### Plan Highlights

**2022-23 TRS-ActiveCare**

Sept. 1, 2022 – Aug. 31, 2023

All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

<table>
<thead>
<tr>
<th>Plan Summary</th>
<th>TRS-ActiveCare Primary</th>
<th>TRS-ActiveCare Primary+</th>
<th>TRS-ActiveCare HD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Premiums</strong></td>
<td>Total Premium</td>
<td>Your Premium</td>
<td>Total Premium</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$959</td>
<td>$926</td>
<td>$1,364</td>
</tr>
<tr>
<td>Employee and Spouse</td>
<td>$1,176</td>
<td>$926</td>
<td>$1,284</td>
</tr>
<tr>
<td>Employee and Children</td>
<td>$1,155</td>
<td>$926</td>
<td>$1,034</td>
</tr>
<tr>
<td>Employee and Family</td>
<td>$1,195</td>
<td>$959</td>
<td>$1,257</td>
</tr>
</tbody>
</table>

**Plan Features**

- **Type of Coverage**
  - In-Network Coverage Only
  - In-Network Coverage Only
  - In-Network Coverage Only
  - Out-of-Network

- **Concierge**
  - You pay 30% after deductible
  - You pay 20% after deductible
  - You pay 30% after deductible
  - You pay 10% after deductible

- **Individual/Family Maximum Out-of-Pocket**
  - $8,150/$16,300
  - $6,900/$13,800
  - $7,050/$14,100
  - $20,250/$40,500

- **Network**
  - Statewide Network
  - Statewide Network
  - Nationwide Network

- **PCP Required**
  - Yes
  - Yes
  - No

**Doctor Visits**

- **Primary Care**
  - $30 copay
  - $30 copay
  - $30 copay
  - $30 copay

- **Specialist**
  - $70 copay
  - $70 copay
  - $70 copay
  - $70 copay

**Immediate Care**

- **Urgent Care**
  - $50 copay
  - $50 copay
  - $50 copay
  - $50 copay

- **Emergency Care**
  - You pay 30% after deductible
  - You pay 20% after deductible
  - You pay 30% after deductible
  - You pay 30% after deductible

- **TRS Virtual Health-RediMD®**
  - $0 per medical consultation
  - $0 per medical consultation
  - $30 per medical consultation
  - $42 per medical consultation

- **TRS Virtual Health-Teladoc®**
  - $12 per medical consultation
  - $12 per medical consultation
  - $12 per medical consultation
  - $12 per medical consultation

**Prescription Drugs**

- **Drug Deductible**
  - $15/$45 copay
  - $15/$45 copay
  - $15/$45 copay
  - $15/$45 copay

- **Preferred Brand**
  - You pay 30% after deductible
  - You pay 25% 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
  - You pay 50% after deductible

- **Specialty**
  - You pay 30% after deductible
  - You pay 20% after deductible
  - You pay 20% after deductible
  - You pay 20% after deductible

- **Insulin Out-of-Pocket Costs**
  - $25 copay for 31-day supply, $75 for 61-90 day supply
  - $25 copay for 31-day supply, $75 for 61-90 day supply
  - $25 copay for 31-day supply, $75 for 61-90 day supply
  - $25 copay for 31-day supply, $75 for 61-90 day supply

*Things to Know*

- TRS’s Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you’re covered, no matter what life throws at you.

*Wellness Benefits at No Extra Cost*

- $0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans. See the benefits guide for more details.

*How to Calculate Your Monthly Premium*

- **Total Monthly Premium**
  - Your District and State
  - Contributions

*Ask your Benefits Administrator for your district’s specific premiums.*
Remember that when you choose an HMO, you’re choosing a regional network.

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas additional options. Not all HMOs are available in all regions. Please verify your eligibility.

<table>
<thead>
<tr>
<th>Total Monthly Premiums</th>
<th>Central and North Texas Baylor Scott &amp; White Health Plan</th>
<th>Blue Essentials - South Texas HMO</th>
<th>Blue Essentials - West Texas HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Brought to you by TRS-ActiveCare</td>
<td>Brought to you by TRS-ActiveCare</td>
<td>Brought to you by TRS-ActiveCare</td>
</tr>
<tr>
<td></td>
<td>You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson</td>
<td>You can choose this plan if you live in one of these counties: Cameron, Hidalgo, Starr, Willacy</td>
<td>You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Browder, Briscoe, Calahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum</td>
</tr>
<tr>
<td>Employee Only</td>
<td>Total Premium $569.24, Your Premium $319.24</td>
<td>N/A</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Employee and Spouse Total Premium $1,431.08, Your Premium $1,181.08</td>
<td>N/A</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Employee and Children Total Premium $915.65, Your Premium $665.65</td>
<td>N/A</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Employee and Family Total Premium $1,647.24, Your Premium $1,397.24</td>
<td>N/A</td>
<td>$</td>
</tr>
</tbody>
</table>

### Plan Features

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>In-Network Coverage Only</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual/Family Deductible</td>
<td>$1,900/$4,750</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>You pay 20% after deductible</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Individual/Family Maximum Out of Pocket</td>
<td>$8,000/$15,000</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Doctor Visits

<table>
<thead>
<tr>
<th>Doctor Visits</th>
<th>Primary Care</th>
<th>$15 copay</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Specialist</td>
<td>$70 copay</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Immediate Care

<table>
<thead>
<tr>
<th>Immediate Care</th>
<th>Urgent Care</th>
<th>$45 copay</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency Care</td>
<td>$500 copay after deductible</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Prescription Drugs

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th>Drug Deductible</th>
<th>$200 (excl. generics)</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Days Supply</td>
<td>30-day supply/90-day supply</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Generics</td>
<td>$12/$30 copay</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Preferred Brand</td>
<td>You pay 30% after deductible</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Non-preferred Brand</td>
<td>You pay 50% after deductible</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Specialty</td>
<td>You pay 25%/35% after deductible (preferred/non-preferred)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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Revised 05/03/22