

TRS-ActiveCare 2019–20 what's new & what's changing



TRS-ActiveCare Changes

| Medical Coverage | TRS-ActiveCare 1-HD | | TRS-ActiveCare Select/ActiveCare Select Whole Health | | TRS-ActiveCare 2 | |
|--|--|--|--|---|--|--|
| | 2018 – 19 Plan Year | 2019 – 20 Plan Year | 2018 – 19 Plan Year | 2019 – 20 Plan Year | 2018 – 19 Plan Year | 2019 – 20 Plan Year |
| In-network out-of-pocket max Individual/Family | \$6,650/\$13,300 | \$6,750/\$13,500 | \$7,350/\$14,700 | \$7,900/\$15,800 | \$7,350/\$14,700 | \$7,900/\$15,800 |
| Out-of-network out-of-pocket max Individual/Family | \$13,300/\$26,600 | \$20,250/\$40,500 | N/A | N/A | \$14,700/\$29,400 | \$23,700/\$47,400 |
| Out-of-network inpatient hospital | You pay 40% after deductible | Plan pays up to \$500 per day cap of covered charges after deductible; you pay the excess over the \$500 per day cap | N/A | N/A | You pay \$150 copay per day plus 40% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year) | Plan pays up to \$500 per day cap of covered charges after deductible; you pay the excess over the \$500 per day cap |
| Prescription Coverage Generic drugs | | | | | | |
| Retail copay/coinsurance (up to 31-days supply) | You pay 20% after deductible, except for certain generic preventive drugs that are covered at 100% | No change | You pay \$20, no deductible | You pay \$15, no deductible | You pay \$20, no deductible | No change |
| Retail maintenance copay/coinsurance (after 1 st fill; up to 31-day supply) | You pay 20% after deductible | No change | You pay \$35, no deductible | You pay \$30, no deductible | You pay \$35, no deductible | No change |
| Prescription Coverage Preferred brand drugs | | | | | | |
| Retail copay/coinsurance (up to 31-days supply) | You pay 20% after deductible | You pay 25% after deductible | You pay \$40 after drug deductible | You pay 25% after drug deductible (min. \$40*; max. \$80) | You pay \$40 after drug deductible | You pay 25% after drug deductible (min. \$40*; max. \$80) |
| Retail maintenance copay/coinsurance (after 1 st fill; up to 31-day supply) | You pay 20% after deductible | You pay 25% after deductible | You pay \$60 after drug deductible | You pay 25% after drug deductible (min. \$60*; max. \$120) | You pay \$60 after drug deductible | You pay 25% after drug deductible (min. \$60*; max. \$120) |
| Mail order & Retail Plus copay/coinsurance (60 to 90-day supply) | You pay 20% after deductible | You pay 25% after deductible | You pay \$105 after drug deductible | You pay 25% after drug deductible (min. \$105*; max. \$210) | You pay \$105 after drug deductible | You pay 25% after drug deductible (min. \$105*; max. \$210) |
| Prescription Coverage Non-preferred brand drugs | | | | | | |
| Retail copay/coinsurance (up to 31-days supply) | You pay 50% after deductible | No change | You pay 50% after drug deductible | No change | You pay 50% after drug deductible (min. \$65*; max. \$130) | You pay 50% after drug deductible (min. \$100*; max. \$200) |
| Retail maintenance copay/coinsurance (after 1 st fill; up to 31-day supply) | You pay 50% after deductible | No change | You pay 50% after drug deductible | No change | You pay 50% after drug deductible (min. \$90*; max. \$180) | You pay 50% after drug deductible (min. \$105*; max. \$210) |
| Mail order & Retail Plus copay/coinsurance (60 to 90-day supply) | You pay 50% after deductible | No change | You pay 50% after drug deductible | No change | You pay 50% after drug deductible (min. \$180*; max. \$360) | You pay 50% after drug deductible (min. \$215*; max. \$430) |

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

TRS-ActiveCare 2019–20 what's new & what's changing

TRS-ActiveCare Premium Changes

New 2019–20 Premiums

| TRS-ActiveCare Monthly Premium | TRS-ActiveCare 1-HD | | TRS-ActiveCare Select/ ActiveCare Select Whole Health | | TRS-ActiveCare 2 | |
|--------------------------------|-----------------------|--|--|--|-----------------------|--|
| | 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 | \$378 | \$153 | \$556 | \$331 | \$852 | \$627 |
| +Spouse | \$1,066 | \$841 | \$1,367 | \$1,142 | \$2,020 | \$1,795 |
| +Children | \$722 | \$497 | \$902 | \$677 | \$1,267 | \$1,042 |
| +Family | \$1,415 | \$1,190 | \$1,718 | \$1,493 | \$2,389 | \$2,164 |

