

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 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"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Compatible with a Health Savings Account • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Must meet your deductible before plan pays for non-preventive care

Monthly Premiums	Primary			Primary+			HD		
	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$426	\$244	\$182	\$499	\$244	\$255	\$437	\$244	\$193
Employee and Spouse	\$1,151	\$244	\$907	\$1,298	\$244	\$1,054	\$1,180	\$244	\$936
Employee and Children	\$725	\$244	\$481	\$849	\$244	\$605	\$743	\$244	\$499
Employee and Family	\$1,449	\$244	\$1,205	\$1,647	\$244	\$1,403	\$1,486	\$244	\$1,242

Plan Features	Primary		Primary+		HD	
	In-Network Coverage Only	Out-of-Network	In-Network Coverage Only	Out-of-Network	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$6,400/\$12,800	\$1,200/\$2,400	\$6,400/\$12,800	\$3,200/\$6,400	\$6,400/\$12,800
Coinsurance	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$20,250/\$40,500	\$6,900/\$13,800	\$20,250/\$40,500	\$8,050/\$16,100	\$20,250/\$40,500
Network	Statewide Network		Statewide Network		Nationwide Network	
PCP Required	Yes		Yes		No	

Doctor Visits	Primary		Primary+		HD	
	Copay	After Deductible	Copay	After Deductible	Copay	After Deductible
Primary Care	\$30	You pay 30% after deductible	\$15	You pay 30% after deductible	You pay 30% after deductible	You pay 50% after deductible
Specialist	\$70	You pay 30% after deductible	\$70	You pay 30% after deductible	You pay 30% after deductible	You pay 50% after deductible

Immediate Care	Primary		Primary+		HD	
	Copay	After Deductible	Copay	After Deductible	Copay	After Deductible
Urgent Care	\$50	You pay 30% after deductible	\$50	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD™	\$0 per medical consultation	\$0 per medical consultation	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation	\$30 per medical consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation	\$12 per medical consultation	\$12 per medical consultation	\$42 per medical consultation	\$42 per medical consultation

Prescription Drugs	Primary		Primary+		HD	
	Copay	After Deductible	Copay	After Deductible	Copay	After Deductible
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	You pay 20% after deductible; \$0 coinsurance for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics	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 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	You pay 50% after deductible	You pay 50% after deductible	
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible	
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible	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"> • 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

Total Premium	Employer Contribution	Your Premium
\$1,013	\$244	\$769
\$2,402	\$244	\$2,158
\$1,507	\$244	\$1,263
\$2,841	\$244	\$2,597

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	

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 \$70 specialist copay	\$15 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.