

## **2015-16 TRS-ActiveCare Medical Plans**

### **Monthly Premiums for Employees/TRS Members working at least 20 hours per week**

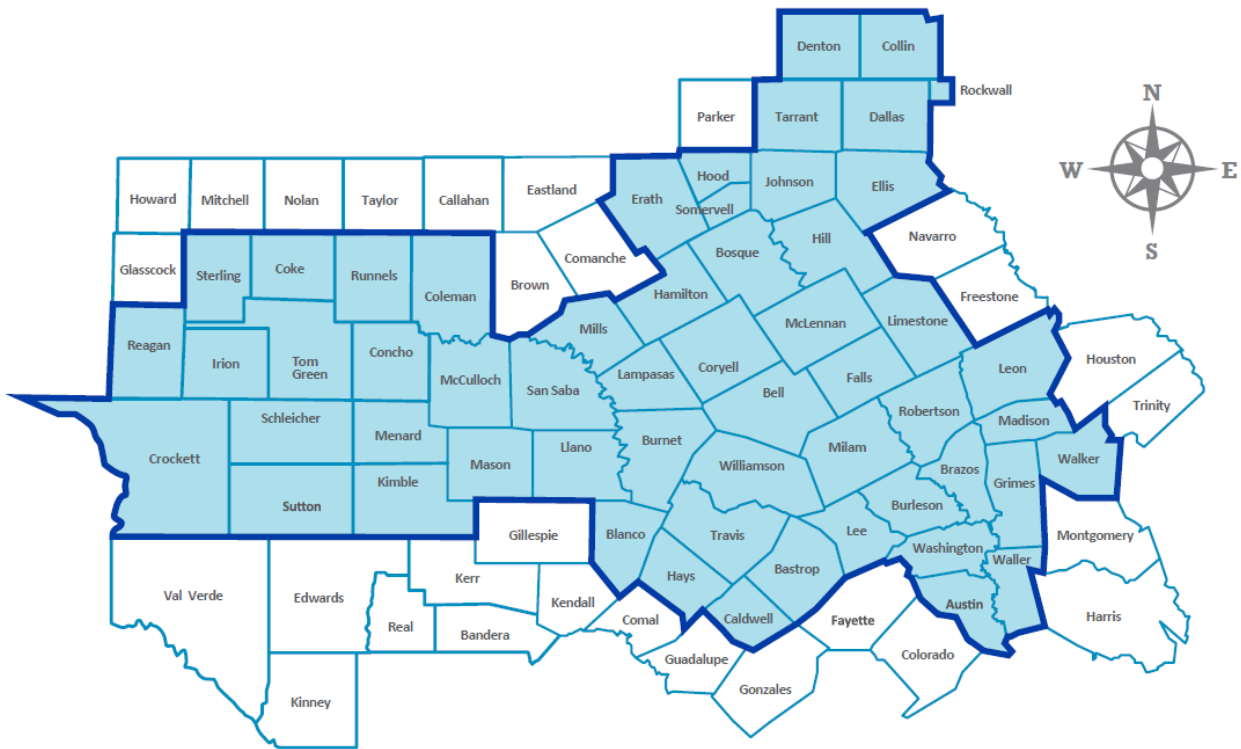
*Premiums valid from September 1, 2015 until August 31, 2016*

<b>TRS-ActiveCare 1-HD PPO</b>	<b>Total Monthly Cost</b>	<b>PISD Contribution for TRS Members</b>	<b>Employee's Monthly Cost</b>
Employee Only	\$341.00	\$259.00	\$82.00
Employee & Spouse	\$914.00	\$259.00	\$655.00
Employee & Child(ren)	\$615.00	\$259.00	\$356.00
Employee & Family	\$1,231.00	\$259.00	\$972.00
<b>TRS-ActiveCare Select ACO</b> <b>Caution: Limited Provider Network</b>	<i>If you live in Collin, Dallas, Denton, Ellis, Parker, Rockwall, or Tarrant counties, the network is Baylor Scott &amp; White Quality Alliance. There is no coverage out-of-network. This plan may not be right for you if you cover dependents out of the area.</i>		
Employee Only	\$473.00	\$259.00	\$214.00
Employee & Spouse	\$1,122.00	\$259.00	\$863.00
Employee & Child(ren)	\$762.00	\$259.00	\$503.00
Employee & Family	\$1,331.00	\$259.00	\$1,072.00
<b>TRS-ActiveCare 2 PPO</b>			
Employee Only	\$614.00	\$259.00	\$355.00
Employee & Spouse	\$1,478.00	\$259.00	\$1,219.00
Employee & Child(ren)	\$992.00	\$259.00	\$733.00
Employee & Family	\$1,521.00	\$259.00	\$1,262.00
<b>Scott &amp; White HMO</b> <b>Must work or live in service area</b>	<i>The HMO service area includes Collin, Dallas, Denton, Ellis, Rockwall, and Tarrant counties. No PCP is required, but you must use providers in the HMO network. This plan may not be right for you if you cover dependents out of the service area.</i>		
Employee Only	\$503.60	\$259.00	\$244.60
Employee & Spouse	\$1,135.62	\$259.00	\$876.62
Employee & Child(ren)	\$798.30	\$259.00	\$539.30
Employee & Family	\$1,259.76	\$259.00	\$1,000.76

