

# TRS-ActiveCare 2018-19 what's new & what's changing



Medical Coverage	TRS-ActiveCare-1HD		TRS-ActiveCare Select/ ActiveCare Select Whole Health		TRS-ActiveCare 2 <small>Note: This is a closed plan. Only participants presently enrolled in ActiveCare 2 are eligible to remain in this plan for 2018-19. No new enrollments will be allowed.</small>	
	2017 – 18 Plan Year	2018 – 19 Plan Year	2017 – 18 Plan Year	2018 – 19 Plan Year	2017 – 18 Plan Year	2018 – 19 Plan Year
<b>In-network deductible</b> Individual/Family	\$2,500/\$5,000	\$2,750/\$5,500	\$1,200/\$3,600	No change	\$1,000/\$3,000	No change
<b>In-network out-of-pocket max</b> Individual/Family	\$6,550/\$13,100	\$6,650/\$13,300	\$7,150/\$14,300	\$7,350/\$14,700	\$7,150/\$14,300	\$7,350/\$14,700
<b>Out-of-network deductible</b> Individual/Family	\$5,000/\$10,000	\$5,500/\$11,000	N/A	N/A	\$2,000/\$6,000	No change
<b>Out-of-network out-of-pocket max</b> Individual/Family	\$13,100/\$26,200	\$13,300/\$26,600	N/A	N/A	\$14,300/\$28,600	\$14,700/\$29,400
<b>Specialist office visit</b>	20% after deductible	No change	\$60 copay	\$70 copay	\$50 copay	\$70 copay
<b>ER copay</b>	20% after deductible	No change	\$200 copay plus 20% after deductible	\$250 copay plus 20% after deductible	\$200 copay plus 20% after deductible	\$250 copay plus 20% after deductible
<b>NEW Freestanding ER</b>	20% after deductible	\$500 copay plus 20% after deductible	\$200 copay plus 20% after deductible	\$500 copay plus 20% after deductible	\$200 copay plus 20% after deductible	\$500 copay plus 20% after deductible
<b>Quest diagnostic lab</b>	20% after deductible	No change	Plan pays 100%	20% after deductible	Plan pays 100%	20% after deductible
<b>Prescription Coverage</b>						
<b>Retail</b> (up to 31-days supply) No change to generic or preferred brand Non-preferred brand	20% after deductible	50% after deductible	50% after RX deductible	No change	\$65 copay	50% after RX deductible (min \$65*, max \$130)
<b>Retail maintenance</b> (after 1st fill; up to 31-days supply) No change to generic or preferred brand Non-preferred brand	20% after deductible	50% after deductible	50% after RX deductible	No change	\$90 copay	50% after RX deductible (min \$90*, max \$180)
<b>Mail order &amp; Retail-Plus</b> (up to 90-days supply) No change to generic or preferred brand Non-preferred brand	20% after deductible	50% after deductible	50% after RX deductible	No change	\$180 copay	50% after RX deductible (min \$180*, max \$360)
<b>Specialty prescription drug</b>	20% after deductible	No change to coinsurance Limited to a 31-day supply per fill	20% after RX deductible	No change to coinsurance Limited to a 31-day supply per fill	\$200 (up to 31 day fill) \$450 (32-90 day fill)	20% after RX deductible (min \$200*, max \$900) Limited to a 31-day supply per fill

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