

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
- − Your Premium

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

| | TRS-ActiveCare Primary | 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 | <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 | \$499 | | | \$586 | | | \$515 | | |
| Employee and Spouse | \$1,348 | | | \$1,524 | | | \$1,391 | | |
| Employee and Children | \$849 | | | \$997 | | | \$876 | | |
| Employee and Family | \$1,697 | | | \$1,934 | | | \$1,751 | | |

| 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 | 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)/ 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) 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 |
| 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 | 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 | | |
| \$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 |
| 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 | |