TRS-ActiveCare 2019–20 what's new & what's changing

TRS-ActiveCare Changes

Medical Coverage	TRS-ActiveCare 1-HD		TRS-ActiveCare Select/ActiveCare Select Whole Health		TRS-ActiveCare 2 **Note:** This is a closed plan. Only participants presently enrolled in TRS-ActiveCare 2 are eligible to remain in this plan for 2019-20. **No new enrollments will be allowed.**	
	2018 – 19 Plan Year	2019 – 20 Plan Year	2018 – 19 Plan Year	2019 – 20 Plan Year	2018 – 19 Plan Year	2019 – 20 Plan Year
In-network out-of-pocket max Individual/Family	$6,650/$13,300	$6,750/$13,500	$7,350/$14,700	$7,900/$15,800	$7,350/$14,700	$7,900/$15,800
Out-of-network out-of-pocket max Individual/Family	$13,300/$26,600	$20,250/$40,500	N/A	N/A	$14,700/$29,400	$23,700/$47,400
Out-of-network inpatient hospital	You pay 40% after deductible	Plan pays up to $500 per day cap of covered charges after deductible; you pay the excess over the $500 per day cap	N/A	N/A	You pay $150 copay per day plus 40% after deductible ($750 maximum copay per admission; $2,250 maximum copay per plan year)	Plan pays up to $500 per day cap of covered charges after deductible; you pay the excess over the $500 per day cap
Prescription Coverage | Generic drugs						
Retail copay/coinsurance (up to 31-days supply)	You pay 20% after deductible, except for certain generic preventive drugs that are covered at 100%	No change	You pay $20, no deductible	You pay $15, no deductible	You pay $20, no deductible	No change
Retail maintenance copay/coinsurance (after 1st fill; up to 31-day supply)	You pay 20% after deductible	No change	You pay $35, no deductible	You pay $30, no deductible	You pay $35, no deductible	No change
Prescription Coverage | Preferred brand drugs						
Retail copay/coinsurance (up to 31-days supply)	You pay 20% after deductible	You pay 25% after deductible	You pay $40 after drug deductible	You pay 25% after drug deductible (min. $40*; max. $80)	You pay $40 after drug deductible	You pay 25% after drug deductible (min. $40*; max. $80)
Retail maintenance copay/coinsurance (after 1st fill; up to 31-day supply)	You pay 20% after deductible	You pay 25% after deductible	You pay $60 after drug deductible	You pay 25% after drug deductible (min. $60*; max. $120)	You pay $60 after drug deductible	You pay 25% after drug deductible (min. $60*; max. $120)
Mail order & Retail Plus copay/coinsurance (60 to 90-day supply)	You pay 20% after deductible	You pay 25% after deductible	You pay $105 after drug deductible	You pay 25% after drug deductible (min. $105*; max. $210)	You pay $105 after drug deductible	You pay 25% after drug deductible (min. $105*; max. $210)
Prescription Coverage | Non-preferred brand drugs						
Retail copay/coinsurance (up to 31-days supply)	You pay 50% after deductible	No change	You pay 50% after drug deductible	No change	You pay 50% after drug deductible (min. $65*; max. $130)	You pay 50% after drug deductible (min. $100*; max. $200)
Retail maintenance copay/coinsurance (after 1st fill; up to 31-day supply)	You pay 50% after deductible	No change	You pay 50% after drug deductible	No change	You pay 50% after drug deductible (min. $90*; max. $180)	You pay 50% after drug deductible (min. $105*; max. $210)
Mail order & Retail Plus copay/coinsurance (60 to 90-day supply)	You pay 50% after deductible	No change	You pay 50% after drug deductible	No change	You pay 50% after drug deductible (min. $180*; max. $360)	You pay 50% after drug deductible (min. $215*; max. $430)

*If the cost of the drug is less than the minimum, you will pay the cost of the drug.

TRS-ActiveCare 2019–20 what's new & what's changing

TRS-ActiveCare Premium Changes

New 2019–20 Premiums

TRS-ActiveCare Monthly Premium	TRS-ActiveCare 1-HD		TRS-ActiveCare Select/ ActiveCare Select Whole Health		TRS-ActiveCare 2	
	Full monthly Premium*	Cost after state/district contribution**	Full monthly Premium*	Cost after state/district contribution**	Full monthly Premium*	Cost after state/district contribution**
Individual	$378	$153	$556	$331	$852	$627
+Spouse	$1,066	$841	$1,367	$1,142	$2,020	$1,795
+Children	$722	$497	$902	$677	$1,267	$1,042
+Family	$1,415	$1,190	$1,718	$1,493	$2,389	$2,164

Current 2018–19 Premiums

TRS-ActiveCare Monthly Premium	TRS-ActiveCare 1-HD		TRS-ActiveCare Select/ ActiveCare Select Whole Health		TRS-ActiveCare 2	
	Full monthly Premium*	Cost after state/district contribution**	Full monthly Premium*	Cost after state/district contribution**	Full monthly Premium*	Cost after state/district contribution**
Individual	$367	$142	$540	$315	$782	$557
+Spouse	$1,035	$810	$1,327	$1,102	$1,855	$1,630
+Children	$701	$476	$876	$651	$1,163	$938
+Family	$1,374	$1,149	$1,668	$1,443	$2,194	$1,969

*If you are not eligible for the state/district subsidy, you will pay the full monthly premium. Contact your Benefits Administrator for your monthly premium.

