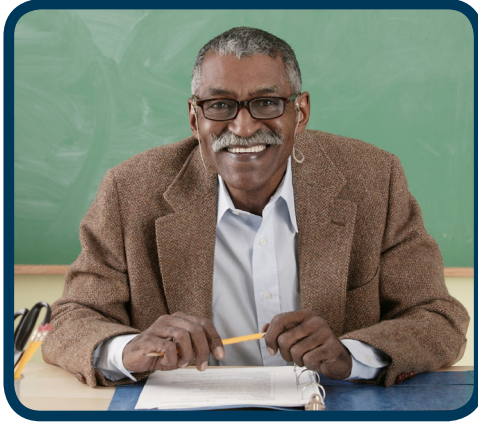


FirstCare Plan Summary

Plan Year 2014-2015



TRS-ActiveCare Plan Summary

We take pride in working with the Teacher Retirement System (TRS) of Texas program to provide comprehensive benefits at an affordable cost.

We currently cover more than 20,000 teachers, administrators, school employees, and dependents. Before you choose your health plan, please take a moment to review this plan summary.

We're confident you'll discover why so many of your colleagues have joined FirstCare Health Plans.

Questions?

Call 1-800-884-4901

Click trsquestions@firstcare.com

Visit Stop by one of our local offices



With FirstCare, I can see any in-plan specialist without a referral.

FirstCare's provider network includes more than 2,700 specialists in 103 counties throughout the north, west, and central regions of Texas. If you need to see an out-of-plan specialist or receive care at a facility that is not contracted with FirstCare, you will need prior authorization.

A complete list of providers is available online at www.firstcare.com.



My son is at Texas Tech and my daughter is at AGM, but they're both covered by my FirstCare plan; one less thing for me to worry about.

Dependent children residing outside the service area are covered for all services, including routine, non-emergency care as long as that care is provided by a doctor or facility that is contracted with FirstCare or our wrap network, PHCS. NOTE: The dependent's address must be on file with FirstCare to qualify for coverage. Call Customer Service to update your dependent's address.



Sunscreen? Yes. Airline tickets? Yes. Health insurance that covers me when I'm away from home? Yes, thanks to FirstCare.

Members are covered for medical emergencies and urgent care while outside the FirstCare service area. To minimize the possibility of being balance billed for these services, seek care from a PHCS wrap network provider. For urgent care, you must call your primary care provider (PCP) prior to seeking medical care. Your PCP is available 24 hours a day, 7 days a week and will have an answering service or instructions on the answering machine if you call after regular working hours.

Plan Year 2014 - 2015

Medical Plan Year Deductible	\$450 Individual	\$1,125 Family
Out-of-Pocket Maximum <small>includes medical deductible and copayments</small>	\$4,450 Individual	\$9,125 Family
Annual Maximum	Unlimited	
Primary Care Provider (PCP) Office Visit <ul style="list-style-type: none"> Includes routine lab/X-ray services, injectables, and supplies Other services provided in a physician's office are subject to additional deductible and copayments/coinsurance 	\$20 copayment	
Specialist Office Visit <ul style="list-style-type: none"> Includes routine lab/X-ray services Other services provided in a physician's office are subject to additional deductible and copayments/coinsurance 	\$60 copayment	
Preventive Care Well-woman exam, immunizations, physicals, mammograms, colorectal cancer screening	no copayment	
Surgical Procedures Performed in the Physician's Office	25% copayment ¹	
Minor Emergency/Urgency Care Visit	\$75 copayment	
Emergency Room	25% copayment ¹	
Ambulance Air/Ground	25% copayment ¹	
Inpatient Services Facility charges, physician services, surgical procedures, pre-admission testing, operating/recovery room, newborn delivery and nursery, ICU/coronary care units, laboratory tests/X-rays, rehabilitation facility	25% copayment ¹	
Outpatient Services Facility charges, physician services, surgical procedures, observation unit	25% copayment ¹	
Diagnostic Tests MRI, CT scan, sleep study, stress test, PET scan, ultrasound, cardiac imaging, genetic testing, colonoscopy (non-preventive)	25% copayment ¹	
Behavioral Health Mental Health/Chemical Dependency	25% copayment ¹	
Home Health Care <i>Limited to 60 visits per plan year</i>	25% copayment ¹	
Hospice Care	25% copayment ¹	
Skilled Nursing Facility <i>Limited to 30 days per plan year</i>	25% copayment ¹	
Accidental Dental Care <i>Limited to \$3,000 per plan year</i>	25% copayment ¹	
Prosthetics	25% copayment ¹	
Orthotics	25% copayment ¹	
Spinal Manipulation <i>Limited to 10 visits per plan year</i>	25% copayment ¹	
Durable Medical Equipment	25% copayment ¹	
All Other Covered Services	25% copayment ¹	

Prescription Drug Plan Year Deductible	\$100 Individual	\$300 Family
Out-of-Pocket Maximum <small>includes prescription drug deductible and copayments</small>	\$4,450 Individual	\$9,125 Family
Annual Maximum	Unlimited	
Participating Retail Pharmacy	Standard Drugs/30-day supply	
Generic (Tier 1) <i>deductible waived</i>	\$10 per prescription	
Preferred Brand Name (Tier 2)	\$30 per prescription ²	
Non-preferred Brand Name (Tier 3)	\$60 per prescription ²	
Specialty (Tier 4)	20% per prescription ²	
Participating Mail Order Pharmacy	Maintenance Drugs/90-day supply	
Generic (Tier 1) <i>deductible waived</i>	\$30 per prescription	
Preferred Brand Name (Tier 2)	\$90 per prescription ²	
Non-preferred Brand Name (Tier 3)	\$180 per prescription ²	
Specialty (Tier 4)	20% per prescription ²	



¹Subject to medical deductible

²Subject to prescription drug deductible

Summer Enrollment

July 21 - August 31, 2014

2014-2015 FirstCare Benefit Highlights

- ☆ 100% preventive care coverage
- ☆ Reduced office visit copayments
- ☆ Reduced deductible
- ☆ Maximum out-of-pocket includes medical deductible and copayment
- ☆ No prescription drug deductible for generic drugs

Why choose FirstCare?

- ☆ Local offices; Texas-based customer service
- ☆ Comprehensive network of quality physicians
- ☆ No referrals to network specialists
- ☆ Worldwide emergency care
- ☆ New wellness program and improved provider search

Gross Monthly Cost for Coverage Effective September 1, 2014 - August 31, 2015

Coverage Category	Total Cost*
Employee only	\$390.14
Employee and spouse	\$977.76
Employee and child(ren)	\$618.94
Employee and family	\$987.44

* District and state funds are provided each month to active contributing TRS members to use toward the cost of TRS-ActiveCare coverage. State funding is subject to appropriation by the Texas Legislature. Please contact your Benefits Administrator to determine your net monthly cost for your coverage.



For a detailed description of our plan benefits and evidence of coverage, visit www.trs.state.tx.us/trs-activecare.

You can also access our provider directory and drug coverage list online.