TRS-ActiveCare has the largest network of doctors and hospitals in Texas. You can hang your hat on it.



TRS-ActiveCare Plan Highlights 2024-25



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%.
- 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.

2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 – Aug. 31, 2025

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

How to	Calcu	ulate `	Your
Monthly	<i>y</i> Prei	mium	

Total Monthly Premium

Your Employer Contribution

G Your Premium

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

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$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.

Primary Plans & Mental Health

• Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	 Lowest premium of all three 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 	 Lower deductible than the HD and Primary plans Copays for many services and drugs Higher premium Statewide network Primary Care Provider referrals required to see specialists Not compatible with a Health Savings Account No out-of-network coverage 	 Compatible with a Health Savings Account Nationwide network with out-of-network coverage No requirement for Primary Care Providers or refen Must meet your deductible before plan pays for non-

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	,
Employee Only	\$489	\$437	\$52	\$574	\$437	\$137	\$502	\$437	
Employee and Spouse	\$1,321	\$437	\$884	\$1,493	\$437	\$1,056	\$1,356	\$437	
Employee and Children	\$832	\$437	\$395	\$976	\$437	\$539	\$854	\$437	
Employee and Family	\$1,663	\$437	\$1,226	\$1,895	\$437	\$1,458	\$1,707	\$437	

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,200/\$6,400	\$6,400/\$12,800
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	\$8,050/\$16,100	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwid	e Network
PCP Required	Yes	Yes	No	

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

Immediate Care				
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% afte
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% a	after deductible
TRS Virtual Health-RediMD™	\$0 per medical consultation	\$0 per medical consultation	\$30 per medic	al consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation	\$42 per medic	al 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 cel
Preferred	You pay 30% after deductible	You pay 25% after deductible	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)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% 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	You pay 25% after deductible



This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRS-ActiveCare 2

- Closed to new enrollees
- · Current enrollees can choose to stay in plan
- Lower deductible
- Copays for many services and drugs
- Nationwide network with out-of-network coverage
- No requirement for Primary Care Providers or referrals

Employer Contribution Total Premium Your Premium \$1,013 \$437 \$576 \$2,402 \$437 \$1,965 \$1,507 \$437 \$1,070 \$2,404 \$2,841 \$437

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			
Nationwide Network				
No				

\$30 copay	You pay 40% after deductible
\$70 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)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

ferrals on-preventive care

Your Premium

\$65	
\$919	
\$417	
\$1,270	

after deductible	
after deductible	

after deductible							
r certain generics							

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service. Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	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/Indpendent Lab: You pay \$0	Office/Indpendent Lab: You pay \$0	You pay 30% after deductible	% You pay 50%	Office/Indpendent Lab: You pay \$0	You pay 40% after deductible	
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible		after deductible after deductible	Outpatient: You pay 20% after deductible		
High-Tech Radiology	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 Costs	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 (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)	
Inpatient Hospital Costs	You pay 30% after deductible	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			Facility: You pay 20% after deductible (\$150 facility copay per day)	
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible		Not Covered Not Covered	Professional Services: You pay \$5,000 copay + 20% after deductible	Not Covered	
	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; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible	
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible	

**Pre-certification for genetic and specialty testing may apply. Contact a PHG at 1-866-355-5999 with questions.

www.trs.texas.gov