD	TRS-ActiveCare Select or TRS-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)	TRS-ActiveCare 2 NOTE: If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees.
Deductible (per plan year)	$2,750 employee only $5,500 family	$1,200 individual $3,600 family	$1,000 individual $3,000 family
Out-of-Pocket Maximum (per plan year; medical and prescription drug deductibles, copays and coinsurance count toward the out-of-pocket maximum)	$6,650 individual $13,300 family (the individual out-of-pocket maximum only includes covered expenses incurred by that individual)	$7,350 individual $14,700 family	$7,350 individual $14,700 family
Doctor Office Visits	20% after deductible	$30 copay for primary $70 copay for specialist	$30 copay for primary $70 copay for specialist
Preventive Care	Plan pays 100% (deductible waived)	Plan pays 100% (deductible waived)	Plan pays 100% (deductible waived)
Teladoc Physician Services	$40 consultation fee (applies to deductible and out-of-pocket maximum)	Plan pays 100% (deductible waived)	Plan pays 100% (deductible waived)
Diagnostic Lab	20% after deductible	20% after deductible	20% after deductible
High-Tech Radiology (CT scan, MRI, nuclear medicine)	20% after deductible	$100 copay per service plus 20% after deductible	$100 copay per service plus 20% after deductible
Inpatient Hospital (facility charges)	20% after deductible (preauthorization required)	$150 copay per day plus 20% after deductible ($750 maximum copay per admission; preauthorization required)	$150 copay per day plus 20% after deductible ($750 maximum copay per admission; $2,250 maximum copay per plan year; preauthorization required)
Inpatient Hospital (physician/surgeon fees)	20% after deductible	20% after deductible	20% after deductible
Outpatient Surgery	20% after deductible	$150 copay per visit plus 20% after deductible	$150 copay per visit plus 20% after deductible
Bariatric Surgery (physician charges; only covered if performed at an IOQ facility)	$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
Ambulance	20% after deductible	20% after deductible	20% after deductible
Freestanding Emergency Room	$500 copay per visit plus 20% after deductible	$500 copay per visit plus 20% after deductible	$500 copay per visit plus 20% after deductible
Emergency Room (true emergency use)	20% after deductible	$250 copay plus 20% after deductible (copay waived if admitted)	$250 copay plus 20% after deductible (copay waived if admitted)
Urgent Care	20% after deductible	$50 copay per visit	$50 copay per visit
Maternity Care (physician charges; does not include laboratory tests; hospital/facility charges are covered same as inpatient hospital facility charges)	**Initial Visit to Confirm Pregnancy** 20% after deductible **Routine Prenatal Care** Plan pays 100% (deductible waived) **Delivery/Postnatal Care** 20% after deductible	**Initial Visit to Confirm Pregnancy** $30 copay **Routine Prenatal Care** Plan pays 100% (deductible waived) **Delivery/Postnatal Care** 20% after deductible	**Initial Visit to Confirm Pregnancy** $30 copay **Routine Prenatal Care** Plan pays 100% (deductible waived) **Delivery/Postnatal Care** 20% after deductible
Mental Health/Behavioral Health/ Substance Abuse Disorders	**Outpatient Services** 20% after deductible **Inpatient Services** 20% after deductible (preauthorization required)	**Outpatient Services** $70 copay **Inpatient Services** $150 copay per day plus 20% after deductible ($750 maximum copay per admission; preauthorization required)	**Outpatient Services** $70 copay **Inpatient Services** $150 copay per day plus 20% after deductible ($750 maximum copay per admission; $2,250 maximum copay per plan year; preauthorization required)

Preauthorization

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 TRS-ActiveCare 1-HD, TRS-ActiveCare Select and TRS-ActiveCare 2 plans, refer to the online Benefits Booklet at **www.trsactivecareaetna.com** or call TRS-ActiveCare Customer Service at **1-800-222-9205** and speak with an Aetna Health Concierge.

Type of Service	TRS-ActiveCare 1-HD	TRS-ActiveCare Select or TRS-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)	TRS-ActiveCare 2 NOTE: If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees.
Deductible (per plan year)	$5,500 employee only $11,000 family	Not applicable. No coverage for out-of-network services.	$2,000 individual $6,000 family
Out-of-Pocket Maximum (per plan year; medical and prescription drug deductibles, copays and coinsurance count toward the out-of-pocket maximum)	$13,300 individual $26,600 family	Not applicable. No coverage for out-of-network services.	$14,700 individual $29,400 family
Doctor Office Visits	40% after deductible	Not covered	40% after deductible
Preventive Care	40% after deductible	Not covered	40% after deductible
Teladoc Physician Services	Not applicable	Not applicable	Not applicable
Diagnostic Lab	40% after deductible	Not covered	40% after deductible
High-Tech Radiology (CT scan, MRI, nuclear medicine)	40% after deductible	Not covered	40% after deductible
Inpatient Hospital (facility charges)	40% after deductible (preauthorization required)	Not covered	$150 copay per day plus 40% after deductible ($750 maximum copay per admission; $2,250 maximum copay per plan year; preauthorization required)
Inpatient Hospital (physician/surgeon fees)	40% after deductible	Not covered	40% after deductible
Outpatient Surgery	40% after deductible	Not covered	40% after deductible
Bariatric Surgery (physician charges; only covered if performed at an IOQ facility)	Not covered	Not covered	Not covered
Ambulance	Same as network	Not covered	Same as network
Freestanding Emergency Room	Same as network	Same as network	Same as network
Emergency Room (true emergency use)	Same as network	Same as network	Same as network
Urgent Care	40% after deductible	Not covered	40% after deductible
Maternity Care (physician charges; does not include laboratory tests; hospital/facility charges are covered same as inpatient hospital facility charges)	**Prenatal/Delivery/Postnatal Care** 40% after deductible	**Prenatal/Delivery/Postnatal Care** Not covered	**Prenatal/Delivery/Postnatal Care** 40% after deductible
Mental Health/Behavioral Health/ Substance Abuse Disorders	**Outpatient Services** 40% after deductible **Inpatient Services** 40% after deductible (preauthorization required)	**Outpatient Services** Not covered **Inpatient Services** Not covered	**Outpatient Services** 40% after deductible **Inpatient Services** $150 copay per day plus 40% after deductible ($750 maximum copay per admission; $2,250 maximum copay per plan year; preauthorization required)

