



TRS-ActiveCare

REGION 10

Except Arlington ISD

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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%.
- **TIERING:** Grouping doctors and facilities into tiers based on quality, cost and best practice clinical guidelines. This helps you compare choices. Tier 1 providers and facilities offer top performance and best value. You pay less when you choose Tier 1 and may pay more when you choose Tier 2.
- **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.

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	TRS-ActiveCare Primary			TRS-ActiveCare Primary+			TRS-ActiveCare HD		
	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$614	350	264	\$722	350	372	\$628	350	278
Employee and Spouse	\$1,658	350	1308	\$1,878	350	1528	\$1,696	350	1346
Employee and Children	\$1,044	350	694	\$1,228	350	878	\$1,068	350	718
Employee and Family	\$2,088	350	1738	\$2,383	350	2033	\$2,136	350	1786

Plan Features	TRS-ActiveCare Primary		TRS-ActiveCare Primary+		TRS-ActiveCare 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	\$6,800/\$13,600	\$1,200/\$2,400	\$6,800/\$13,600	\$3,400/\$6,800	\$6,800/\$13,600
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	\$20,500/\$41,000	\$6,900/\$13,800	\$20,500/\$41,000	\$8,300/\$16,600	\$20,500/\$41,000
PCP Required	Yes	No	Yes	No	No	No

Doctor Visits	TRS-ActiveCare Primary		TRS-ActiveCare Primary+		TRS-ActiveCare HD	
	Primary Care	Specialist	Primary Care	Specialist	Primary Care	Specialist
Primary Care	\$30 copay	\$70 copay	\$15 copay	\$70 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	TRS-ActiveCare Primary		TRS-ActiveCare Primary+		TRS-ActiveCare HD	
	Urgent Care	Emergency Care	Urgent Care	Emergency Care	Urgent Care	Emergency Care
Urgent Care	\$50 copay	You pay 30% after deductible	\$50 copay	You pay 20% after deductible	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	TRS-ActiveCare Primary		TRS-ActiveCare Primary+		TRS-ActiveCare HD	
	Drug Deductible	Non-preferred	Drug Deductible	Non-preferred	Drug Deductible	Non-preferred
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	You pay 50% after deductible	\$15/\$45 copay	You pay 50% after deductible	You pay 20% after deductible; \$0 coinsurance for certain generics	You pay 50% after deductible
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	350	663
\$2,402	350	2052
\$1,507	350	1157
\$2,841	350	2491

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	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

Questions?

Call a Personal Health Guide at **1-866-355-5999** for help with medical services.
 Call Express Scripts® by Evernorth Pharmacy Benefit Services at **1-844-367-6108**
 for help with your pharmacy benefits.

Compare Prices for Common Medical Services

Closed to new enrollees.

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 Imaging (like CT Scan, Mammogram and MRI)	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 (like colonoscopy, cataract surgery and steroid injections)	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 (like childbirth, complex joint replacement and cardiac surgery)	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)	Specialist: You pay \$70 copay	Specialist: You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 Specialist: \$55 copay Tier 2 Specialist: \$85 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	PCP: \$30 copay Specialist: \$70 copay	PCP: \$15 copay Specialist: \$70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 PCP: \$20 copay Tier 2 PCP: \$40 copay Tier 1 Specialist: \$55 copay Tier 2 Specialist: \$85 copay	You pay 40% after deductible