



## 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.

# 2025-26 TRS-ActiveCare Plan Highlights

Sept. 1, 2025 – Aug. 31, 2026



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

= 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 | <ul style="list-style-type: none"><li>• Lowest premium of all three 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></ul> | <ul style="list-style-type: none"><li>• Lower deductible than the HD and Primary plans</li><li>• Copays for many services and drugs</li><li>• Higher premium</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>• Compatible with a Health Savings Account</li><li>• Nationwide network with out-of-network coverage</li><li>• No requirement for Primary Care Providers or referrals</li><li>• Must meet your deductible before plan pays for non-preventive care</li></ul> |

| Monthly Premiums      | Total Premium | Employer Contribution | Your Premium | Total Premium | Employer Contribution | Your Premium | Total Premium | Employer Contribution | Your Premium |
|-----------------------|---------------|-----------------------|--------------|---------------|-----------------------|--------------|---------------|-----------------------|--------------|
| Employee Only         | \$468         |                       |              | \$548         |                       |              | \$482         |                       |              |
| Employee and Spouse   | \$1,264       |                       |              | \$1,425       |                       |              | \$1,302       |                       |              |
| Employee and Children | \$796         |                       |              | \$932         |                       |              | \$820         |                       |              |
| Employee and Family   | \$1,592       |                       |              | \$1,809       |                       |              | \$1,639       |                       |              |

| 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              | \$3,300/\$6,600              | \$6,600/\$13,200             |
| 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            |
| Network                                 | Statewide Network            | Statewide Network            | Nationwide Network           |                              |
| 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)/<br>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)                                                       | \$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                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Closed to new enrollees</li><li>• Current enrollees can choose to stay in 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            |
| 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)/<br>You pay 25% after deductible (\$105 min/\$210 max)                       |
| You pay 50% after deductible (\$100 min/\$200 max)/<br>You pay 50% after deductible (\$215 min/\$430 max)                     |
| \$0 if SaveOnSP eligible;<br>You pay 30% after deductible (\$200 min/\$900 max)/<br>No 90-day supply of specialty medications |
| \$25 copay for 31-day supply; \$75 for 61-90 day supply                                                                       |

## 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/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 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                                | 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; 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<br>\$70 specialist copay                             | \$15 PCP copay<br>\$70 specialist copay                             | You pay 30% after deductible               | You pay 50% after deductible                                  | \$30 PCP copay<br>\$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](http://www.trs.texas.gov)