If you need to…	In-Network	Out-of-Network
	You pay lower out-of-pocket costs if you choose network care.	**TRS-ActiveCare 1-HD and TRS-ActiveCare 2:** You pay higher out-of-pocket costs if you choose out-of-network care. Payment for out-of-network services is limited to the allowable amount, as determined by Aetna. You are responsible for all charges billed by out-of-network providers that exceed the allowable amount. You must meet a separate out-of-network deductible before the plan pays. There is a separate out-of-network out-of-pocket maximum, too. **TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health:** No coverage for out-of-network care, except for a true emergency.
Visit a doctor or specialist A "specialist" is any physician other than a family practitioner, internist, OB/GYN or pediatrician.	• Visit any network doctor or specialist. • Pay the office visit copay (not applicable for TRS-ActiveCare 1-HD). • Pay any deductible and coinsurance. • Your doctor cannot charge more than the allowable amounts for covered services.	**TRS-ActiveCare 1-HD and TRS-ActiveCare 2:** • Visit any licensed doctor or specialist. • Pay for the office visit. • File a claim and get reimbursed for the visit minus any out-of-network deductible and coinsurance. • Your costs will be based on allowable amounts; the out-of-network doctor you receive services from may require you to pay any charges over the allowable amounts determined by Aetna. **TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health:** No coverage for out-of-network care.
Receive preventive care	• Visit any network doctor or specialist. • Plan pays 100%. • Your doctor cannot charge more than the allowable amounts for covered services.	**TRS-ActiveCare 1-HD and TRS-ActiveCare 2:** • Visit any licensed doctor or specialist. • Pay for the preventive care visit. • File a claim and get reimbursed for the visit minus any out-of-network deductible and coinsurance. Out-of-network preventive care is not paid at 100%. • Your costs will be based on allowable amounts; the out-of-network doctor you receive services from may require you to pay any charges over the allowable amounts determined by Aetna. **TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health:** No coverage for out-of-network care.
Receive emergency care Use the Aetna Mobile app to find an urgent care center or emergency room near you. (See page 26 for more information.)	• Call 911 or go to any hospital or doctor immediately; you will receive network benefits for emergency care. • Pay any copay (waived if admitted). • Pay any deductible and coinsurance. • Call the preauthorization number on your ID card within 48 hours.	**All plans:** • Call 911 or go to any hospital or doctor immediately; you will receive network benefits for emergency care. • Pay any copay (waived if admitted). • Pay any deductible and coinsurance. • Call the preauthorization number on your ID card within 48 hours.

If you need to…	In-Network	Out-of-Network
Have lab work	• Visit any network lab. • Pay applicable deductible and coinsurance.	**TRS-ActiveCare 1-HD and TRS-ActiveCare 2:** • Visit any licensed facility. • Pay for the lab work. • File a claim and get reimbursed for the lab service minus any out-of-network deductible and coinsurance. • Your costs will be based on allowable amounts; the out-of-network provider may require you to pay any charges over the allowable amounts determined by Aetna. **TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health:** No coverage for out-of-network care.
Talk with a doctor (Teladoc)	• Call **1-855-TELADOC (1-855-835-2362)**. • Teladoc doctors diagnose non-emergency medical problems, recommend treatment, call in a prescription to your pharmacy of choice and more. • $40 consultation fee for TRS-ActiveCare 1-HD; plan pays 100% for TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health and TRS-ActiveCare 2.	**All plans:** Not applicable – only available through Teladoc physician service.
Be admitted to the hospital	• Your network doctor will preauthorize your admission. • Go to the network hospital. • Pay any copays, deductible and coinsurance.	**TRS-ActiveCare 1-HD and TRS-ActiveCare 2:** • You, a family member, your doctor or the hospital must preauthorize your admission. • Go to any licensed hospital. • Pay any copays, out-of-network deductible and coinsurance each time you are admitted. **TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health:** No coverage for out-of-network care.
Receive behavioral health or chemical dependency services	• Call the behavioral health number on your ID card first to authorize all care. • See a network doctor or health care professional, or go to any network hospital or facility. • Pay any copays, deductible and coinsurance.	**TRS-ActiveCare 1-HD and TRS-ActiveCare 2:** • Call the behavioral health number on your ID card first to authorize all care. • See an out-of-network doctor or health care professional, or go to any out-of-network hospital or facility. • Pay any copays, deductible and coinsurance. **TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health:** No coverage for out-of-network care.
File a claim	Claims will be filed for you.	You may need to file the claim yourself.
Get prescription drugs	• Take prescription to a network retail pharmacy or use Caremark mail service. • Pay the required deductible, coinsurance or copay.	**All plans:** • Take prescription to any licensed pharmacy. • Pay the total cost of the drug. • 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.

Prescription drug benefits

All TRS-ActiveCare plan options include prescription drug benefits administered by CVS Caremark®. When you enroll in a TRS-ActiveCare plan, you will receive a CVS Caremark prescription ID card in the mail. To replace a lost card or request additional cards, call TRS-ActiveCare Customer Service at **1-800-222-9205** and select option 2, or visit **www.caremark.com/trsactivecare**.

How prescription drug benefits work

As with medical benefits, you must first meet a deductible before the plan starts paying its share of prescription drug expenses.

- For the TRS-ActiveCare 1-HD plan, you must meet the plan-year deductible.
- For the TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health and TRS-ActiveCare 2 plans, you must meet the brand-name drug deductible. There is no deductible for generic drugs.

Once you've met the deductible, you pay a flat fee (copayment) or percentage of the drug cost (coinsurance) for each prescription. The amount you pay depends on your plan option, whether you use a retail pharmacy or mail service, and the type of drug used to fill your prescription (generic or brand name).

The benefits summary on page 23 shows prescription drug deductible, copayment and coinsurance amounts. Note that these amounts all apply to the TRS-ActiveCare plans' out-of-pocket maximums.

When you need to fill a prescription

You have a choice of ways to fill prescriptions and save on the medications you use.

For short-term prescriptions (up to a 31-day supply), you can visit any pharmacy in the Caremark retail network. To find a network pharmacy, visit **www.caremark.com/trsactivecare**. You also may use out-of-network pharmacies, but you may pay more out of your own pocket for your medication (see the benefits summary on page 23).

Retail maintenance costs

A convenience fee that applies after the first time you fill a maintenance drug at a local pharmacy. This convenience fee is added after your first fill at a retail pharmacy of a maintenance medication (up to a 31-day supply).

For long-term prescriptions (up to a 90-day supply), you may:

- Use the mail-order service, Caremark Pharmacy. You can order up to a 90-day supply of your medication and have it delivered to any address you provide. You can pay via credit card, check or money order. To learn more about the service, visit **www.caremark.com/trsactivecare**.
- Use the copay installment program, which will allow you to break up the total amount due for your prescription order into three equal payments.
- Visit a Caremark Retail-Plus pharmacy. Retail pharmacies that participate in the Retail-Plus network can dispense a 60- to 90-day supply of medication. To find Retail-Plus pharmacies near you, visit **www.caremark.com/trsactivecare** or call TRS-ActiveCare Customer Service at **1-800-222-9205** and select option 2.

For specialty medications, you must use CVS Caremark Specialty Pharmacy. Specialty medications are drugs used to manage a chronic or genetic condition. They may be injected, infused, inhaled or taken orally, and may require special handling. To use this service, call CaremarkConnect® toll-free at **1-800-237-2767** or visit **www.caremark.com/trsactivecare**.

What is a maintenance drug?

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 generic maintenance drug at a local pharmacy you will pay $20, then you will pay $35 each time you fill that generic maintenance drug at a local pharmacy.

Save money with mail order and Retail-Plus

You can avoid paying this convenience fee if you fill your long-term maintenance drugs (up to a 90-day supply) at a Retail-Plus pharmacy or through the Caremark Pharmacy mail-order service.

Specialty medication discount program

Some specialty medications may qualify for third-party copayment assistance programs, which can lower your out-of-pocket costs for those products. For any such specialty medication where third-party copayment assistance is used, you will not receive credit toward your out-of-pocket maximum or deductible for any copayment or coinsurance amounts that are applied to a manufacturer coupon or rebate. Only the amount you pay out of pocket will apply towards your deductible and out-of-pocket maximum.

