

2020-21 TRS-ActiveCare Plan Highlights

Sept. 1, 2020 – Aug. 31, 2021

	NEW: TRS-ActiveCare Primary	TRS-ActiveCare HD	TRS-ActiveCare Primary+
Plan summary	<ul style="list-style-type: none"> Lower premium Copays for doctor visits before you meet deductible Statewide network PCP referrals required to see specialists Not compatible with health savings account (HSA) No out-of-network coverage 	<ul style="list-style-type: none"> Similar to current 1-HD Lower premium Compatible with health savings account (HSA) Nationwide network with out-of-network coverage No requirement for PCPs or referrals Must meet deductible before plan pays for non-preventive care 	<ul style="list-style-type: none"> Lower deductible than HD and primary plans Copays for many services and drugs Higher premium Statewide network PCP referrals required to see specialists Not compatible with a health savings account (HSA) No out-of-network coverage
If you make no changes during Annual Enrollment, you'll have the following plan...	Only employees that choose this new plan during Annual Enrollment will be enrolled in it.	If you're currently in TRS-ActiveCare 1-HD and you make no change during Annual Enrollment, this will be your plan next year.	If you're currently in TRS-ActiveCare Select and you make no changes during Annual Enrollment, this will be your plan next year.

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network	Out-of-Network	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,800/\$5,600	\$5,500/\$11,000	\$1,200/\$3,600
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,150/\$16,300	\$6,900/\$13,800	\$20,250/\$40,500	\$6,900/\$13,800
Network	Statewide Network	Nationwide Network		Statewide Network
Primary Care Provider (PCP) Required	Yes	No		Yes

Doctor Visits				
Primary Care	\$30 copay	You pay 20% after deductible	You pay 40% after deductible	\$30 copay
Specialist	\$70 copay	You pay 20% after deductible	You pay 40% after deductible	\$70 copay
TRS Virtual Health	\$0 per consultation	\$30 per consultation		\$0 per consultation

Immediate Care				
Urgent Care	\$50 copay	You pay 20% after deductible	You pay 40% after deductible	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 20% after deductible		You pay 20% after deductible
TRS Virtual Health	\$0 per consultation	\$30 per consultation		\$0 per consultation

Prescription Drugs				
Drug Deductible	Integrated with medical	Integrated with medical		\$200 brand deductible
Generics (30-Day/90-Day Supply)	\$15/\$45 copay	You pay 20% after deductible		\$15/\$45 copay
Preferred Brand	You pay 30% 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
Specialty	You pay 30% after deductible	You pay 20% after deductible		You pay 20% after deductible



LISD benefit plan rates

PLAN YEAR Sept. 1, 2020 - Aug. 31, 2021

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2020-21 TRS-ActiveCare Plan Highlights Cont.

Sept. 1, 2020 – Aug. 31, 2021

Scott & White

TRS-ActiveCare 2

Plan Features

Type of Coverage	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$950/\$2,850	\$1,000/\$3,000	\$2,000/\$6,000
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Maximum Out-of-Pocket	\$7,450/\$14,900	\$7,900/\$15,800	\$23,700/\$47,400
Network	Statewide	Nationwide Network	
Primary Care Provider (PCP) Required	No - you can select one if you would like to	No	

Doctor Visits

Primary Care	\$20 copay	You pay \$30 copay after deductible	You pay 40% after deductible
Specialist	\$70 copay	You pay \$70 copay after deductible	You pay 40% after deductible
TRS Virtual Health		\$0 per consultation	

Immediate Care

Urgent Care	\$50 copay	\$50 copay	You pay 40% after deductible
Emergency Care	\$500 copay after deductible	You pay a \$250 copay plus 20% after deductible	
TRS Virtual Health		\$0 per consultation	