**Search the provider list before enrolling, to make sure your provider is covered on the plan you want:**

TRIS-ActiveCare 1-HD and TRIS-ActiveCare 2	<a href="https://www.trisactivecareatna.com/tris-tools">https://www.trisactivecareatna.com/tris-tools</a> click on the green “Find a Doctor or Facility” tab
TRIS-ActiveCare Select	<a href="https://www.trisactivecareatna.com/tris-tools">https://www.trisactivecareatna.com/tris-tools</a> click on the green “Find a Doctor or Facility” tab Review the county information to determine which network to search. When asked to Select a Plan, select the appropriate network for your county. <u>For DFW Region, choose Baylor Scott &amp; White Quality Alliance, not ActiveCare Select.</u> The network for the county where you live will be applied to your dependents, even if they live out of the area.
Scott & White HMO	<a href="http://trs.swhp.org">http://trs.swhp.org</a> click on the orange “Find a Provider” tab at the top

**HMO service area map – You must live or work in one of these counties to be able to enroll in the Scott & White HMO plan. If you cover dependents that live outside of these counties, the HMO plan may not be right for you.**



Effective September 1, 2015 through August 31, 2016 | Network Level of Benefits\*

Type of Service	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2
<b>Provider Network</b>	Aetna Open Access Choice POS II	<b>⚠ Caution: Limited Network ⚠</b> (DFW area: Baylor Scott & White Quality Alliance) No coverage out-of-network	Aetna Open Access Choice POS II
<b>Deductible</b> (per plan year)	\$2,500 employee only \$5,000 employee and spouse; employee and child(ren); employee and family	\$1,200 individual \$3,600 family	\$1,000 individual \$3,000 family
<b>Out-of-Pocket Maximum</b> (per plan year; does include medical deductible/copays/coinsurance and prescription drug deductible/copays/coinsurance)	\$6,450 employee only \$12,900 employee and spouse; employee and child(ren); employee and family	\$6,600 individual \$13,200 family	\$6,600 individual \$13,200 family
<b>Coinsurance</b> Plan pays (up to allowable amount) Participant pays (after deductible)	80% 20%	80% 20%	80% 20%
<b>Office Visit Copay</b> Participant pays	20% after deductible	\$30 copay for primary \$60 copay for specialist	\$30 copay for primary \$50 copay for specialist
<b>Diagnostic Lab</b> Participant pays	20% after deductible	Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility	Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility
<b>Preventive Care</b> See next page for a list of services	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Teladoc Physician Services</b>	\$40 consultation fee (applies to deductible and out-of-pocket maximum)	Plan pays 100%	Plan pays 100%
<b>High-Tech Radiology</b> (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible
<b>Inpatient Hospital</b> (preauthorization required) (facility charges) Participant pays	20% after deductible	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)
<b>Emergency Room</b> (true emergency use) Participant pays	20% after deductible	\$150 copay plus 20% after deductible (copay waived if admitted)	\$150 copay plus 20% after deductible (copay waived if admitted)
<b>Outpatient Surgery</b> Participant pays	20% after deductible	\$150 copay per visit plus 20% after deductible	\$150 copay per visit plus 20% after deductible
<b>Bariatric Surgery</b> Physician charges (only covered if performed at an IOQ facility) Participant pays	\$5,000 copay plus 20% after deductible	Not covered	\$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible
<b>Prescription Drugs</b> Drug deductible (per plan year)	Subject to plan year deductible	\$0 for generic drugs \$200 per person for brand-name drugs	\$0 for generic drugs \$200 per person for brand-name drugs
<b>Retail Short-Term</b> (up to a 31-day supply) Participant pays • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list)	20% after deductible	\$20 \$40** 50% coinsurance	\$20 \$40** \$65**
<b>Retail Maintenance</b> (after first fill; up to a 31-day supply) Participant pays • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list)	20% after deductible	\$25 \$50** 50% coinsurance	\$25 \$50** \$80**
<b>Mail Order and Retail-Plus</b> (up to a 90-day supply) Participant pays • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list)	20% after deductible	\$45 \$105** 50% coinsurance	\$45 \$105** \$180**
<b>Specialty Drugs</b> Participant pays	20% after deductible	20% coinsurance per fill	\$200 per fill (up to 31-day supply) \$450 per fill (32- to 90-day supply)

