

2020-21 TRS-ActiveCare Plan Highlights Sept. 1, 2020 – Aug. 31, 2021



What's New

- Primary plan with a **lower premium and copays**
- Primary+ (formerly Select) **decreased premiums** by up to 8%
- **Broader networks** of health care providers
- **Lower premiums** for families with children

Leverage Your \$0 Preventive Care*

- Annual routine physicals (ages 12+)
- Annual mammogram (ages 40+)
- Annual OBGYN exam & pap smear (ages 18+)
- Annual prostate cancer screening (ages 45+)
- Well-child care (unlimited up to age 12)
- Healthy diet/obesity counseling (unlimited to age 22; ages 22+ get twenty-six visits per year)
- Smoking cessation counseling (8 visits per year)
- Breastfeeding support (six per year)
- Colonoscopy (ages 50+ once every ten years)

*Available for all plans. See benefits guides for more details.

Did You Know

- Our provider search tool will be available in June.
- Choosing a PCP helps you meet your health goals faster.
- Generic medications save money! Ask your provider if your medicine has a generic.

All TRS-ActiveCare participants have **three plan options**. Each is designed with the unique needs of our members in mind.

	NEW: TRS-ActiveCare Primary	TRS-ActiveCare HD	NEW: TRS-ActiveCare Primary+
Plan summary	<ul style="list-style-type: none"> • Lower premium • Copays for doctor visits before you meet deductible • Statewide network • PCP referrals required to see specialists • Not compatible with health savings account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Similar to current 1-HD • Lower premium • Compatible with health savings account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet deductible before plan pays for non-preventive care 	<ul style="list-style-type: none"> • Simpler version of the current Select plan • Lower deductible than 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
If you make no changes during Annual Enrollment, you'll have the following plan...	Only employees that choose this new plan during Annual Enrollment will be enrolled in it.	If you're currently in TRS-ActiveCare 1-HD and you make no change during Annual Enrollment, this will be your plan next year.	If you're currently in TRS-ActiveCare Select and you make no changes during Annual Enrollment, this will be your plan next year.

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$386	\$0	\$397	\$11	\$514	\$128
Employee and Spouse	\$1,089	\$703	\$1,120	\$734	\$1,264	\$878
Employee and Children	\$695	\$309	\$715	\$329	\$834	\$448
Employee and Family	\$1,301	\$915	\$1,338	\$952	\$1,588	\$1202

Plan Features	In-Network Coverage Only	In-Network	Out-of-Network	In-Network Coverage Only
Type of Coverage	In-Network Coverage Only	In-Network	Out-of-Network	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,800/\$5,600	\$5,500/\$11,000	\$1,200/\$3,600
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,150/\$16,300	\$6,900/\$13,800	\$20,250/\$40,500	\$6,900/\$13,800
Network	Statewide Network	Nationwide Network		Statewide Network
Primary Care Provider (PCP) Required	Yes	No		Yes

Doctor Visits	Primary Care	Specialist	TRS Virtual Health
Primary Care	\$30 copay	You pay 20% after deductible	You pay 40% after deductible
Specialist	\$70 copay	You pay 20% after deductible	You pay 40% after deductible
TRS Virtual Health	\$0 per consultation	\$30 per consultation	

Immediate Care	Urgent Care	Emergency Care	TRS Virtual Health
Urgent Care	\$50 copay	You pay 20% after deductible	You pay 40% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	
TRS Virtual Health	\$0 per consultation		

Prescription Drugs	Drug Deductible	Generics (30-Day Supply / 90-Day Supply)	Preferred Brand	Non-preferred Brand	Specialty
Drug Deductible	Integrated with medical	Integrated with medical	\$200 brand deductible		
Generics (30-Day Supply / 90-Day Supply)	\$15/\$45 copay; \$0 for certain generics	You pay 20% after deductible; \$0 for certain generics	\$15/\$45 copay		
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible		
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible		
Specialty	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible		

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

TRS-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many drugs and services • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals
If you're currently in TRS-ActiveCare 2, and you make no changes during Annual Enrollment, you will remain in TRS-ActiveCare 2 next year.

Total Premium	Your Premium
\$937	\$551
\$2,222	\$1836
\$1,393	\$1007
\$2,627	\$2241

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

Primary Care	Specialist
\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible
\$0 per consultation	

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

Drug Deductible	Generics (30-Day Supply / 90-Day Supply)	Preferred Brand	Non-preferred Brand	Specialty
\$200 brand deductible				
\$20/\$45 copay				
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)				
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)				
You pay 20% after deductible (\$200 min/\$900 max)/ No 90-Day Supply of Specialty Medications				