

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



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

How to Calculate Your Monthly Premium

Total Monthly Premium Your

– Employer Contribution **\$225**

– Your Premium **On Chart**

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

Being Healthy is Easy

- \$0 preventive services
- One-on-one health coaches
- Weight loss programs and nutrition
- 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 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

(Eligible Sub/PST employees pay the TOTAL Premium listed)	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
CHANGES Plan Summary	<ul style="list-style-type: none"> • Lowest premium of the three available plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • Highest premium of the three available plans • Copays for many services and drugs • Lower deductible than the HD and Primary plans • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • Higher premium of the three available plans • Must meet your deductible before plan pays for non-preventive care • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Compatible with a Health Savings Account • TRUE PPO PLAN - HSA COMPATIBLE

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$614	\$225	\$389	\$722	\$225	\$497	\$628	\$225	\$403
Employee and Spouse	\$1,658	\$225	\$1,433	\$1,878	\$225	\$1,653	\$1,696	\$225	\$1,471
Employee and Children	\$1,044	\$225	\$819	\$1,228	\$225	\$1,003	\$1,068	\$225	\$843
Employee and Family	\$2,088	\$225	\$1,863	\$2,383	\$225	\$2,158	\$2,136	\$225	\$1,911

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, MUST choose at enrollment	Yes, MUST choose at enrollment	No	

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

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

Prescription Drugs	Drug Deductible	Generics (31-Day Supply/90-Day Supply)	Preferred (Max does not apply if brand is selected and generic is available)	Non-preferred	Specialty (31-Day Max) Call 1-844-367-6108 to see if your specialty medication is covered by SaveOnSP.	Insulin Out-of-Pocket Costs
	Integrated with medical	\$15/\$45 copay; \$0 copay for certain generics	You pay 30% after deductible	You pay 50% after deductible	You pay 30% after deductible; \$0 if SaveOnSP eligible	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply
	\$200 deductible per participant (brand drugs only)	\$15/\$45 copay	You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max)	You pay 50% after deductible	You pay 20% after deductible (\$500 max); \$0 if SaveOnSP eligible	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply
	Integrated with medical	You pay 20% after deductible; \$0 coinsurance for certain generics	You pay 25% after deductible	You pay 50% after deductible	You pay 20% after deductible	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"> • Closed to new enrollees • Current enrollees can choose to stay in the plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Total Premium	Employer Contribution	Your Premium
\$1,013	\$225	\$788
\$2,402	\$225	\$2,177
\$1,507	\$225	\$1,282
\$2,841	\$225	\$2,616

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