

# TRS ActiveCare 1-HD and 2

A list of Aetna Network Physicians can be found at [www.tractivecareetna.com](http://www.tractivecareetna.com).

Benefits	ActiveCare 1-HD	ActiveCare 2
<b>Deductible (per plan year)</b>	\$2,500 employee only \$5,000 employee and spouse; employee and child(ren); employee and family	\$1,000 individual \$3,000 family
<b>Maximum Out of Pocket (per plan year; does include medical deductibles/any medical copays/coinsurance, plus pharmacy copayments, coinsurance and deductibles)</b>	\$6,550 employee only \$13,100 employee and spouse; employee and child(ren) employee and family	\$6,850 individual \$13,700 family
<b>Coinsurance (after deductible)</b>	80% - Plan pays 20% - You pay	80% - Plan pays 20% - You pay
<b>Preventive Care</b>	Plan pays 100%**	Plan pays 100%**
<b>Doctor Office Visits</b>	20% after deductible	\$30 copay for primary \$50 copay for specialist
<b>Teladoc Physician Services</b>	\$40 consultation fee applies to deductible and out-of-pocket expenses	Plan pays 100%
<b>Services Provided Outside the Doctor's Office (CT scan, MRI, Nuclear medicine)</b>	20% after deductible	\$100 copay plus 20% after deductible
<b>Quest Diagnostic Labs</b>	20% after deductible	Plan pays 100%
<b>Maternity Care</b>	20% after deductible	\$30 copay for primary \$50 copay for specialist (initial visit only; delivery, 20% after deductible)
<b>Inpatient Hospital (preauthorization required)</b>	20% after deductible	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)
<b>Outpatient Surgery</b>	20% after deductible	\$150 copay per visit plus 20% after deductible
<b>Emergency Room</b>	20% after deductible	\$150 copay plus 20% after deductible (copay waived if admitted)

\*\*Required by the Patient Protection and Affordable Care Act (PPACA). A list of covered services can be found at <http://www.healthcare.gov/law/about/provisions/services/lists.html>

# TRS ActiveCare Select Plan

## Important Note regarding ActiveCare Select:

When selecting providers in the ActiveCare Select plan, you must choose a network based on where you live (see chart at the bottom of this page). **Most AISD Employees will be in the Baylor Scott & White Quality Alliance Network.**

***No out of network coverage on this plan (except in the event of an emergency).***

Benefits	ActiveCare Select
<b>Deductible</b> (per plan year)	\$1,200 individual \$3,600 family
<b>Maximum Out of Pocket</b> (per plan year; does include medical deductibles/any medical copays/coinsurance, plus pharmacy copayments, coinsurance and deductibles)	\$6,850 individual \$13,700 family
<b>Coinsurance</b> (after deductible)	80% - Plan pays 20% - You pay
<b>Preventive Care</b>	Plan pays 100%**
<b>Doctor Office Visits</b>	\$30 copay for primary \$60 copay for specialist
<b>Teladoc Physician Services</b>	Plan pays 100%
<b>Services Provided Outside the Doctor's Office</b> (CT scan, MRI, Nuclear medicine)	\$100 copay plus 20% after deductible
<b>Quest Diagnostic Labs</b>	Plan pays 100%
<b>Maternity Care</b>	\$30 copay for primary \$60 copay for specialist (initial visit only; delivery, 20% after deductible)
<b>Inpatient Hospital</b> (preauthorization required)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)
<b>Outpatient Surgery</b>	\$150 copay per visit plus 20% after deductible
<b>Emergency Room</b>	\$150 copay plus 20% after deductible (copay waived if admitted)
**Required by the Patient Protection and Affordable Care Act (PPACA). A list of covered services can be found at <a href="http://www.healthcare.gov/law/about/provisions/services/lists.html">http://www.healthcare.gov/law/about/provisions/services/lists.html</a>	

If you live in the counties on the list you will automatically be enrolled in the **ActiveCare Select/Aetna Whole Health Plan** for your area.

- You must stay in your specific **ActiveCare Select/Aetna Whole Health** network to receive benefits. **This plan does not have out-of-network benefits (unless it is an emergency situation)!** There are specific providers assigned to the plan for your county.

<b>If you live in one of these counties...</b>	<b>Please enter your search criteria in the gray box on the provider directory page and look under the "ActiveCare Select/Aetna Whole Health Plan Options" section for the Select plan that applies to your county.</b>
<ul style="list-style-type: none"> <li>• Collin</li> <li>• Dallas</li> <li>• Denton</li> <li>• Ellis</li> <li>• Parker</li> <li>• Rockwall</li> <li>• Tarrant</li> </ul>	<b>Baylor Scott &amp; White Quality Alliance</b>

# TRS ActiveCare Pharmacy Plans

Benefits	ActiveCare 1-HD	ActiveCare 2	ActiveCare Select
<b>Deductible (per plan year)</b>	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 (up to a 31-day supply)</b> • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list)	20% after deductible	\$20 \$40*** \$65***	\$20 \$40*** 50% coinsurance
<b>Retail Maintenance (after second fill; up to a 31-day supply)</b> • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list)	20% after deductible	\$35 \$60*** \$90***	\$35 \$60*** 50% coinsurance
<b>Mail order and Retail-Plus (up to a 90 day supply)</b> • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list)	20% after deductible	\$45 \$105*** \$180***	\$45 \$105*** 50% coinsurance
<b>Specialty Drugs</b>	20% after deductible	\$200 per fill (up to 31 day supply) \$450 per fill (32- to 90 day supply)	20% Coinsurance per fill

\*\*\*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