Current 2018–19 Premiums

| TRS-ActiveCare Monthly Premium | TRS-ActiveCare 1-HD | | TRS-ActiveCare Select/ ActiveCare Select Whole Health | | TRS-ActiveCare 2 | |
|--------------------------------|-----------------------|--|--|--|-----------------------|--|
| | 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 | \$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 |

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

**The cost after state, \$75 and district, \$150 contribution 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.)



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TRS-ActiveCare 2019-20 what's new & what's changing

HMO Changes

| Medical Coverage | BCBSTX | | FirstCare | | Scott and White | |
|--|----------------------------|---------------------|---|---|---|--|
| | 2018 – 19 Plan Year | 2019 – 20 Plan Year | 2018 – 19 Plan Year | 2019 – 20 Plan Year | 2018 – 19 Plan Year | 2019 – 20 Plan Year |
| Out-of-pocket maximum Individual/Family | No plan changes for BCBSTX | | \$7,350/\$14,700 | \$7,450/\$14,900 | \$7,000/\$14,000 | \$7,450/\$14,900 |
| Deductible Individual/Family | | | \$750/\$2,250 | \$950/\$2,850 | \$1,000/\$3,000 | \$950/\$2,850 |
| Primary care office visit | | | You pay \$20 | No change | You pay \$15, 1 st office visit copay waived for illness | You pay \$20, 1st office visit copay waived for illness, \$0 copay for primary visit for dependents age 19 and under |
| Specialist office visit copay | | | \$60 | \$70 | \$70 | No change |
| Urgent care copay | | | You pay \$75; deductible waived | You pay \$50; deductible waived | You pay \$50 copay | No change |
| Emergency room copay/coinsurance | | | You pay \$500 after deductible | No change | You pay \$250 plus 20% after deductible | You pay \$500 after deductible |
| Prescription Coverage | | | | | | |
| Prescription drug deductible | No plan changes for BCBSTX | | \$100 individual \$300 family | \$150 (excluding preferred generics) | \$150 | No change |
| Prescription Coverage Preferred drugs | | | | | | |
| Retail copay/coinsurance (up to 31-day supply) | No plan changes for BCBSTX | | You pay \$15 generic; \$40 brand after drug deductible | You pay \$5 generic (drug deductible waived); 30% brand after drug deductible | No plan changes for Scott and White | |
| Retail maintenance copay/coinsurance (after 1 st fill; up to 31-day supply) | | | You pay \$15 generic; \$40 brand after drug deductible | You pay \$12.50 generic (drug deductible waived); 30% brand after drug deductible | | |
| Mail order copay/coinsurance (60 to 90-day supply) | | | You pay \$45 generic; \$120 brand after drug deductible | You pay \$12.50 generic (drug deductible waived); 30% brand after drug deductible | | |
| Prescription Coverage Non-preferred brand drugs | | | | | | |
| Retail copay/coinsurance (up to 31-day supply) | No plan changes for BCBSTX | | You pay \$100 after drug deductible | You pay 50% after drug deductible | No plan changes for Scott and White | |
| Retail maintenance copay/coinsurance (after 1 st fill; up to 31-day supply) | | | You pay \$100 after drug deductible | You pay 50% after drug deductible | | |
| Mail order copay/coinsurance (60 to 90-day supply) | | | You pay \$300 after drug deductible | You pay 50% after drug deductible | | |
| Specialty Medications | | | You pay 20% after drug deductible | You pay 15% Tier 1 & Tier 2 after drug deductible; 25% Tier 3 after drug deductible | | |

TRS-ActiveCare 2019–20 what's new & what's changing

HMO Premium Changes

New 2019–20 Premiums

| 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 | \$486.56 | \$261.56 | \$560.50 | \$335.50 | \$558.54 | \$333.54 |
| +Spouse | \$1,177.52 | \$952.52 | \$1,416.52 | \$1,191.52 | \$1,306.58 | \$1,081.58 |
| +Children | \$761.96 | \$536.96 | \$892.16 | \$667.16 | \$876.76 | \$651.76 |
| +Family | \$1,249.00 | \$1,024.00 | \$1,454.80 | \$1,229.80 | \$1,457.28 | \$1,232.28 |

Current 2018–19 Premiums

| 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. Contact your Benefits Administrator for your monthly premium.

**The cost after state, \$75 and district, \$150 contribution 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.)