TRS-ActiveCare Plans – Preventive Care			
Preventive Care Services	Benefits When Using In-Network Providers (Provider must bill services as “preventive care”)		
	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2
<p>Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (USPSTF).</p> <p>Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) with respect to the individual involved.</p> <p>Evidence-informed preventive care and screenings provided for in the comprehensive guidelines support by the Health Resources and Services Administration (HRSA) for infants, children and adolescents. Additional preventive care and screenings for women, not described above, as provided for in comprehensive guidelines supported by the HRSA.</p> <p>For purposes of this benefit, the current recommendations of the USPSTF regarding breast cancer screening and mammography and prevention will be considered the most current (other than those issued in or around November 2009).</p> <p>The preventive care services described above may change as USPSTF, CDC and HRSA guidelines are modified.</p> <p>Examples of covered services included are routine annual physicals (one per year); immunizations; well-child care; breastfeeding support, services and supplies; cancer screening mammograms; bone density test; screening for prostate cancer and colorectal cancer (including routine colonoscopies); smoking cessation counseling services and healthy diet counseling; and obesity screening/counseling.</p> <p>Examples of covered services for women with reproductive capacity are female sterilization procedures and specified FDA-approved contraception methods with a written prescription by a health care practitioner, including cervical caps, diaphragms, implantable contraceptives, intra-uterine devices, injectables, transdermal contraceptives and vaginal contraceptive devices. Prescription contraceptives for women are covered under the pharmacy benefits administered by Caremark. To determine if a specific contraceptive drug or device is included in this benefit, contact Customer Service at 1-800-222-9205. The list may change as FDA guidelines are modified.</p>	<p>Plan pays 100% (deductible waived)</p>	<p>Plan pays 100% (deductible waived; no copay required)</p>	<p>Plan pays 100% (deductible waived; no copay required)</p>
<p><b>Annual Vision Examination</b> (one per plan year; performed by an ophthalmologist or optometrist using calibrated instruments) Participant pays</p>	<p>After deductible, plan pays 80%; participant pays 20%</p>	<p>\$60 copay for specialist</p>	<p>\$50 copay for specialist</p>
<p><b>Annual Hearing Examination</b> Participant pays</p>	<p>After deductible, plan pays 80%; participant pays 20%</p>	<p>\$30 copay for primary \$60 copay for specialist</p>	<p>\$30 copay for primary \$50 copay for specialist</p>

**Note:** Covered services under this benefit must be billed by the provider as “preventive care.” If you receive preventive services from a non-network provider, you will be responsible for any applicable deductible and coinsurance under the ActiveCare 1-HD and ActiveCare 2. There is no coverage for non-network services under the ActiveCare Select plan.

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician.

\* Illustrates benefits when network providers are used. For some plans, non-network benefits are also available; there is no coverage for non-network benefits under the ActiveCare Select plan; see Enrollment Guide for more information. Non-contracting providers may bill for amounts exceeding the allowable amount for covered services. Participants will be responsible for this balance bill amount, which may be considerable.

\*\* If the patient obtains a brand-name drug when a generic equivalent is available, the patient will be responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug.

The TRS-ActiveCare Select plan has a very limited network. When searching the Aetna PPO list for this plan, choose Baylor Scott & White Quality Alliance for the DFW region. These are the only PPO providers in this area for the TRS-ActiveCare Select plan. There is no coverage for out-of-network services, except true emergencies, and no coverage for bariatric surgery.

TRS-ActiveCare is administered by Aetna Life Insurance Company. Aetna provides claims payment services only and does not assume any financial risk or obligation with respect to claims. Prescription drug benefits are administered by Caremark.