Prescription answers and information online 24/7

Once you are enrolled in a TRS-ActiveCare plan, you will be able to register with Caremark at **www.caremark.com**. You can then log in anytime to fill or refill long-term prescriptions, find drug coverage and price information, talk with a registered pharmacist, view your prescription history, download the Caremark mobile app, and much more.

Prescription drug benefits summary

Prescription Coverage	TRS-ActiveCare 1-HD	TRS-ActiveCare Select or TRS-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)	TRS-ActiveCare 2 Note: Closed plan; no new enrollments.	Out-of-Network
Drug Deductible (per person, per plan year)	Must meet plan-year deductible before plan pays.[1]	$0 generic; $200 brand	$0 generic; $200 brand	Same as network
Short-Term Supply at a Retail Location (up to a 31-day supply)[4]				**TRS-ActiveCare 1-HD:** You will be reimbursed the amount that would have been charged by a network pharmacy less the required deductible and coinsurance. **TRS-ActiveCare Select/ TRS-ActiveCare Select Whole Health:** You will be reimbursed the amount that would have been charged by a network pharmacy less the required deductible, copay and coinsurance. **TRS-ActiveCare 2:** You will be reimbursed the amount that would have been charged by a network pharmacy less the required deductible and copay.
Tier 1 – Generic	20% coinsurance after deductible, except for certain generic preventive drugs that are covered at 100%.[1]	$20 for a 1- to 31-day supply	$20 for a 1- to 31-day supply	
Tier 2 – Preferred Brand	20% coinsurance after deductible	$40 for a 1- to 31-day supply[2]	$40 for a 1- to 31-day supply[2]	
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible	50% coinsurance for a 1- to 31-day supply[2]	50% coinsurance for a 1- to 31-day supply[2] (min. $65[3], max $130)	
Extended Days' Supply at Mail Order or Retail-Plus Pharmacy Location (60- to 90-day supply)[4]				
Tier 1 – Generic	20% coinsurance after deductible	$45 for a 60- to 90-day supply	$45 for a 60- to 90-day supply	
Tier 2 – Preferred Brand	20% coinsurance after deductible	$105 for a 60- to 90-day supply[2]	$105 for a 60- to 90-day supply[2]	
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible	50% coinsurance for a 60- to 90-day supply[2]	50% coinsurance for a 60- to 90-day supply[2] (min. $180[3], max $360)	
Specialty Medications (up to a 31-day supply)	20% coinsurance after deductible	20% coinsurance per fill	20% coinsurance (min. $200[3], max. $900)	
Short-Term Supply of a Maintenance Medication at Retail Location (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 days' supply of a maintenance medication through mail order or at a Retail-Plus location.				
Tier 1 – Generic	20% coinsurance after deductible	$35 for a 1- to 31-day supply	$35 for a 1- to 31-day supply	
Tier 2 – Preferred Brand	20% coinsurance after deductible	$60 for a 1- to 31-day supply[2]	$60 for a 1- to 31-day supply[2]	
Tier 3 – Non-Preferred Brand	50% coinsurance after deductible	50% coinsurance for a 1- to 31-day supply[2]	50% coinsurance for a 1- to 31-day supply[2] (min. $90[3], max $180)	

[1]For TRS-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.

[2]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.

[3]If the cost of the drug is less than the minimum, you will pay the cost of the drug.

[4]Participants can fill a 32- to 90-day supply through mail order.

Diabetic meter and supplies

If you have diabetes, you may qualify for a preferred brand blood glucose meter at no cost to you.

Your prescription benefits plan has a value-added program that gives you a meter at no cost to you.

Participants can also get diabetic supplies at no cost.

For more details, please contact the CVS Caremark Member Services Diabetic Meter Team at **1-800-588-4456**.

Meter and supplies	TRS-ActiveCare 1-HD	TRS-ActiveCare Select or TRS-ActiveCare Select Whole Health	TRS-ActiveCare 2 Note: Closed plan; no new enrollments.
Preferred brand blood glucose meter	Free	Free	Free
Short-term retail supplies	Copays waived for needles and syringes only if purchased same day as insulin and insulin processed first.	Copays waived for needles and syringes only if purchased same day as insulin and insulin processed first.	Copays waived for needles and syringes only if purchased same day as insulin and insulin processed first. Dispense as written penalty does not apply to waived copays.
90-day supply at Retail-Plus or mail-order service	Copays waived for needles, syringes and alcohol swabs regardless of whether processed on same day as insulin and regardless of brand. To receive test strips and lancets at no cost, you must use the preferred brand.	Copays waived for needles, syringes and alcohol swabs regardless of whether processed on same day as insulin and regardless of brand. To receive test strips and lancets at no cost, you must use the preferred brand.	Copays waived for needles, syringes and alcohol swabs regardless of whether processed on same day as insulin and regardless of brand. To receive test strips and lancets at no cost, you must use the preferred brand. Dispense as written penalty does not apply to waived copays.

TRS-ACTIVECARE HEALTH AND WELLNESS TOOLS & RESOURCES

Online and mobile resources

Aetna Navigator®, your member website

Once you are enrolled in a TRS-ActiveCare plan, you will be able to register with your member website, **Aetna Navigator**. There, you can use online resources to make the most of your plan benefits, better manage your health and health care, and save money.

Aetna Navigator is quick and easy to use. When you log in, you'll find:

- a clean, simple look and feel – modern and convenient,
- quicker access to the tools you use most,
- easy, intuitive navigation.

Here are just some of the tools you will find on the site:

- The **Member Payment Estimator** lets you find and compare actual costs for common procedures and treatments before you receive care.
- With **DocFind®**, the provider search tool, you can locate doctors, hospitals, urgent care facilities, labs and other health care providers in your plan's network.
  You can also view DocSpot patient ratings and reviews.

- Your **Personal Health Record** shows care you've received – from whom and when. It also features MedQuery®, for personalized health alerts and recommendations, plus health and physical activity trackers.
- A convenient sign-on to access Teladoc for consults.

You can also check benefits and claims, take a health assessment, get started with a wellness program, learn about your Aetna member discounts, and much more.
Go to **www.trsactivecareaetna.com** and click on "Register on Aetna Navigator" to get started.

Apps and tools

You can get Aetna Navigator on the go with **Aetna Mobile**. Use the fingerprint login, then pull up your 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® and Android™ digital devices.*

Get it: Text "Apps" to 23862** or visit **www.aetna.com/mobile**.

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**. On the home page, look for the CVS/caremark™ app link to "Download it now."

Teladoc gives you 24/7/365 access to board-certified doctors by phone or video chat who can treat conditions like colds, allergies, ear infections and much more.

Get it: Download the app at **www.teladoc.com/mobile** or text "Get Started" to **469-804-9918**.**

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**Standard text messaging rates may apply.

Telehealth services

Your TRS-ActiveCare plan provides telephone resources that let you talk with health care professionals when you have a question, concern or problem.

Aetna Health Concierge

The **Aetna Health Concierge** is a single point of contact for medical benefits and wellness information. Call with a problem or question, get help to find the right care, learn how a claim was paid, find out about programs that can help with specific conditions and needs – and much more.

Call: TRS-ActiveCare Customer Service at **1-800-222-9205** to talk with a Concierge.

