

# 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 <small>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.</small>	
	2018 – 19 Plan Year	2019 – 20 Plan Year	2018 – 19 Plan Year	2019 – 20 Plan Year	2018 – 19 Plan Year	2019 – 20 Plan Year
<b>In-network out-of-pocket max</b> 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
<b>Out-of-network out-of-pocket max</b> Individual/Family	\$13,300/\$26,600	\$20,250/\$40,500	N/A	N/A	\$14,700/\$29,400	\$23,700/\$47,400
<b>Out-of-network inpatient hospital</b>	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
<b>Prescription Coverage   Generic drugs</b>						
<b>Retail copay/coinsurance</b> (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
<b>Retail maintenance copay/coinsurance</b> (after 1 <sup>st</sup> 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
<b>Prescription Coverage   Preferred brand drugs</b>						
<b>Retail copay/coinsurance</b> (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)
<b>Retail maintenance copay/coinsurance</b> (after 1 <sup>st</sup> 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)
<b>Mail order &amp; Retail Plus copay/coinsurance</b> (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)
<b>Prescription Coverage   Non-preferred brand drugs</b>						
<b>Retail copay/coinsurance</b> (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)
<b>Retail maintenance copay/coinsurance</b> (after 1 <sup>st</sup> 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)
<b>Mail order &amp; Retail Plus copay/coinsurance</b> (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.