Type of Service	Scott & White HMO
<b>Provider Network</b>	<p>✂ <b>Must live or work in HMO service area</b> ✂</p> <p>No Primary Care Physician required to direct care or make referrals. No coverage out-of-network</p>
<b>Deductible</b> (per plan year)	\$800 individual \$2,400 family
<b>Out-of-Pocket Maximum</b> (per plan year; does include medical deductible/copays/coinsurance and prescription drug deductible/copays/coinsurance)	\$5,000 individual \$10,000 family
<b>Office Visit Copay</b> Participant pays	\$20 copay for primary \$50 copay for specialist
<b>Other Outpatient Services</b> Participant pays	20% after deductible
<b>Preventive Care</b>	Plan pays 100%
<b>Inpatient Hospital</b> (preauthorization required) Participant pays	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)
<b>Emergency Room</b> Participant pays	\$150 copay plus 20% after deductible (copay waived if admitted within 24 hours)
<b>Outpatient Surgery</b> Participant pays	\$150 copay per visit plus 20% after deductible
<b>Urgent Care</b> Participant pays	\$55 copay
<b>Prescription Drugs</b> Drug deductible (per plan year)	\$0 for generic drugs \$100 per person for brand-name drugs
<b>Retail Short-Term</b> Participant pays* • Generic • Brand (preferred list) • Brand (non-preferred list)	(up to a 34-day supply) \$3 30% after deductible 50% after deductible
<b>Retail Maintenance</b> Participant pays* • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list)	(up to a 90-day supply; in-network pharmacies only) \$6 30% after deductible 50% after deductible
<b>Mail Order</b> Participant pays* • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list)	(up to a 90-day supply; in-network pharmacies only) \$6 30% after deductible 50% after deductible
<b>Specialty Drugs</b> Participant pays	10% after deductible – Tier I 20% after deductible – Tier II 30% after deductible – Tier III 50% after deductible – Tier IV

\* If the patient obtains a brand-name drug when a generic equivalent is available, the patient will be responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug.

**Combined Premiums for Families** (applies to medical plans only)

If both you and your spouse work for a school district in TRS-ActiveCare, you may choose to combine your coverage, but you are not required to do so. Premiums and district contributions may be combined on any TRS-ActiveCare plan when Employee & Spouse or Employee & Family coverage is selected. However, in most situations, savings would only be seen with Employee & Family coverage. Each family must decide whether this arrangement would benefit their personal situation.

**If both spouses work for Plano ISD:**

Two district contributions are applied to the premium listed in the “Total Monthly Cost” column on the previous page, and then the remainder is deducted from one person’s paycheck.

Example:

- John and Jane are married, both work for Plano ISD, and they have 2 kids.
  - John enrolls in TRS-ActiveCare 2 for employee & family.
  - Jane waives medical coverage on her enrollment.
- \$1,521 – Total Monthly Cost  
-\$259 – PISD’s contribution for John  
-\$259 – PISD’s contribution for Jane  
\$1,003 – Monthly Premium Deducted from John’s Paycheck

**If one spouse works for Plano ISD, and the other works for another school district:**

The premium listed in the “Total Monthly Cost” column on the previous page is divided in half and shared between the two spouses. Each district would apply their contribution to their employee’s half of the premium, and the remainder is deducted from each employee’s paycheck.

Splitting premiums between school districts ***will not happen automatically***. You must complete the TRS-ActiveCare “***Application to Split Premium***” form, available on our web site. If you are already splitting the premium, a new form is not required unless you or your spouse are changing school districts.

Example:

- Bill and Susie are married and have 2 kids. Bill works for Plano ISD. Susie works for ABC ISD.
  - Bill enrolls in TRS-ActiveCare 2 for employee & family at Plano ISD.
  - Susie waives medical coverage at ABC ISD.
- |   |  |
|---|--|
| \$1,521 – Total Monthly Cost (divided in half and shared)   |  |
| \$760.50 – Charged to PISD for Bill                         | \$760.50 – Charged to ABC ISD for Susie                      |
| <u>-\$259.00</u> – PISD’s contribution for Bill             | <u>-\$259.00</u> – ABC ISD’s contribution for Susie          |
| \$501.50 – Monthly Premium<br>Deducted from Bill’s Paycheck | \$501.50 – Monthly Premium<br>Deducted from Susie’s Paycheck |