Teladoc

Teladoc is a service that gives you 24/7/365 phone and video access to board-certified primary care physicians (including pediatricians). Teladoc doctors can diagnose, treat and prescribe for non-emergency problems, such as colds and flu, allergies, sinus infections, and others. Consultations are covered 100% for the TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health and TRS-ActiveCare 2 plans. For TRS-ActiveCare 1-HD, the fee is $40 per consult.

Call: 1-855-TELADOC (1-855-835-2362) or visit **www.teladoc.com/trsactivecare**.

24-Hour Nurse Information Line

The **24-Hour Nurse Information Line** lets you talk with a registered nurse when you have a health-related question or concern. The nurse can provide answers and information, help you know where to seek care, and suggest things you can do until you are able to see a doctor.

Call: 1-800-556-1555.

TRS-ActiveCare wellness resources

Aetna offers the following resources as part of your medical plan to help you and your family live healthier and reach your wellness goals.

Simple Steps To A Healthier Life® is an online health and wellness program that can help you reach wellness goals at your own pace. You start by completing a health assessment, then receive a health report with recommendations for online programs. Each program is broken into "journeys" that lead you step by step to goals, such as losing weight, quitting tobacco, managing a chronic condition, eating healthier and others.

Aetna Health Connections℠ provides expert help and support for chronic condition management. The program matches you with registered nurses and other health care professionals who 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 and more.

The **Aetna Care Advocate Team (CAT)** is a group of trained nurses who can help you navigate the health care system. Get help to understand medical conditions and terms, learn about treatment options, and take advantage of nurse coordination of complex care.

The **Beginning Right® Maternity Program** can give your baby a healthier start in life. OB/GYN-trained nurses help you learn about prenatal care, preterm labor and other pregnancy-related issues. They also provide personal attention for special needs, risks or conditions.

The **National Medical Excellence Program®** provides care coordination and other services to Aetna members facing transplant surgery or other complex medical procedures. If you participate, your procedure will be performed at a designated Institutes of Excellence™ hospital experienced with organ transplants and complex care. You will also benefit from expert case management, help with transportation and lodging, and coordination of follow-up care.

Aetna member discounts save you and your family money on vision and hearing care, fitness memberships, weight management programs, natural products and services, and much more.

Join the Navigate Wellness *Live Healthy Challenge!* As a TRS-ActiveCare plan participant, you have the opportunity to join in and make a positive choice to live a happier and healthier life. You will be able to form a team of 2-10 people or participate on an individual basis, and you can win a prize for yourself or your school!

WAYS TO SAVE

***About* freestanding emergency rooms:** Freestanding emergency rooms (ERs) are owned by independent groups or individuals and provide many of the same services as hospital-based ERs. Unfortunately, they also bill like regular ERs. **New this year: You will pay a $500 copy per visit plus 20% after the deductible.** This means your non-emergency visit can cost a great deal more than an urgent care center or primary care doctor for the same services.

Take a tour of money-saving tips

- **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 out-of-network care under the TRS-ActiveCare Select plan. You can find network providers by using the DocFind online provider directory. Go **www.trsactivecareaetna.com** and click "Find a Doctor or Facility" on the home page. You can also call TRS-ActiveCare Customer Service at **1-800-222-9205** for help finding a network provider.

  Note: For TRS-ActiveCare 1-HD and TRS-ActiveCare 2, out-of-network providers may bill you for amounts exceeding the allowable amount. The out-of-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 out-of-network provider's billed charge. You will be responsible for this balance bill amount, which may be considerable. Remember, there is no coverage for out-of-network providers for the TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health plan, except for true emergency care. Therefore, under the TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health plan, you will be responsible for all billed charges from an out-of-network provider.

- **Have a Teladoc virtual doctor visit** by phone or video consult 24/7. It's a fast and easy way to get non-emergency help for issues like: cold and flu symptoms, earache or headache, mouth sores, pink eye and more. It's free for TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health and TRS-ActiveCare 2 participants. For TRS-ActiveCare 1-HD, you'll pay a $40 fee per consult.
- **Use the emergency room (ER) for life-threatening emergencies *only*** – Life-threatening emergencies warrant a trip to the closest ER. For non-emergency care, there are other options (see below).
- **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** 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.
- **Save time and money with a 90-day supply** – When it comes to medications that are taken regularly, there are two easy ways to save time and money:

  1. Retail-Plus pharmacies that sell 60- to 90-day supplies of maintenance drugs
     - Use the **Retail-Plus Pharmacy Locator** to find one near you.
  2. 90-day refills by Caremark's mail-order services
     - There's no cost for shipping, and Caremark will deliver anywhere you'd like.
     - You can split the cost of your prescription over three months.
     - Caremark will contact the doctor for a new prescription and handle all the details.
     - You can set up mail order by visiting **www.caremark.com/mailservice**.

See how the savings add up – 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. After that, you will pay $35 for each 31-day supply of that generic maintenance drug at a retail pharmacy.

But if you order that same generic maintenance drug through the Caremark mail-order service, a 90-day supply will cost $45, and you will save $225 over the year by filling a 90-day supply.

- **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. (**Except in the case of freestanding emergency rooms; see previous page**). To find them, use DocFind. Go to **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. Check on the wellness programs that are available with your TRS-ActiveCare plan. See page 27 to learn more.
- **Get online** – The TRS-ActiveCare 1-HD, TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health and TRS-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** and register for Aetna Navigator.

HMO PLANS

The chart below shows the HMO plan options available to you for 2018-19. To compare the plans, see the HMO benefits summaries and plan comparisons to follow.

FirstCare HEALTH PLANS	Scott&White HEALTH PLAN PART OF BAYLOR SCOTT & WHITE HEALTH	Blue Essentials Access BlueCross BlueShield of Texas
Customer Service **1-800-884-4901** 8 a.m. – 5 p.m. CT (Mon-Fri) **www.firstcare.com/trs**	Customer Service **1-800-321-7947** 7 a.m. – 8 p.m. 7 days a week **trs.swhp.org**	Customer Service **1-888-378-1633** 8 a.m. – 6 p.m. CT (Mon-Fri) **www.bcbstx.com/trs**
Service Area – Counties	**Service Area – Counties**	**Service Area – Counties**
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	Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coke, Coleman, Collin, Concho, Coryell, Crockett, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hayes, Hill, Hood, Irion, Johnson, Kimble, Lampasas, Lee, Leon, Limestone, Llano, Madison, Mason, McCullough, McLennan, Menard, Milam, Mills, Reagan, Robertson, Rockwall, Runnels, San Saba, Schleicher, Somervell, Sterling, Sutton, Tarrant, Tom Green, Travis, Walker, Waller, Washington, Williamson	Cameron, Hidalgo, Starr, Willacy

