

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



Medical Coverage	TRS-ActiveCare-1HD		TRS-ActiveCare Select		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
In-network deductible Individual/Family	\$2,500/\$5,000	\$2,750/\$5,500	\$1,200/\$3,600	No change	\$1,000/\$3,000	No change
In-network out-of-pocket max 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
Out-of-network deductible Individual/Family	\$5,000/\$10,000	\$5,500/\$11,000	N/A	N/A	\$2,000/\$6,000	No change
Out-of-network out-of-pocket max Individual/Family	\$13,100/\$26,200	\$13,300/\$26,600	N/A	N/A	\$14,300/\$28,600	\$14,700/\$29,400
Specialist office visit	20% after deductible	No change	\$60 copay	\$70 copay	\$50 copay	\$70 copay
ER copay	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
NEW Freestanding ER	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
Quest diagnostic lab	20% after deductible	No change	Plan pays 100%	20% after deductible	Plan pays 100%	20% after deductible
Prescription Coverage						
Retail (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)
Retail maintenance (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)
Mail order & Retail-Plus (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)
Specialty prescription drug	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.

HMO Changes

Medical Coverage	BCBSTX		FirstCare		Scott and White	
	2017 – 18 Plan Year	2018 – 19 Plan Year	2017 – 18 Plan Year	2018 – 19 Plan Year	2017 – 18 Plan Year	2018 – 19 Plan Year
Out-of-pocket maximum Individual/Family	\$4,500/\$9,000	No change	\$6,000/\$12,000	\$7,350/\$14,700	\$6,550/\$13,100	\$7,000/\$14,000
PCP copay	\$25	No change	\$20	No change	\$20	\$15
Specialist copay	\$60	No change	\$60	No change	\$50	\$70
Urgent Care copay	\$75	No change	\$75	No change	\$55	\$50
ER copay	20% after RX deductible	No change	\$500 copay after RX deductible	No change	\$150 copay plus 20% after RX deductible	\$250 copay plus 20% after RX deductible
Prescription Coverage						
Specialty prescription drug	20% after RX deductible	No change	20% after RX deductible	No change	20% after RX deductible	Tier 1 and 2–15% after RX deductible Tier 3–25% after RX deductible

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TRS-ActiveCare Premium Changes

New 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

Current 2017–18 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	\$351	\$126	\$514	\$289	\$714	\$489
+Spouse	\$991	\$766	\$1,264	\$1,039	\$1,694	\$1,469
+Children	\$671	\$446	\$834	\$609	\$1,062	\$837
+Family	\$1,316	\$1,091	\$1,589	\$1,364	\$2,004	\$1,779

HMO Premium Changes

New 2018–19 Premiums

TRS-ActiveCare 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

Current 2017–18 Premiums

TRS-ActiveCare 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	\$460.50	\$235.50	\$514.82	\$289.82	\$561.04	\$336.04
+Spouse	\$1,113.72	\$888.72	\$1,287.60	\$1,062.60	\$1,263.08	\$1,038.08
+Children	\$720.86	\$495.86	\$816.07	\$591.07	\$888.42	\$663.42
+Family	\$1,181.28	\$956.28	\$1,298.52	\$1,073.52	\$1,400.98	\$1,175.98

*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.)