

TRS Highlights 2023-24

All TRS-Active Care participants have three plan options. Each includes a wide range of wellness benefits. The third option is on the next page.

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

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$442	\$	\$519	\$
Employee and Spouse	\$1,194	\$	\$1,350	\$
Employee and Children	\$752	\$	\$883	\$
Employee and Family	\$1,503	\$	\$1,713	\$

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400
Coinurance	You pay 30% after deductible	You pay 20% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$6,900/\$13,800
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

Doctor Visits		
Primary Care	\$30 copay	\$15 copay
Specialist	\$70 copay	\$70 copay

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

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

TRS Highlights (contd.)

	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none"> • Compatible with a Health Savings Account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet your deductible before plan pays for non-preventive care

Monthly Premiums	Total Premium	Your Premium
Employee Only	\$456	\$
Employee and Spouse	\$1,232	\$
Employee and Children	\$776	\$
Employee and Family	\$1,551	\$

Plan Features		
Type of Coverage	In-Network	Out-of-Network
Individual/Family Deductible	\$3,000/\$6,000	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$20,250/\$40,500
Network	Nationwide Network	
PCP Required	No	

Doctor Visits		
Primary Care	You pay 30% after deductible	You pay 50% after deductible
Specialist	You pay 30% after deductible	You pay 50% after deductible

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

Prescription Drugs	
Drug Deductible	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred	You pay 25% after deductible
Non-preferred	You pay 50% after deductible
Specialty (31-Day Max)	You pay 20% after deductible
Insulin Out-of-Pocket Costs	You pay 25% after deductible

How to Calculate Your Monthly Premium

- Total Monthly Premium
- − Your District and State Contributions
-
- − Your Premium

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

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

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

New Rx Benefits!

- Express Scripts is your new pharmacy benefits manager! CVS pharmacies and most of your preferred pharmacies and medication are still included.
- Certain specialty drugs are still \$0 through SaveOnSP.

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide (PHG) any time 24/7 to help you find the best price for a medical service. Reach them at **1-866-355-5999**.

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

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