Prescription Drugs

Drug Deductible	\$150 (excl. generics)	\$200 brand deductible
Generics (30-Day/90-Day Supply)	\$5/\$12.50 copay	\$20/\$45 copay
Preferred Brand	30% after deductible	You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
Non-preferred Brand	50% after deductible	You pay 50% after deductible (\$100 min/\$200 max)/You pay 50% after deductible (\$215 min/\$430 max)
Specialty	15%/25% after deductible (preferred/nonpreferred)	You pay 20% after deductible (\$200 min/\$900 max)/No 90-Day Supply of Specialty Medications



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

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PLAN YEAR Sept. 1, 2020 - Aug. 31, 2021

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TRS ActiveCare Information

	Key Plan Changes	Highlights
TRS-ActiveCare Primary (New!)	<ul style="list-style-type: none"> New plan with lowest premium and copays for doctor visits and generic drugs before you meet the deductible. Statewide network. Participants must select a primary care provider who will make referrals to specialists. 	<ul style="list-style-type: none"> ✓ Co-pay plan ✓ State Network-only – NO out-of-network benefits ✓ PCP Referrals REQUIRED to see specialists ✓ You must Select a PCP – visit www.bcbstx.com/trsactivecare to find a PCP and write down their 10 digit code to input into the enrollment site
TRS-ActiveCare HD (formerly 1-HD)	<ul style="list-style-type: none"> Less than \$20 increase in premiums for employee-only tier and reduced premiums for tiers with children. New deductible cap for individuals on family plans means coinsurance coverage takes effect sooner. Increase in deductible (+\$50 individual/+\$100 family) and maximum out-of-pocket (+\$150 individual/+\$300 family) to align with IRS guidelines 	<ul style="list-style-type: none"> ✓ High deductible plan – eligible to contribute to a Health Savings Account ✓ Provider network is a Nationwide network with out-of-network coverage ✓ No requirement for PCPs or referrals ✓ Deductible applies to medical and pharmacy
TRS-ActiveCare Primary+ (formerly Select)	<ul style="list-style-type: none"> 8% reduction in premiums for all tiers. Reduced maximum-out-of-pocket by \$1,000 for individuals and \$2,000 for family plans. Statewide network. Participants must select a primary care provider who will make referrals to specialists. 	<ul style="list-style-type: none"> ✓ Co-pay plan ✓ State Network-only – NO out-of-network benefits ✓ PCP Referrals REQUIRED to see specialists ✓ You must Select a PCP – visit www.bcbstx.com/trsactivecare to find a PCP and write down their 10 digit code to input into the enrollment site
TRS-ActiveCare 2 (closed to new enrollees)	<ul style="list-style-type: none"> TRS-ActiveCare 2 has experienced a decline in membership and a steady rise in high cost claims. To keep pace with higher health care costs, premiums for TRS-ActiveCare 2 will increase by 10%. This plan is closed to new enrollees. 	<ul style="list-style-type: none"> ✓ Co-pay plan ✓ In-network and out-of-network benefits ✓ No requirement for PCPs or referrals ✓ Highest cost plan
Baylor Scott & White HMO	<ul style="list-style-type: none"> Scott & White is an HMO plan Has co-pays for doctor visits Must use and in-network doctor 	<ul style="list-style-type: none"> ✓ Co-pay plan ✓ In-network coverage only ✓ Statewide Network ✓ No requirement for PCPs ✓ Not HSA eligible

TRS ActiveCare At a Glance

	Primary	HD	Primary+	Baylor Scott & White HMO
Premiums	Lowest	Lower	Higher	Mid-range
Deductible	Mid-range	High	Low	Mid-range
Copays	Yes	No	Yes	Yes
Network	Statewide	Nationwide	Statewide	Statewide
PCP Required?	Yes	No	Yes	No
HSA-eligible?	No	Yes	No	No

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PLAN YEAR Sept. 1, 2020 - Aug. 31, 2021