**The cost after state, $75 and district, $150 contribution is the maximum you may pay per month. Ask your Benefits Administrator for your monthly cost. (This is the amount you will owe each month after all available subsidies are applied to your premium.)

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TRS-ActiveCare 2019–20 what's new & what's changing

HMO Changes

Medical Coverage	BCBSTX		FirstCare		Scott and White	
	2018 – 19 Plan Year	2019 – 20 Plan Year	2018 – 19 Plan Year	2019 – 20 Plan Year	2018 – 19 Plan Year	2019 – 20 Plan Year
Out-of-pocket maximum Individual/Family	No plan changes for BCBSTX		$7,350/$14,700	$7,450/$14,900	$7,000/$14,000	$7,450/$14,900
Deductible Individual/Family			$750/$2,250	$950/$2,850	$1,000/$3,000	$950/$2,850
Primary care office visit			You pay $20	No change	You pay $15, 1st office visit copay waived for illness	You pay $20, 1st office visit copay waived for illness, $0 copay for primary visit for dependents age 19 and under
Specialist office visit copay			$60	$70	$70	No change
Urgent care copay			You pay $75; deductible waived	You pay $50; deductible waived	You pay $50 copay	No change
Emergency room copay/coinsurance			You pay $500 after deductible	No change	You pay $250 plus 20% after deductible	You pay $500 after deductible
Prescription Coverage						
Prescription drug deductible	No plan changes for BCBSTX		$100 individual $300 family	$150 (excluding preferred generics)	$150	No change
Prescription Coverage | Preferred drugs						
Retail copay/coinsurance (up to 31-day supply)	No plan changes for BCBSTX		You pay $15 generic; $40 brand after drug deductible	You pay $5 generic (drug deductible waived); 30% brand after drug deductible	No plan changes for Scott and White	
Retail maintenance copay/coinsurance (after 1st fill; up to 31-day supply)			You pay $15 generic; $40 brand after drug deductible	You pay $12.50 generic (drug deductible waived); 30% brand after drug deductible		
Mail order copay/coinsurance (60 to 90-day supply)			You pay $45 generic; $120 brand after drug deductible	You pay $12.50 generic (drug deductible waived); 30% brand after drug deductible		
Prescription Coverage | Non-preferred brand drugs						
Retail copay/coinsurance (up to 31-day supply)	No plan changes for BCBSTX		You pay $100 after drug deductible	You pay 50% after drug deductible	No plan changes for Scott and White	
Retail maintenance copay/coinsurance (after 1st fill; up to 31-day supply)			You pay $100 after drug deductible	You pay 50% after drug deductible		
Mail order copay/coinsurance (60 to 90-day supply)			You pay $300 after drug deductible	You pay 50% after drug deductible		
Specialty Medications			You pay 20% after drug deductible	You pay 15% Tier 1 & Tier 2 after drug deductible; 25% Tier 3 after drug deductible		

HMO Premium Changes

New 2019–20 Premiums

Monthly Premium	BCBSTX		FirstCare		Scott and White	
	Full monthly Premium*	Cost after state/district contribution**	Full monthly Premium*	Cost after state/district contribution**	Full monthly Premium*	Cost after state/district contribution**
Individual	$486.56	$261.56	$560.50	$335.50	$558.54	$333.54
+Spouse	$1,177.52	$952.52	$1,416.52	$1,191.52	$1,306.58	$1,081.58
+Children	$761.96	$536.96	$892.16	$667.16	$876.76	$651.76
+Family	$1,249.00	$1,024.00	$1,454.80	$1,229.80	$1,457.28	$1,232.28

Current 2018–19 Premiums

Monthly Premium	BCBSTX		FirstCare		Scott and White	
	Full monthly Premium*	Cost after state/district contribution**	Full monthly Premium*	Cost after state/district contribution**	Full monthly Premium*	Cost after state/district contribution**
Individual	$474.02	$249.02	$534.04	$309.04	$578.36	$353.36
+Spouse	$1,146.83	$921.83	$1,348.92	$1,123.92	$1,353.40	$1,128.40
+Children	$742.19	$517.19	$849.76	$624.76	$908.06	$683.06
+Family	$1,216.42	$991.42	$1,385.36	$1,160.36	$1,509.56	$1,284.56

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