

ACTIVATE YOUR HEALTH: TRS-ActiveCare Plan Highlights 2020-21

This new year brings new opportunities to unlock your potential and take charge of your wellness.

After connecting with your district leaders to learn how we could enhance the quality of your coverage, we're providing improved pricing, more network choices, simplified coverage and a new plan with a lower premium and copays.

Welcome to the 2020-21 TRS-ActiveCare, where you can empower the best you.

What to Know

- How to Calculate Your Monthly Premium
 - Total Monthly Premium
- Your District and State Contributions
- **Gour Premium**

Calculate Your Monthly Premium

Learn the Terms

- Premium: The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

Ask your Benefits Administrator for your district's specific premiums.

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

· Lower premium

NEW: TRS-ActiveCare Primary

Copays for doctor visits before you meet deductible
 Statewide network

ACTIVECARE shows related with the set of the

currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRS-ActiveCare 2

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

· Closed to new enrollees

Lower deductible
 Copays for many drugs and services
 Nationwide network with out-of-network coverage
 No requirement for PCPs or referrals

Current enrollees can choose to stay in plan

What's New

children

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

TRS-ActiveCare HD

TRS-ActiveCare Primary+

· Simpler version of the current Select plan

· Copays for many services and drugs

• Lower deductible than HD and primary plans

 Primary plan with a lower premium and copays 	•	
 Primary+ (formerly Select) decreased premiums by up to 8% 	•	Dianananan
• Broader networks of health care providers	•	Plan summary
• Lower premiums for families with		Kuran mala as shares during Arrival

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.

Plan summary	 Not compatible with health savings account (HSA) 	Nationvide network with out-of-network coverage No requirement for PCPs or referrals Must meet deductible before plan pays for non-preventive care	Higher premium Statewide network PCP referrate required to see specialists Not compatible with a health savings account (HSA) No out-of-network coverage
			If you're currently in TRS-ActiveCare Select and you make no changes during Annual Enrollment, this will be your plan next year.
			_

Similar to current 1-HD

· Compatible with health savings account (HSA)

Lower premium

Plan Features						
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	Nationwi	Nationwide Network Statewide Network			
Primary Care Provider (PCP) Required	Yes		No	Yes		

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

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

Prescription Drugs			
Drug Deductible	Integrated with medical	Integrated with medical	\$200 brand deductible
Generics (30-Day Supply / 90-Day Supply)	\$15/\$45 copay	You pay 20% after deductible	\$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



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

\$50 copay	You pay 40% after deductible						
You pay a \$250 copay plus 20% after deductible							
\$0 per consultation							

• • •	• •		• •	•••	• •	•	•••	•	•	••	•			1	• •		•	•	•	• •	1
					\$2	00	bra	Ind	de	edu	cti	ble									
						\$2	20/	\$45	5 c	ора	ay										
			bay 2 ay 2																		
			ay 50 ay 5																		
	You		ay 20 o 90														ax)/			
		N	0 90)-Da	ay S	upp	oly i	ot s	Spi	ecia	alty	/ M	ed	ica	tio	าร					