Type of Service	FirstCare HEALTH PLANS	Scott&White HEALTH PLAN PART OF BAYLOR SCOTT & WHITE HEALTH	Blue Essentials Access BlueCross BlueShield of Texas
	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
Deductible (per plan year)	$750 individual $2,250 family	$1,000 individual $3,000 family	$500 individual $1,000 family
Out-of-Pocket Maximum (per plan year; includes medical and prescription drug deductibles/copays/coinsurance)	$7,350 individual $14,700 family	$7,000 individual $14,000 family	$4,500 individual $9,000 family
Doctor Office Visits (copays waived for preventive care)	$20 copay for primary ($0 copay for primary visit for dependents age 19 and under) $60 copay for specialist	$15 copay for primary ($0 copay for first primary care visit for illness) $70 copay for specialist (including all services billed with office visit)	$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	20% after deductible	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 deductible ($40 copay waived if transported)	20% after deductible
Emergency Room	$500 copay after deductible	$250 copay plus 20% after deductible (copay waived if admitted within 24 hours)	20% after deductible
Urgent Care	$75 copay (deductible waived)	$50 copay	$75 copay (deductible waived)
Maternity Care	**Prenatal and Postnatal Care** $20 copay for primary $60 copay for specialist **Delivery and Inpatient Services** 25% after deductible	**Prenatal Care** No charge **Postnatal Care** $20 copay for primary $50 copay for specialist **Delivery and Inpatient Services** $150 copay per day plus 20% after deductible ($750 maximum copay per admission)	**Prenatal and Postnatal Care** $25 copay for primary $60 copay for specialist **Delivery and Inpatient Services** 20% after deductible
Mental Health/Behavioral Health/Substance Abuse Disorders	**Outpatient Services** 25% after deductible (facility) $20 (physician office visit) **Inpatient Services** 25% after deductible	**Outpatient Services** $15 copay for physician **Inpatient Services** $150 copay per day plus 20% after deductible ($750 maximum copay per admission)	**Outpatient Services** 20% after deductible **Inpatient Services** 20% after deductible
Durable Medical Equipment	25% after deductible	20% after deductible	20% after deductible
Drug Deductible (per plan year)	$100 per individual/$300 per family	$150 per individual (Preferred Generics excluded)	$100 per individual
Retail Short Term	(up to 30-day supply) $0 – Select Generics/ACA Tier I (drug deductible waived) $15 – Preferred Generics Tier II (drug deductible waived) $40 – Preferred Brands/Non-preferred Generics Tier III after drug deductible $100 – Non-preferred Brands/Non-preferred Generics Tier IV after drug deductible	(up to 30-day supply) $5 – Preferred Generic 30% after drug deductible – Preferred Brand 50% after drug deductible – Non-preferred Brand/Non-preferred Generics	(up to 30-day supply) $10 – Generic $40* – Preferred $65* – Non-preferred
Retail Maintenance	(up to 30-day supply) $0 – Select Generics/ACA Tier I (drug deductible waived) $15 – Preferred Generics Tier II (drug deductible waived) $40 – Preferred Brands/Non-preferred Generics Tier III after drug deductible $100 – Non-preferred Brands/Non-preferred Generics Tier IV after drug deductible	(up to 90-day supply; in-plan pharmacies only) $12.50 – Preferred Generic 30% after drug deductible – Preferred Brand 50% after drug deductible – Non-preferred Brand/Non-preferred Generics	(up to 30-day supply) $10 – Generic $40* – Preferred $65* – Non-preferred
Mail Order	(up to 90-day supply) $0 – Select Generics/ACA Tier I (drug deductible waived) $45 – Preferred Generics Tier II (drug deductible waived) $120 – Preferred Brands/Non-preferred Generics Tier III after drug deductible $300 – Non-preferred Brands/Non-preferred Generics Tier IV after drug deductible	(up to 90-day supply; in-plan pharmacies only) $10 – Preferred Generic 30% after drug deductible – Preferred Brand 50% after drug deductible – Non-preferred Brand/Non-preferred Generics	(up to 90-day supply) $30 – Generic $120* – Preferred $195* – Non-preferred
Specialty Medications (Tier IV)	20% after drug deductible	Tier 1 and 2 – 15% after drug deductible Tier 3 – 25% after drug deductible	20% after deductible Mail order – Not covered
Diabetic Supplies	Covered under prescription copay tiers	$5/$12.50 copay – Preferred Diabetic Supplies and Equipment (deductible waived) 30% after drug deductible – Non-Preferred Diabetic Supplies and Equipment Non-formulary drugs are not covered	

*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.

HMO wellness resources

FirstCare HEALTH PLANS

FirstCare Plus is a unique set of integrated programs and services that include:

- a **wellness program** offering an array of tools, including online health assessment, alerts, information and wellness trackers,
- the **24-hour nurseline** and **online nurse chat** for answers and help day or night,
- a disease management program providing support to those with chronic conditions,
- the **Expecting the Best® Maternity Program** providing mothers and their babies with support and tools for better health.

FirstCare member portal
Log in at **www.my.firstcare.com** to:

- find a doctor or pharmacy,
- view or print plan documents,
- order ID cards or print a temporary card,
- access FirstCare Plus tools and information.

Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

SWHP Wellness Program

The Dialog Center for:

- Shared decision making
- Condition care guidance programs

Online lifestyle management programs:

- Wellness assessment
- Wellness programs

24-Hour Nurse Advice Line, for health-related answers and coaching: **1-877-505-7947**

Member portal – online tools
Log in at **trs.swhp.org** to:

- find a provider or pharmacy,
- view a Summary of Benefits,
- view Explanation of Benefits (EOB) statements,
- order ID cards,
- electronic ID cards,
- access online wellness programs,
- send an email to a customer service advocate and receive a response through the portal's secure messaging feature.

Blue Essentials Access
BlueCross BlueShield of Texas

Blue Care Connection (BCC) can help you reach your health and wellness goals. If you want to learn more or participate in any of the programs listed below, call the Customer Service number on the back of your Blue Cross and Blue Shield of Texas (BCBSTX) ID card.

BCC programs available to you include:

Fitness Program: Take advantage of a discounted gym membership to a nationwide network of fitness centers.

24/7 Nurseline: Get around-the-clock, toll-free access to registered nurses for health information, as well as access to an audio library of more than 1,000 health topics—from allergies to women's health—with more than 600 topics available in Spanish.*

Condition Management: BCBSTX health professionals work with you and your doctor to help you better manage chronic conditions like diabetes, asthma, heart disease, low back pain and more.

Special Beginnings®: Gives expectant moms support and education from early pregnancy to six weeks after delivery. Moms who join the program get a free book on having a healthy pregnancy and access to the Special Beginnings website with a video library on a variety of pregnancy and infant care topics.

Case Management Case managers: With special training, they help you navigate complex medical situations and access the services you need.

Blue Access for members℠ (BAM): To find in-network providers and get personal information about your health care benefits and coverage, log in to BAM at **www.bcbstx.com**. You can also sign up for Blue Access Mobile℠ through your BAM User Profile. Blue Access Mobile allows you to access much of the information on BAM through your smartphone.

*For medical emergencies, call 911 or your local emergency services first. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

COST FOR COVERAGE

Your cost for TRS-ActiveCare coverage is determined by funding available from the state and district, as well as your choice of a health plan.

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. This makes a minimum of $225 available per month to help with the cost of health coverage. Your Benefits Administrator can tell you about any additional funding that may also be available.

Married employees who are active, contributing TRS members may "pool" their local district and state funding to use toward the cost of TRS-ActiveCare coverage.

Pooling

If an employee and spouse both work for the ***same*** participating district/entity, funds may be pooled.

- One employee selects employee and spouse coverage, and the spouse declines coverage, or
- One employee selects employee and family coverage, and the spouse declines coverage.

Split

If an employee and spouse work for ***different*** participating districts/entities, they may wish to pool funds. The decision to enter into a split premium arrangement must be made during annual enrollment or within the election period of a special enrollment event.

