

# 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>If you're currently enrolled in TRS ActiveCare 2, you can remain in this plan. However, as of September 1, 2018, TRS ActiveCare 2 is closed to new enrollees</b>
<b>Deductible</b> (per plan year)		
<b>In-Network</b> <b>Out-of-Network</b>	\$2,750 employee only / \$5,000 family \$5,500 employee only / \$11,000 family	\$1,000 individual/\$3,000 family \$2,000 individual/\$6,000 family
<b>Maximum Out of Pocket</b> (per plan year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum)	The individual out-of-pocket maximum only includes covered expenses incurred by that individual	
<b>In-Network</b> <b>Out-of-Network</b>	\$6,650 individual / \$13,300 family \$13,300 individual / \$26,600 family	\$7,350 individual/\$14,700 family \$14,700 individual/\$29,400 family
<b>Coinsurance</b> <b>In-Network</b> Participant pays (after deductible) <b>Out-of-Network</b> Participant pays (after deductible)	20% - You pay 40% of allowed amount	20% 40% of allowed amount
<b>Doctor Office Visit Copay</b>	20% after deductible	\$30 copay for primary \$70 copay for specialist
<b>Diagnostic Lab</b>	20% after deductible	20% after deductible
<b>Preventive Care (See below for examples)</b>	Plan pays 100%	Plan pays 100%
<b>Teladoc Physician Services</b>	\$40 consultation fee (counts toward deductible and out-of-pocket maximum)	Plan pays 100%
<b>High-Tech Radiology</b> (CT scan, MRI, nuclear medicine)	20% after deductible	\$100 copay plus 20% after deductible
<b>Inpatient Hospital</b> (preauthorization required) (facility charges)	20% after deductible	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)
<b>Freestanding Emergency Room</b>	\$500 copay per visit plus 20% after deductible	\$500 copay per visit plus 20% after deductible
<b>Emergency Room</b> (true emergency use)	20% after deductible	\$250 copay plus 20% after deductible (copay waived if admitted)
<b>Outpatient Surgery</b>	20% after deductible	\$150 copay per visit plus 20% after deductible
<b>Bariatric Surgery</b> Physician charges (only covered in performed at an IOQ facility)	\$5,000 copy (does apply to out-of-pocket maximum) plus 20% after deductible	\$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible
<b>Annual Vision Examination</b> (one per plan year; performed by an ophthalmologist or optometrist using calibrated instruments)	20% after deductible	\$70 copay for specialist
<b>Annual Hearing Examination</b>	20% after deductible	\$30 copay for primary \$70 copay for specialist
Preventive Care Some examples of preventive care frequency and services:		
<ul style="list-style-type: none"> <li>Routine physicals – annually age 12 and over</li> <li>Mammograms – 1 every year age 35 and over</li> <li>Smoking cessation counseling – 8 visits per 12 months</li> </ul>	<ul style="list-style-type: none"> <li>Well-child care – unlimited up to age 12</li> <li>Colonoscopy – 1 every 10 years age 50 and over</li> <li>Healthy diet/obesity counseling – unlimited to age 22; age 22 and over – 26 visits per 12 months</li> </ul>	<ul style="list-style-type: none"> <li>Well woman exam &amp; pap smear – annually age 18 and over</li> <li>Prostate cancer screening – 1 per year age 50 and over</li> <li>Breastfeeding support – 6 lactation counseling visits per 12 months</li> </ul>

# 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 list at the bottom of this page). **Most AISD Employees will be in the Baylor Scott & White Quality Alliance (DFW) Network.**

Benefits	ActiveCare Select
<b>Deductible</b> (per plan year)	
<b>In-Network</b> <b>Out-of-Network</b>	\$1,200 employee only / \$3,600 family Not applicable. This plan does not cover out-of-network services except for emergencies.
<b>Maximum Out of Pocket</b> (per plan year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum)	The individual out-of-pocket maximum only includes covered expenses incurred by that individual
<b>In-Network</b> <b>Out-of-Network</b>	\$7,350 individual / \$14,700 family Not applicable. This plan does not cover out-of-network services except for emergencies.
<b>Coinsurance</b> <b>In-Network</b> Participant pays (after deductible) <b>Out-of-Network</b> Participant pays (after deductible)	20% - You pay Not applicable. This plan does not cover out-of-network services except for emergencies.
<b>Doctor Office Visit Copay</b>	\$30 copay for primary \$70 copay for specialist
<b>Diagnostic Lab</b>	20% after deductible
<b>Preventive Care</b>	Plan pays 100%
<b>Teladoc Physician Services</b>	Plan pays 100%
<b>High-Tech Radiology</b> (CT scan, MRI, nuclear medicine)	\$100 copay plus 20% after deductible
<b>Inpatient Hospital</b> (preauthorization required) (facility charges)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)
<b>Freestanding Emergency Room</b>	\$500 copay per visit plus 20% after deductible
<b>Emergency Room</b> (true emergency use)	\$250 copay plus 20% after deductible (copay waived if admitted)
<b>Outpatient Surgery</b>	\$150 copay per visit plus 20% after deductible
<b>Bariatric Surgery</b> Physician charges (only covered in performed at an IOQ facility)	Not Covered
<b>Annual Vision Examination</b> (one per plan year; performed by an ophthalmologist or optometrist using calibrated instruments)	\$70 copay for specialist
<b>Annual Hearing Examination</b>	\$30 copay for primary \$70 copay for specialist

If you live in the counties listed below your TRS plan is **ActiveCare Select/Aetna Whole Health Plan** and the network associated with those counties is the **Baylor Scott & White Quality Alliance (DFW) Network**. You **MUST** choose doctors that are in the **Baylor Scott & White Quality Alliance (DFW) Network**.

