



TRS-ActiveCare  
**REGION 4**

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## 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.
- **COPAY:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the 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; e.g., you pay 20% while the health care plan pays 80%.
- **TIERING:** Grouping doctors and facilities into tiers based on quality, cost and best practice clinical guidelines. This helps you compare choices. Tier 1 providers and facilities offer top performance and best value. You pay less when you choose Tier 1 and may pay more when you choose Tier 2.
- **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.

# 2026-27 TRS-ActiveCare Plan Highlights Sept. 1, 2026 – Aug. 31, 2027



## How to Calculate Your Monthly Premium

Total Monthly Premium

⊖ Your Employer Contribution

⊖ Your Premium

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

## Being Healthy is Easy

- **NEW! Inpatient and outpatient facility tiering options for TRS-ActiveCare Primary x Region 4.** Call a PHG at 1-866-355-5999 for more information.
- \$0 preventive services
- TRS Virtual Health
- Member Rewards is even better. Now you'll get a check when you use Member Rewards and choose low-cost, high-quality doctors and facilities – up to \$599\* per tax year.
- Airrosti Remote Recovery gives you in-home virtual physical therapy to relieve common aches and pains at no cost.\*

\* Eligibility rules may apply.

See the Annual Enrollment Guide for more details.

## Mental Health

You have in-office and virtual benefits:

- TRS-ActiveCare Primary x Region 4 Plan: \$30 copay for office visits or \$0 with Teladoc
- TRS-ActiveCare Primary+ Plan: \$15 copay for office visits or \$0 with Teladoc
- TRS-ActiveCare HD Plan: 30% coinsurance after deductible or \$42 with Teladoc
- TRS-ActiveCare 2 Plan: \$20 copay for office visits or \$12 with Teladoc

You have **three plan options** — one regional plan and two standard plans — with a wide range of wellness benefits.

	TRS-ActiveCare Primary x Region 4	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none"> <li>• Lowest premium of the three available plans</li> <li>• Copays for doctor visits before you meet your deductible</li> <li>• Statewide network</li> <li>• Primary Care Provider referrals required to see specialists</li> <li>• Not compatible with a Health Savings Account</li> <li>• No out-of-network coverage</li> <li>• <b>New!</b> Tiering options that lower your out-of-pocket costs when you choose certain facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Highest premium of the three available plans</li> <li>• Copays for many services and drugs</li> <li>• Lower deductible than the HD and Primary plans</li> <li>• Statewide network</li> <li>• Primary Care Provider referrals required to see specialists</li> <li>• Not compatible with a Health Savings Account</li> <li>• No out-of-network coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Higher premium of the three available plans</li> <li>• Must meet your deductible before plan pays for non-preventive care</li> <li>• Nationwide network with out-of-network coverage</li> <li>• No requirement for Primary Care Providers or referrals</li> <li>• Compatible with a Health Savings Account</li> </ul>

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$569			\$669			\$583		
Employee and Spouse	\$1,537			\$1,740			\$1,575		
Employee and Children	\$968			\$1,138			\$992		
Employee and Family	\$1,935			\$2,208			\$1,983		

Plan Features	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,400/\$6,800	\$6,800/\$13,600
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$6,900/\$13,800	\$8,300/\$16,600	\$20,500/\$41,000
PCP Required	Yes	Yes	No	

Doctor Visits				
Primary Care	\$30 copay	\$15 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible

Immediate Care				
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
TRS Virtual Health-RediMD™	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation	
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation	\$42 per medical consultation	

Prescription Drugs			
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max)	You pay 25% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max) Call 1-844-367-6108 to see if your specialty medication is covered by SaveOnSP.	You pay 30% after deductible; \$0 if SaveOnSP eligible	You pay 20% after deductible (\$500 max); \$0 if SaveOnSP eligible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	You pay 25% after deductible

**This plan is closed to new enrollees. Current TRS-ActiveCare 2 participants can stay enrolled.**

TRS-ActiveCare 2
<ul style="list-style-type: none"> <li>• Closed to new enrollees</li> <li>• Current enrollees can choose to stay in the plan</li> <li>• Lower deductible</li> <li>• Copays for many services and drugs</li> <li>• Nationwide network with out-of-network coverage</li> <li>• No requirement for Primary Care Providers or referrals</li> </ul>

Total Premium	Employer Contribution	Your Premium
\$1,013		
\$2,402		
\$1,507		
\$2,841		

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
No	

Tier 1: \$20 copay Tier 2: \$40 copay	You pay 40% after deductible
Tier 1: \$55 copay Tier 2: \$85 copay	You pay 40% after deductible

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible	
\$20/\$45 copay	
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)	
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)	
You pay 30% after deductible (\$200 min/\$900 max); \$0 if SaveOnSP eligible	
\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	

# Questions?

Call a Personal Health Guide at **1-866-355-5999** for help with medical services.  
 Call Express Scripts® by Evernorth Pharmacy Benefit Services at **1-844-367-6108**  
 for help with your pharmacy benefits.

## Compare Prices for Common Medical Services

**Closed to new enrollees.**

Benefit	TRS-ActiveCare Primary x Region 4	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Imaging (like CT Scan, Mammogram and MRI)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient (like colonoscopy, cataract surgery and steroid injections)	Tier 1: 30% coinsurance after deductible Tier 2: 40% coinsurance after deductible Call a PHG at 1-866-355-5999 to find out a facility's tier.	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient (like childbirth, complex joint replacement and cardiac surgery)	Tier 1: 30% coinsurance after deductible Tier 2: 40% coinsurance after deductible Call a PHG at 1-866-355-5999 to find out a facility's tier.	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year)	Specialist: You pay \$70 copay	Specialist: You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 Specialist: \$55 copay Tier 2 Specialist: \$85 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	PCP: \$30 copay Specialist: \$70 copay	PCP: \$15 copay Specialist: \$70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 PCP: \$20 copay Tier 2 PCP: \$40 copay Tier 1 Specialist: \$55 copay Tier 2 Specialist: \$85 copay	You pay 40% after deductible