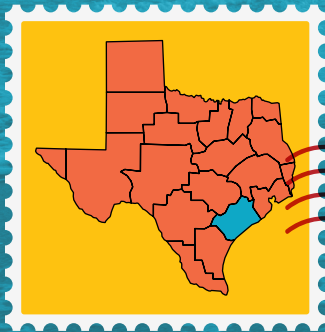


The only thing more reliable than a Gulf Coast sunset is your TRS-ActiveCare network.

TRS-ActiveCare REGION 3



TRS-ActiveCare Plan Highlights 2024-25



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%.
- **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.

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	\$477	\$325	\$152	\$560	\$325	\$235	\$490	\$325	\$165
Employee and Spouse	\$1,288	\$325	\$963	\$1,456	\$325	\$1,131	\$1,323	\$325	\$998
Employee and Children	\$811	\$325	\$486	\$952	\$325	\$627	\$833	\$325	\$508
Employee and Family	\$1,622	\$325	\$1,297	\$1,848	\$325	\$1,523	\$1,666	\$325	\$1,341

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	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical	Integrated with medical	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	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	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	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	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	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	-	-
\$2,402	-	-
\$1,507	-	-
\$2,841	-	-

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	\$30 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.