- Tarrant
- Collin
- Dallas
- Denton

- Ellis
- Parker
- Rockwall

If you do not live in one of these counties listed above you will automatically be enrolled in the **ActiveCare Select Open Access Network**.

# TRS ActiveCare Pharmacy Plans

Benefits	ActiveCare 1-HD	ActiveCare 2 If you're currently enrolled in TRS ActiveCare 2, you can remain in this plan. However, as of September 1, 2018, TRS ActiveCare 2 is closed to new enrollees	ActiveCare Select <b>Important Note:</b> When selecting providers in the ActiveCare Select plan, you must choose a network based on where you live. Most AISD Employees will be in the <u>Baylor Scott &amp; White Quality Alliance (DFW) Network.</u>
<b>Deductible (per person, per plan year)</b>	Must meet plan- year deductible before plan pays.*	0 generic; \$200 brand	\$0 generic; \$200 brand
<b>Short-Term Supply at a Retail Location (up to a 31-day supply)</b>			
<b>Tier 1-Generic copay</b>	20% coinsurance after deductible, except for certain generic preventive drugs that are covered at 100%.*	\$20 for a 1- to 31-day supply	\$20 for a 1- to 31-day supply
<b>Tier 2-Preferred Brand</b>	20% coinsurance after deductible	\$40 for a 1-to 31-day supply**	\$40 for a 1-to31-day supply**
<b>Tier 3-Non-Preferred Brand</b>	50% coinsurance after deductible	50% coinsurance (Min. \$180***, Max. \$360) **	50% coinsurance for a 1-31-day supply**
<b>Extended-Day Supply at Mail Order or Retail-Plus Location (60- to 90-day supply)****</b>			
<b>Tier 1-Generic copay</b>	20% coinsurance after deductible	\$45 for a 60- to 90-day Supply	\$45 for a 60- to 90-day supply
<b>Tier 2-Preferred Brand</b>	20% coinsurance after deductible	\$105 for a 60- to 90-day supply **	\$105 for a 60- to 90- day supply **
<b>Tier 3-Non-Preferred Brand</b>	50% coinsurance after deductible	50% coinsurance (Min. \$180***, Max. \$360) **	50% coinsurance for a 60- to 90-day supply**
<b>Specialty Medications (up to a 31-day supply)</b>	20% coinsurance after deductible	20% coinsurance (Min. \$200***, Max. \$900)	20% Coinsurance
<b>Short-Term Supply of a Maintenance Medication at Retail Location (up to a 31-day supply)</b>			
<b>The second time a participant fills a short-term supply of a maintenance medication at a retail pharmacy, they will pay a convenience fee. They will be charged the coinsurance and copays in the row below the second time they fill a short-term supply of a maintenance medication. Participants can avoid paying the convenience fee by filling a larger day supply of a maintenance medication through mail order or at a Retail-Plus location.</b>			
<b>Tier 1 – Generic</b>	20% coinsurance after deductible	\$35 for a 1- to 31-day supply	\$35 for a 1- to 31-day supply
<b>Tier 2 – Preferred Brand</b>	20% coinsurance after deductible	\$60 for a 1- to 31-day supply**	\$60 for a 1- to 31-day supply**
<b>Tier 3 – Non-Preferred Brand</b>	20% coinsurance after deductible	50% coinsurance for a 1- to 31-day supply**	50% coinsurance (Min. \$90***, Max. \$180)**

What is a maintenance medication?

Maintenance drugs are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

When does the convenience fee apply?

For example, if you are covered under TRS-ActiveCare Select, the first time you fill a 31-day supply of a generic maintenance drug at a retail pharmacy you will pay \$20, then you will pay \$35 each month that you fill a 31-day supply of that generic maintenance drug at a retail pharmacy. A 90-day supply of that same generic maintenance medication would cost \$45, and you would save \$225 over the year by filling a 90-day supply.

\*For ActiveCare 1-HD, certain generic preventive drugs are covered at 100%. Participants do not have to meet the deductible (\$2,500 - individual, \$5,000 - family) and they pay nothing out of pocket for these drugs. The list of drugs is on the TRS-ActiveCare website.

\*\*If a participant obtains a brand-name drug when a generic equivalent is available, they are responsible for the generic copay plus the cost difference between the brand-name drug and the generic drug.

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

\*\*\*\*Participants can fill 32-day to 90-day supply through mail order.