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TRS medical insurance

Monthly pay rates					
Tier	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2*	Scott & White HMO
Employee only	\$60.00	\$71.00	\$156.00	\$579.00	\$193.10
Employee + spouse	\$701.00	\$732.00	\$876.00	\$1,834.00	\$994.06
Employee + children	\$323.00	\$343.00	\$462.00	\$1,021.00	\$511.50
Employee + family	\$908.00	\$945.00	\$1,195.00	\$2,234.00	\$1,085.86
Semi-monthly pay rates - Facility Services					
Employee only	\$30.00	\$35.50	\$78.00	\$289.50	\$96.55
Employee + spouse	\$350.50	\$366.00	\$438.00	\$917.00	\$497.03
Employee + children	\$161.50	\$171.50	\$231.00	\$510.50	\$255.75
Employee + family	\$454.00	\$472.50	\$597.50	\$1,117.00	\$542.78
19 pay rates - Child Nutrition, Extended School Day, Security					
Employee only	\$37.89	\$44.84	\$98.53	\$365.68	\$121.96
Employee + spouse	\$442.74	\$462.32	\$553.26	\$1,158.32	\$627.83
Employee + children	\$204.00	\$216.63	\$291.79	\$644.84	\$323.05
Employee + family	\$573.47	\$596.84	\$754.74	\$1,410.95	\$685.80

Before you decide . . .

The NEW TRS Activecare Primary and Primary+ plans are State Network Only, so there are no out of network benefits. Both require you to provide a Primary Care Physician when you enroll. Look up TRS-ActiveCare Primary and Primary + Plan providers at bcbs.tx.com/trsactivecare under the Find a Doctor tab. Search our online Provider Finder directory to see which doctors and facilities are in-network. If you need help for the TRS medical plans, please call a Personal Health Guide at 1-886-355-5999

Also, there are no out-of-network benefits with Scott & White HMO. You must choose from a limited network of doctors located in the Dallas-Fort Worth area. Look up Scott & White HMO providers at trs.swhp.org before choosing this health plan.

Pooled rates per month

*Active Care 2 is a closed plan: No New Enrollments - 10% increase this year

	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2	Scott & White HMO
Employee + family	\$573.00	\$610.00	\$860.00	\$1,899.00	\$750.56

To be eligible for pooled rates, both employee and spouse must work for LISD.

Vision plan -

United Healthcare Vision	Monthly pay rates	Semi-monthly	19 pay rates
Employee only	\$8.38	\$4.19	\$5.29
Employee + spouse	\$15.33	\$7.66	\$9.68
Employee + children	\$16.06	\$8.03	\$10.14
Employee + family	\$24.78	\$12.39	\$15.65

New - MASA Emergent Transport

Employee + family	Monthly rates	Semi-Monthly	19 pay rates
	\$14.00	\$7.00	\$8.85

Hospital Indemnity -

AFLAC Hospital Indemnity	Monthly pay rates	Semi-monthly	19 pay rates
Employee only	\$21.24	\$10.62	\$13.41
Employee + spouse	\$42.56	\$21.28	\$26.88
Employee + children	\$34.26	\$17.13	\$21.64
Employee + family	\$55.58	\$27.79	\$35.10

Flexible spending accounts

If you are enrolled in a Flexible Spending Account, you are limited to how much income you can set aside each year.

Health care reimbursement limit	\$2,750
Dependent care reimbursement limit	\$5,000

New - MetLife Critical Illness

Age	Sample rates shown are for \$10,000 Please see enrollment system for other age bands	Monthly pay rates	Semi-monthly	19 pay rates
<29	Employee only	\$6.20	\$3.10	\$3.92
	Employee + spouse	\$12.60	\$6.30	\$7.96
	Employee + children	\$7.90	\$3.95	\$4.99
	Employee + family	\$14.30	\$7.15	\$9.03
30-39	Employee only	\$8.50	\$4.25	\$5.37
	Employee + spouse	\$18.40	\$9.20	\$11.62
	Employee + children	\$10.20	\$5.10	\$6.44
	Employee + family	\$20.01	\$10.01	\$12.64
40-49	Employee only	\$14.80	\$7.40	\$9.35
	Employee + spouse	\$34.50	\$17.25	\$21.79
	Employee + children	\$16.50	\$8.25	\$10.42
	Employee + family	\$36.20	\$18.10	\$22.86

Health savings accounts

You must be enrolled in TRS-Active Care 1-HD. You are limited to how much income you can set aside each year.

