



## 2014-2015 TRS-ActiveCare POS II Plans Rates and Benefits Changes effective September 1, 2014

### TRS-ActiveCare 3

#### TRS-ActiveCare 3 to be discontinued effective September 1, 2014.

The Teacher Retirement System of Texas (TRS) regularly reviews the TRS-ActiveCare plan options to ensure the plans meet the health care needs of public employees and their families. Based on this review, TRS will eliminate the TRS-ActiveCare 3 option for the new plan year.

All enrollees in TRS-ActiveCare 3 will be transitioned to TRS-ActiveCare 2 effective September 1, 2014, unless the employee selects another TRS-ActiveCare plan option during the annual enrollment periods for the 2014-2015 plan year.

### TRS-ActiveCare 1-HD

#### Gross Monthly Premium Before State and District Contributions

Coverage Tier	2013-2014 Plan Year	2014-2015 Plan Year
Employee only	\$ 325.00	<b>\$ 325.00</b>
Employee and Spouse	\$ 794.00	<b>\$ 850.00</b>
Employee and Child(ren)	\$ 572.00	<b>\$ 572.00</b>
Employee and Family	\$1060.00	<b>\$1145.00</b>

### TRS-ActiveCare 1 -HD-Benefit Changes

Plan Feature	From 2013-2014 Plan Year	To 2014-2015 Plan Year
Individual Deductible	\$2400	\$2500
Family Deductible	\$4800	\$5000
Individual Out-of-Pocket Maximum	\$3850	\$6350
Family Out-of-Pocket Maximum	\$4200	\$9200
	(Out-of-Pocket Maximums <b>exclude</b> deductibles and copayments)	(Out-of-Pocket Maximums <b>include</b> deductibles, copayments and coinsurance)
Teladoc Physician Services	N/A	\$40 consultation fee applies to deductible and OOP expenses

**TRS-ActiveCare Select Plan**

Gross Monthly Premium Before State and District Contributions

Coverage Tier	2013-2014	2014-2015 Plan Year
Employee only	N/A	\$ 450.00
Employee and Spouse	N/A	\$1044.00
Employee and Child(ren)	N/A	\$ 709.00
Employee and Family	N/A	\$1238.00

Plan Feature	2014-2015 Plan Year
Individual Deductible	\$1200
Family Deductible	\$3600
Individual Out-of-Pocket Maximum	\$6350
Family Out-of-Pocket Maximum	\$9200
	(Out-of-Pocket Maximums <b>include</b> deductibles and copayments)
Preventative Services	100% for all ACA designated services
Teladoc Physician Services	100% covered
Quest Lab Services	100% covered
Bariatric Surgery	Excluded
Annual Drug Deductible	\$200, excluding generic drugs (Tier 1)
<b>Retail Short-Term Drug Copays</b>	
Tier 1 Drugs	\$20
Tier 2 Drugs	\$40
Tier 3 Drugs	50% coinsurance
(Up to 31 day supply)	
<b>Retail Maintenance Drug Copay</b>	
Tier 1 Drugs	\$25
Tier 2 Drugs	\$50
Tier 3 Drugs	50% coinsurance
(Up to 31 day supply)	
<b>Mail Order Drug Copays</b>	
Tier 1 Drugs	\$45
Tier 2 Drugs	\$105
Tier 3 Drugs	50% coinsurance
(Up to 90 day supply)	
Specialty Drugs	20% coinsurance

**ActiveCare 2 Plan**

Gross Monthly Premium Before State and District Contributions

Coverage Tier	2013-2014 Plan Year	2014-2015 Plan Year
Employee only	\$ 529.00	\$ 555.00
Employee and Spouse	\$1203.00	\$1287.00
Employee and Child(ren)	\$ 841.00	\$ 875.00
Employee and Family	\$1323.00	\$1323.00

**TRS-ActiveCare 2-Benefit Changes**

Plan Feature	From 2013-2014 Plan Year	To 2014-2015 Plan Year
Individual Out-of Pocket Maximum	\$4000 \$8000 (Out-of-Pocket Maximums <b>exclude</b> deductibles and copayment)	\$6000 \$12000 (Out-of-Pocket Maximums <b>include</b> deductibles, copayments and coinsurance)
Specialty Drugs	\$200 copay per fill	\$200 copay for up to 31 day supply; \$450 copay for 32-90 day supply
Teladoc Physician Services	N/A	100% covered
Quest Lab Services	N/A	100% covered