

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

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

TRS-ActiveCare 2 is closed to new enrollees. Current TRS-ActiveCare 2 participants can stay enrolled. Talk to your Benefits Administrator for more information.

	TRS-ActiveCare Primary x Region 4	TRS-ActiveCare Primary+	TRS-ActiveCare HD
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 • Tying options that lower your out-of-pocket costs when you choose certain facilities. 	<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

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$797	See Rate Sheet	See Rate Sheet	\$937	See Rate Sheet	See Rate Sheet	\$816	See Rate Sheet	See Rate Sheet
Employee and Spouse	\$2,152	See Rate Sheet	See Rate Sheet	\$2,436	See Rate Sheet	See Rate Sheet	\$2,205	See Rate Sheet	See Rate Sheet
Employee and Children	\$1,355	See Rate Sheet	See Rate Sheet	\$1,593	See Rate Sheet	See Rate Sheet	\$1,389	See Rate Sheet	See Rate Sheet
Employee and Family	\$2,709	See Rate Sheet	See Rate Sheet	\$3,091	See Rate Sheet	See Rate Sheet	\$2,776	See Rate Sheet	See Rate Sheet

Plan Features	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Type of Coverage	Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,400/\$6,800
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	No

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

Immediate Care	Urgent Care	Emergency Care	TRV Virtual Health-RediMD™	TRV Virtual Health-Teladoc®
Urgent Care	\$50 copay	You pay 30% after deductible	\$0 per medical consultation	\$12 per medical consultation
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	\$0 per medical consultation	\$12 per medical consultation
TRV Virtual Health-RediMD™	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation	\$42 per medical consultation
TRV Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation	\$42 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	\$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 (\$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	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 (\$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	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	You pay 25% after deductible