- One employee selects employee and spouse coverage, and the spouse declines coverage, or
- One employee selects employee and family coverage, and the spouse declines coverage.

The paper version of the *Application to Split Premium* form will no longer be available. Instead, each employee and their Benefits Administrator must complete their portion of the online *Application to Split Premium* form. This information should be submitted through the online *Application to Split Premium* form at the same time as either an enrollment or change is processed.

Monthly premium costs – 2018-19 plan year

The costs of coverage in the chart below are effective Sept. 1, 2018 to Aug. 31, 2019. Your gross monthly cost is the cost of coverage before applicable state and district funding (see previous page) are applied.

Monthly Premiums

TRS-ActiveCare Monthly Premium	TRS-ActiveCare 1-HD		TRS-ActiveCare Select/ TRS-ActiveCare Select Whole Health		TRS-ActiveCare 2 NOTE: If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees.	
	Full monthly premium*	Premium with min. state/ district contribution**	Full monthly premium*	Premium with min. state/ district contribution**	Full monthly premium*	Premium with min. state/ district contribution**
Individual	$367	$142	$540	$315	$782	$557
+Spouse	$1,035	$810	$1,327	$1,102	$1,855	$1,630
+Children	$701	$476	$876	$651	$1,163	$938
+Family	$1,374	$1,149	$1,668	$1,443	$2,194	$1,969

Monthly Premiums

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

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

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

ENROLLMENT

Plan enrollment period: July 1, 2018 to Aug. 24, 2018

Who can enroll in TRS-ActiveCare?

You

To be eligible for TRS-ActiveCare, an individual:

- must either be (i) a participating member who is currently employed by a participating district/entity in a position that is eligible for membership in the TRS pension, or (ii) an individual who is currently employed by a participating district/entity for 10 or more regularly scheduled hours each week in a position that is not eligible for membership; and
- is **not** receiving health care coverage as an employee or retiree under (i) the Texas State College and University Employees Uniform Insurance Benefits Act (for example, coverage offered by The University of Texas System or the Texas A&M University System); (ii) the Texas Employees Uniform Group Insurance Benefits Act (for example, coverage offered by ERS); or (iii) TRS-Care.

Although under their particular circumstances, a retiree, a higher education employee or a state employee may not be covered as an **employee** of a participating district/entity, he/she may be able to be covered as a **dependent** of an eligible employee. Employees covered as dependents by a higher education entity or a state program may be able to also be covered under TRS-ActiveCare as an employee.

Note: Under Section 22.004, Texas Education Code, and TRS rules, an employee participating in TRS-ActiveCare is entitled to continue participating if he/she resigns after the end of the instructional year and, on the effective date of resignation, is in good standing with TRS-ActiveCare. TRS Rule 41.38, Texas Administrative Code, will be applied by TRS-ActiveCare to determine when TRS-ActiveCare coverage terminates. This is important when planning for retirement and determining when your TRS-Care coverage will begin. Be sure to talk with your employer about your health coverage options when planning for retirement.

Your eligible dependents

You may cover your eligible dependents. These include:

- Your spouse, including a common law spouse (a common law spouse is not considered eligible unless there is a Declaration of Informal Marriage filed with an authorized government agency).
- A child under the age of 26 who is:
  - a natural child,
  - an adopted child or child lawfully placed for adoption,
  - a stepchild,
  - a foster child,
  - a child under your legal guardianship.
- A grandchild under age 26 whose primary residence is your household and who is your dependent for federal income tax reporting in the year when his/her coverage is in effect.*
- Any "other dependent" under the age of 26 in a regular parent-child relationship with you (other than described above), meeting all of these requirements:
  - The child's primary residence is your household.
  - You provide at least 50% of the child's support.
  - Neither of the child's natural parents lives in your household.
  - You have the legal right to make decisions about the child's medical care.**
- Your child age 26 or over who is mentally or physically incapacitated, who is dependent on you on a regular basis, as determined by TRS, and who meets other requirements, as determined by TRS, may be eligible for dependent coverage.

You and your child's doctor must complete a *Request for Continuation of Coverage for Disabled Child* form and *Attending Physician's Statement* to provide satisfactory proof of the disability and dependency. These forms must be submitted no later than 31 days after the child's 26th birthday. To avoid gaps in coverage, the forms must be submitted and approved before the end of the month in which your child turns 26. The forms are available at **www.trsactivecareaetna.com**.

*For the purposes of dependent eligibility under TRS-ActiveCare, a grandchild is not considered a child.
**This requirement does not apply to dependents age 18 and over.

A dependent does **not** include your brother or sister unless he/she is **under** 26 years of age and either:

- under your legal guardianship, or
- in a regular parent-child relationship with you, as defined in the "any other child" category

Your parents and grandparents are **not** eligible dependents.

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?

The Children's Health Insurance Program (CHIP) provides low-cost children's health insurance. To find out if your family qualifies and apply, call CHIP at **1-800-647-6558** or **211**, or visit **www.chipmedicaid.org**.

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

How to enroll

Remember, your current plan election will carry forward to the 2018-19 plan year. You do not have to actively enroll for coverage this year, ***UNLESS***:

- You are newly eligible for coverage.
- You are changing plans or adding/removing dependent(s) for the coming plan year.
- You want to decline coverage for 2018-19.

Your district/entity will provide instructions to enroll using one of these options (as available):

The self-service bswift® enrollment portal.* If this option is available to you, your district/entity will provide instructions for logging in and using the system. If you are currently covered, you will find your address, dependents, plan and coverage type already entered. You will be able to change your address, who you are covering and your plan. You can print a confirmation of your enrollment when you are finished.

Some districts/entities may offer electronic enrollment through a web portal other than bswift. See your Benefits Administrator for details. Be sure to keep a copy of any confirmation of coverage you receive from the other enrollment system.

The Enrollment Application and Change Form. You can use this form to enroll or change your enrollment. The form is available from your Benefits Administrator or at **www.trsactivecareaetna.com**. To complete the online form:

- Visit **www.trsactivecareaetna.com** and click "Documents & Forms" at the top of the home page.
- The ***Enrollment Application and Change Form*** is the first form listed. Click on it.
- Enter your information on the form. Be sure to provide all information requested.
- Print the form.
- Sign, date and return the form to your Benefits Administrator within the plan enrollment period.

*This may not apply to districts/entities with third-party administrators.

Your Aetna ID card

When you enroll in a TRS-ActiveCare plan (i.e., not an HMO) for the first time, make a plan change, or add or drop a dependent (including adding a newborn), you will receive an Aetna member ID card in the mail. If you enroll before Aug. 10, 2018, you will have your new ID card by Sept. 1, 2018. If you make your decision after that, you will have your card by mid-September. You will be able to access your card online on Sept. 1.

Your card is a family card; up to five covered family members are listed on the card. If you have more than four dependents, you will receive an additional card that shows the other dependent(s).

Also printed on the card are the names of your plan and your provider network:

- "Choice POS II" for TRS-ActiveCare 1-HD and TRS-ActiveCare 2.
- "Aetna Select℠ Open Access" for TRS-ActiveCare Select. TRS-ActiveCare Select Whole Health members will receive a gold ID card. This helps distinguish which providers are assigned to your plan.

If you need additional, temporary or replacement cards, call TRS-ActiveCare Customer Service at **1-800-222-9205**.