Employee only	\$3,550
Age 55 and older	\$4,500
Family	\$7,100
Age 55 and older	\$8,000

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PLAN YEAR Sept. 1, 2020 - Aug. 31, 2021

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Dental plans

MetLife Standard Dental maximum of \$1,500 per insured person	Monthly pay rates	Semi-monthly	19 pay rates
Employee only	\$45.42	\$22.71	\$28.69
Employee + spouse	\$90.84	\$45.42	\$57.37
Employee + children	\$92.66	\$46.33	\$58.52
Employee + family	\$138.08	\$69.04	\$87.21
MetLife Basic Dental maximum of \$1,000 per insured person			
Employee only	\$23.90	\$11.95	\$15.09
Employee + spouse	\$47.78	\$23.89	\$30.18
Employee + children	\$48.74	\$24.37	\$30.78
Employee + family	\$72.64	\$36.32	\$45.88

UNUM Voluntary Life

New Hires within 31 days of Hire -
Employee guarantee issue: \$150,000 or 5x salary
Spouse guarantee issue: \$25,000
Child guarantee issue: \$10,000

Age	Rates per month per \$1,000
Under 30	\$.036
30-34	\$.045
35-39	\$.063
40-44	\$.099
45-49	\$.171
50-54	\$.297
55-59	\$.423
60-64	\$.504
65-69	\$.900
70-74	\$ 1.539
75+	\$ 3.087

UNUM Child Life

Coverage amount	Child rates per month
\$2,000	\$.50
\$4,000	\$.99
\$6,000	\$ 1.49
\$8,000	\$ 1.98
\$10,000	\$ 2.48

UNUM Voluntary AD&D

Rate per month per \$10,000	\$.03
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Texas Life - Permanent Portable Life

Employees Express Issue coverage up to \$300,000 coverage; varies based on employee age
Spousal Express issue Coverage up to \$50,000; varies based on spouse age

Sick Leave Bank

All new and continuing members, or if you used any SLB days during the 2020-21 year 1 local day

Standard long-term disability

Guarantee issue open enrollment every year
Waiver of elimination period upon hospitalization with 30 day elimination period or less
Pregnancy covered same as any illness - 12 month pre-existing limitation
Can elect up to 66 2/3% of salary to a max of \$8,000

Plan A - pays sickness & injury to age 65

Elimination (waiting) period	Rate per month per \$100 of coverage
14 day	\$3.32
30 day	\$2.82
60 day	\$1.82
90 day	\$1.58

Plan B - pays sickness for 5 years & injury to age 65

Elimination (waiting) period	Rate per month per \$100 of coverage
14 day	\$2.93
30 day	\$2.52
60 day	\$1.63
90 day	\$1.41

Legalease legal plan

Monthly	\$15.18
Semi-monthly	\$7.59
19-pay	\$9.59

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Benefit	Phone & Web Site
Medical	866-355-5999 www.bcbstx.com/trsactivecare
Dental	800-942-0854 www.metlife.com
Vision	800-638-3120 www.myuhcvision.com
Disability	800-247-6888 or 855-757-4717 www.standard.com
Medical Transport	800-423-3226 www.masamts.com
Critical Illness	800-942-0854 www.metlife.com
Hospital Indemnity	800-992-3522 www.aflac.com
Individual Permanent Life	800-283-9233 www.texaslife.com
Group Life	800-421-0344 www.unum.com
Legal Plan	800-248-9000 www.legaleaseplan.com
457 and 403(b) Retirement Plans	800-943-9179 www.tcgsservices.com
Flexible Spending Accounts (FSA)	866-853-3539 www.ffqa.com
Health Saving Accounts (HSA)	866-853-3539 www.ffqa.com