

### TRS-ActiveCare 1

- Has both network and non-network levels of benefits
- \$1,100 individual deductible with family maximum of \$3,000
- Out of pocket maximum is \$2,000 plus the deductible/\$6,000 for family
- Unlimited maximum lifetime benefit
- Doctor and lab services are subject to the deductible and then paid at 80% network and 60% non-network
- Preventive Services (description on page 18 - plan pays 100% up to the first \$500 per individual per plan year; remaining charges subject to deductible and coinsurance
- Hospital/Facility Services - paid at 80% after deductible
- Behavioral health/Serious Mental Illness - see description on page 20
- Prescription Drugs - **Subject to \$1,100 deductible**
  1. retail (30 day supply) and mail service (90 day supply)
  2. Reimbursement after deductible is met is through BCBS

### TRS-ActiveCare 2

- Has both network and non-network levels of benefits
- \$500 individual deductible with family maximum of \$1,500
- Out of pocket maximum is \$2,000 plus the deductible/\$6,000 for family
- Unlimited maximum lifetime benefit
- Doctor and Lab Services - for network providers \$25 copay for primary and \$35 for specialist
- Preventative Care - for network providers - \$25 copay for primary providers and \$35 copay for specialist. Includes all preventative care services billed with an office visit - coinsurance applies when no office visit is billed or services are performed outside the office - deductible is waived
- Hospital-Facility Services - inpatient - plan pays 80% after deductible for network and 60% for non-network, plus \$100 copay per day for \$500 maximum per admission; \$1,500 maximum copay per plan year.
- Behavioral health/Serious Mental Illness - see description on page 21
- Prescription Drugs - \$50 plan year deductible
  1. Retail (30 day supply) and mail service (90 day supply)

2. Separate copays for generic, preferred brand and non-preferred brand for network pharmacies
3. Go to [http://www.trs.state.tx.us/active.jsp?submenu=trs\\_activecare&page\\_id=/TRS\\_activecare/plans](http://www.trs.state.tx.us/active.jsp?submenu=trs_activecare&page_id=/TRS_activecare/plans) and click on "Preferred Prescriptions Formulary for PPO Plans" to check the formulary list for medications.

### **TRS-ActiveCare 3**

- Has both network and non-network levels of benefits
- No deductible for network providers - \$500 for non-network providers
- \$1,000 maximum out of pocket for network; \$3,000 plus deductible for non-network
- Unlimited lifetime maximum for network; \$1,000,000 for non-network
- Doctor and lab services - \$20 copay for primary and \$30 for specialist for network
- Preventative Care - for network provider - \$20 copay for primary providers and \$30 copay for specialist. Includes all preventative care services billed with an office visit - coinsurance applies when no office visit is billed or services are performed outside the office - deductible is waived
- Hospital-Facility Services - inpatient - plan pays 80% after deductible for network and 60% for non-network, plus \$100 copay per day for \$500 maximum per admission; \$1,500 maximum copay per plan year
- Behavioral health/Serious Mental Illness - see description on page 21
- Prescription Drugs - \$50 plan year deductible
  1. Retail (30 day supply) and mail service (90 day supply)
  2. Separate copays for generic, preferred brand and non-preferred brand for network pharmacies
  3. Go to [http://www.trs.state.tx.us/active.jsp?submenu=trs\\_activecare&page\\_id=/TRS\\_activecare/plans](http://www.trs.state.tx.us/active.jsp?submenu=trs_activecare&page_id=/TRS_activecare/plans) and click on "Preferred Prescriptions Formulary for PPO Plans" to check the formulary list for medications.