Enrollment deadlines for first-time enrollees and new hires

If you are enrolling in TRS-ActiveCare for the first time

You will need to enroll online through bswift or another electronic web portal offered by your district/entity, or by using the *Enrollment Application and Change Form* as instructed on the left. You must do this 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. Newborns must also be enrolled within 31 days of birth regardless of their tier coverage. (See page 39 for more information.)

If you are a new hire

You have 31 days after your first day of employment to elect health coverage through TRS-ActiveCare. You may choose your actively-at-work date (the date you started work) or the first of the month following your actively-at-work date as your effective date of coverage. If you choose the actively-at-work date, the full premium for the month will be due. Premiums are not prorated.

Declining coverage

To decline coverage in TRS-ActiveCare:

- Follow the instructions in the bswift enrollment portal, your district's enrollment portal.

  OR

- Complete sections 1, 2 and 6 of the *Enrollment Application and Change Form* to decline health coverage for yourself and/or your dependents and provide your reason for declining. Sign and return the form to your Benefits Administrator.

Remember, you will not be able to elect coverage during the plan year unless you have a special enrollment event, such as marriage, birth or adoption of a child, or loss of other coverage.

Other enrollment opportunity

If a current employee was an eligible part-time employee during an enrollment opportunity for the current plan year, and later during the current plan year, the employee becomes an eligible full-time employee, the employee will have a 31-day opportunity, beginning on the first day that this employee becomes an eligible full-time employee, to enroll himself/herself, as well as any eligible dependents, in TRS-ActiveCare during the current plan year. This enrollment opportunity exists even if enrollment in TRS-ActiveCare during the current plan year was previously declined by this employee.

Special enrollment events

With the exception of a current employee transitioning into full-time status, any enrollment decision you make, including the decision not to enroll, stays in effect for the entire plan year. You may only make changes during the year if you have a special enrollment event. Examples of such events include:

- marriage or divorce.
- birth, adoption or placement for adoption of a child.
- involuntary loss of coverage for a person with other health insurance coverage (for example, your spouse loses health coverage at work). Note: If you enroll/make changes during the year due to "loss of other coverage," your original bswift enrollment or *Enrollment Application and Change Form* will be checked to verify that TRS-ActiveCare coverage was declined due to the other coverage.

Note: You may not change plans if you are dropping a dependent from your TRS-ActiveCare coverage.

You must make changes to your own or a dependent's coverage within 31 calendar days after the special enrollment event. You are responsible for meeting this deadline. If you do not request the appropriate changes during the applicable special enrollment period, you cannot make changes until the next plan enrollment period or, if applicable, until another special enrollment event occurs.

For more about special enrollment events, refer to the Benefits Booklet or Evidence of Coverage for your plan.

TRS-ActiveCare coverage for newborns

Your TRS-ActiveCare plan will automatically provide medical coverage for your newborn for the first 31 days following his/her date of birth. You must enroll your child in the plan within 31 days after his/her date of birth. To enroll your newborn:

- Log in to the **bswift enrollment portal**, your district's enrollment portal

  OR

- Complete, sign, date and return an *Enrollment Application and Change Form* to your Benefits Administrator

When you must enroll your newborn

You must enroll your child within 31 days after his/her date of birth. This applies even if you have "employee and family" or "employee and child(ren)" coverage with TRS-ActiveCare at the time of the child's birth.

Your newborn's coverage will take effect as of his/her date of birth

If you miss the deadline described above, your request for coverage will be denied, even if your premium would not change as a result of adding a child.

If you are changing plans

If you are changing plans, you must do this within 31 days of the newborn's date of birth. The plan change becomes effective the first of the month following the date of birth.

Adding your newborn's Social Security number

You don't need to wait for the newborn's Social Security number to enroll. Follow the instructions above to add your newborn, then update the enrollment record via bswift, your district's enrollment portal, or the *Enrollment Application and Change Form* to add the Social Security number once it has been issued.

About newborn grandchildren

Newborn grandchildren are not automatically covered for the first 31 days after birth. However, you may enroll an eligible grandchild within 31 days of his/her date of birth using the instructions above.

If you do not plan to cover your newborn under your TRS-ActiveCare coverage

If you are going to cover your newborn under another plan, make sure you provide that plan information to the hospital upon admission instead of the TRS-ActiveCare policy information. If your newborn has already been automatically enrolled under your TRS-ActiveCare plan and you want to reverse this automatic coverage, you may opt out by calling TRS-ActiveCare Customer Service at **1-800-222-9205**.

To learn more

For more about the newborn and eligible dependent's effective date of coverage and amount of monthly premium, refer to the Benefits Booklet or Evidence of Coverage for your plan.

GLOSSARY OF TERMS

Accountable Care Organization: An accountable care organization (ACO) is a health care organization that ties payments to quality metrics and the cost of care. ACOs in the United States are formed from a group of coordinated health care practitioners.

Allowable Amount: ***Medical*** – The allowable amount is the maximum amount determined by Aetna to be eligible for consideration of payment by TRS-ActiveCare for a particular service, supply or procedure. ***Prescription Drug*** – The allowable amount means the lesser of: (1) usual and customary; (2) maximum allowable cost plus a contractually determined dispensing fee; or (3) the average wholesale price less a contractually determined discount amount plus dispensing fee. *Usual and customary means the price a cash patient would have paid the day the prescription was dispensed, inclusive of all applicable discounts.*

Balance Billing: An out-of-network provider's practice of billing the patient directly for the provider's charges that remain unpaid after the plan pays the allowable amount for covered services.

Coinsurance: This is the percentage of the participant's share for covered expenses for services and supplies, after the deductible has been met. It is usually a percentage of the allowable amount. For example, if the coinsurance amount is "80/20," that means TRS-ActiveCare pays 80% and you pay 20% of the allowable amount for the eligible charges.

Copayment (Copay): A predetermined amount the participant must pay for medical services during an office visit at the time the services are provided or a prescription is filled. Copays do not apply to the deductible.

Emergency: This means the sudden and unexpected onset of a change in a person's physical or mental condition which, if the procedure or treatment was not performed immediately, could, as determined by Aetna, reasonably be expected to result in:

- placing the person's health in serious jeopardy,
- serious impairment to bodily function,
- serious dysfunction of a body part or organ,
- serious disfiguration, or
- serious jeopardy to the health of a fetus.

TRS-ActiveCare covers medical emergencies wherever they occur. In case of emergency, call 911 or go to the nearest emergency room.

Freestanding Emergency Room: Freestanding emergency rooms (ERs) are owned by independent groups or individuals and provide many of the same services as hospital-based ERs. They treat life-threatening emergencies, but many people also visit them for non-emergency problems, such as colds, minor cuts and burns, and allergies. This can be an expensive visit because freestanding ERs bill like regular ERs. This means the cost for non-emergency care at a freestanding ER may be much more than an urgent care center would charge for the same services.

Health Maintenance Organization (HMO): This is a health plan that arranges health care services for its members. In most HMO plans, members choose a primary care physician (PCP). The PCP is from the health plan's provider network. The PCP gives routine care and refers members to network doctors if special care is needed.

High-Deductible Health Plan: This health plan has to meet federal rules. This is so participants can put money into a health savings account. These funds can help pay for health care. The plan deductible is higher than a standard health plan. Premiums are lower.

In-Network Deductible: This is the amount of in-network covered medical expenses you pay out-of-pocket each plan year before TRS-ActiveCare begins payment for eligible covered in-network medical and pharmacy expenses. The office visit copays precertification penalties, charges for out-of-network expenses, charges for services not covered and any payment for charges greater than the plan's allowable reimbursement do not apply to the in-network deductible.

In-Network Out-of-Pocket Maximum: This is the maximum out-of-pocket amount you are responsible to pay for in-network covered expenses per plan year. In-network deductibles, office visit copays and coinsurance all apply to your maximum in-network out-of-pocket expense. After you reach the in-network out-of-pocket maximum, TRS-ActiveCare pays 100% of the allowable amount for covered in-network charges for the rest of the plan year.

Maintenance Drugs: These 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.

Out-of-Network Deductible: This is the amount of out-of-network covered medical expenses you pay out-of-pocket each plan year before TRS-ActiveCare begins payment for eligible covered out-of-network medical and pharmacy expenses. Any expenses paid for in-network covered charges, charges for services not covered and any payment for charges greater than the plan's allowable reimbursement do not apply to the out-of-network deductible.

Out-of-Network Out-of-Pocket Maximum: This is the maximum out-of-pocket amount you are responsible to pay for out-of-network covered expenses per plan year. Out-of-network deductibles and coinsurance apply to your maximum out-of-network out-of-pocket expense. After you reach the out-of-network out-of-pocket maximum, TRS-ActiveCare pays 100% of the allowable amount for covered out-of-network charges for the rest of the plan year.

Plan Year: The plan year for TRS-ActiveCare begins September 1 and ends August 31.

Preauthorization: The process of determining medical necessity for specific medical services as determined by Aetna. It begins with a telephone call to the TRS-ActiveCare/Aetna Service Center before the procedure and/or service is performed. A preauthorization penalty may apply if preauthorization is not obtained.

Reasonable and Customary: The average fee charged by a particular type of health care practitioner within a geographic area. The term is often used by medical plans as the amount of money they will approve for a specific test or procedure. If the fees are higher than the approved amount, the individual receiving the service is responsible for paying the difference.

IMPORTANT NOTICES

Summary of Benefits and Coverage

The Patient Protection and Affordable Care Act requires all insurers and group health plans to provide consumers with a Summary of Benefits and Coverage (SBC). The SBC describes key plan features, benefits and coverage, and provides a glossary of health care coverage terms.

To view your plan's SBC, visit the website or call the number below.

TRS-ActiveCare 1-HD TRS-ActiveCare Select/ TRS-ActiveCare Select Whole Health TRS-ActiveCare 2	**www.trsactivecareaetna.com**	**1-800-222-9205**
Blue Essentials Access	**www.bcbstx.com/trs**	**1-888-378-1633**
FirstCare Health Plans	**www.firstcare.com/trs**	**1-800-884-4901**
Scott and White Health Plan	**trs.swhp.org**	**1-800-321-7947**

To view a glossary of terms, visit **www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf**.

Other plan information

Click on the links below to view other important plan information.

- **Initial notice about special enrollment rights in your group health plan**
- **Medicare beneficiaries and Medicare Part D**
- **Notice of Privacy Practices**

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.

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.

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 TRS-ActiveCare Customer Service at **1-800-222-9205**.

Medicare beneficiaries and Medicare Part D

Effective January 1, 2006, a Medicare prescription drug plan, called Medicare Part D, has provided and continues to provide 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.texas.gov**. 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 TRS-ActiveCare 1-HD, TRS-ActiveCare Select or TRS-ActiveCare 2) or from your HMO plan before the end of the calendar year 2016.

For Medicare-eligible individuals and individuals expecting to be Medicare-eligible this plan year:

- The TRS-ActiveCare 1-HD, TRS-ActiveCare Select/TRS-ActiveCare Select Whole Health or TRS-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 **www.cms.hhs.gov/creditablecoverage**.
- Questions about Medicare Part D should be directed to Medicare at **1-800-MEDICARE (1-800-633-4227)**.

Teacher Retirement System of Texas 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.

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 it has been revised effective June 10, 2017. 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 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.

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.texas.gov**.

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. 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. The second example is that 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 a law enforcement official for the purpose of alerting law enforcement of your death if TRS has a suspicion that your death may have resulted from criminal conduct;
  - 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's 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, Humana, CVS/Caremark, Express Scripts and Gabriel, Roeder, Smith & 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.
- **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 purpose 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, such as disclosures to prevent disease, help with product recalls, report adverse reactions to medications, or report suspected abuse, neglect or domestic violence.
- **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.
- **To an entity assisting is 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 Uses and Disclosures Requiring an Opportunity to Agree or to Object.

Under the following circumstances, TRS may use or disclose protected health information, provided that TRS informs you in advance of the use or disclosure and you have an opportunity to agree to or prohibit or restrict the use or disclosure of your protected health information. TRS may inform you orally or in writing of and obtain your oral or written agreement or objection to the use or disclosure of your protected health information. TRS will follow your instructions.

- TRS may disclose to a family member, other relative, or a close personal friend, or any other person you identify, your protected health information that (i) is directly relevant to such person's involvement with your health care or payment related to your health care, or (ii) serves to notify or assist in the notification of your location, general condition, or death.
- TRS may use or disclose your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of notifying or assisting in the notification of your location, general condition, or death.

If you are not able to communicate your preference to TRS, for example because you are unconscious, TRS may share your protected health information if TRS believes it is in your best interest to do so.

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 you 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.

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, 151 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, 151 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 do 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 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.
- **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 to **(214) 767-0432** and e-mail at **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
  (800) 806-2092

  TRS will not penalize or in any other way retaliate against you if you file a complaint.

More information

Please contact in writing the Privacy Officer, at the following address, if you have any questions about the privacy practices described in this notice or how to file a complaint.

Privacy Officer
Teacher Retirement System of Texas
1000 Red River Street
Austin, TX 78701

If you want more information about this notice or how to exercise your rights, please contact the TRS Telephone Counseling Center at **(800) 223-8778**. For the Hearing Impaired: Dial Relay Texas **711**.

NOTICE OF NON-DISCRIMINATION AND AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES

DISCRIMINATION IS AGAINST THE LAW

The Teacher Retirement System of Texas (TRS) complies with applicable Federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability or sex. TRS provides free aids and services, such as: written information in other formats (large print, audio, accessible electronic formats, other formats), qualified interpreters (including sign language interpreters), and written information in other languages.

If you need these services, call **1-888-237-6762 (TTY: 711)**.

If you believe that TRS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance in person or by mail, fax or email:

MAIL: Section 1557 Coordinator,
1000 Red River Street, Austin, TX, 78701

FAX: **512-542-6575**

EMAIL: **section1557coordinator@trs.texas.gov**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services online, by mail or by phone at:

ONLINE: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**
Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

MAIL: U.S. Department of Health and Human Services,
200 Independence Avenue, SW, Room 509F, HHH Building,
Washington, D.C. 20201

PHONE: **1-800-368-1019, 1-800-537-7697 (TDD)**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

यान द: यदद आप ह दी बोलते ह तो आपके ललए मु त म भाषा सहायता सेवाएं उपल ध ह।

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

સચુ ના: જો તમે ગજુ રાતી બોલતા હો, તો ન ન:શુ ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલ ધ છે.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັບຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.

1-888-237-6762 (TTY: 711)