

TRS ActiveCare Medical Plans

A list of Network Physicians can be found at www.bcbstx.com/trsactivecare

Benefits	TRS ActiveCare Primary	ActiveCare HD	
PLAN FEATURES			
Type of Coverage	In-Network Coverage only	In-Network	Out-of-Network Coverage
Individual/Family Deductible (per plan year)	\$2,500 Individual/\$5,000 family	\$2,800 Individual/\$5,600 family	\$5,500 individual/\$11,100 family
Individual/Family Maximum Out of Pocket	\$8,150 individual / \$16,300 family	\$6,900 individual / \$13,800 family	\$20,250 individual / \$40,500 family
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 40% after deductible
Network	Statewide Network	Nationwide Network	
Primary Care Provider (PCP) Required	Yes	No	
DOCTORS VISITS			
Primary Care	\$30 copay	You pay 20% after deductible	You pay 40% after deductible
Specialist	\$70 copay	You pay 20% after deductible	You pay 40% after deductible
TRS Virtual Health (Teledoc)	\$0 per consultation	\$30 per consultation	
IMMEDIATE CARE			
Urgent Care	\$50 copay	You pay 20% after deductible	You pay 40% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	
PRESCRIPTION DRUGS			
Drug Deductible	Integrated with Medical	Integrated with Medical	
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay	You pay 20% after deductible	
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible	
Specialty	You pay 30% after deductible	You pay 20% after deductible	

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Benefits	TRS ActiveCare Primary+ (formerly Select)	ActiveCare 2	
PLAN FEATURES			
Type of Coverage	In-Network Coverage only	In -Network	Out-of-Network Coverage
Individual/Family Deductible	\$1,200 Individual/\$3,600 family	\$1,000 Individual/\$3,000 family	\$2,000 individual/\$6,000 family
Individual/Family Maximum Out of Pocket	\$6,900 individual / \$13,800 family	\$7,900 individual / \$15,800 family	\$23,700 individual/\$47,400 family
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible
Network	Statewide Network	Nationwide Network	
Primary Care Provider (PCP) Required	Yes	No	
DOCTORS VISITS			
Primary Care	\$30 copay	You pay \$30 copay after deductible	You pay 40% after deductible
Specialist	\$70 copay	You pay \$70 copay after deductible	You pay 40% after deductible
TRS Virtual Health	\$0 per consultation	\$0 per consultation	
IMMEDIATE CARE			
Urgent Care	\$50 copay	\$50 copay	You pay 40% after deductible
Emergency Care	You pay 20% after deductible	You pay \$250 copay plus 20% after deductible	
PRESCRIPTION DRUGS			
Drug Deductible	\$200 brand deductible	\$200 brand deductible	
Generics (30-Day Supply/90 Day Supply)	\$15/\$45 copay	\$20/\$45 copay	
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible (\$40 min/\$80 max) You pay 25% after deductible (105 min/\$210 max)	
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible (\$100 min \$200 max) You pay 50% after deductible (\$215 min/\$430 max)	
Specialty	You pay 30% after deductible	You pay 20% after deductible (\$200 min/\$900 max) No 90-Day Supply of Specialty Medications	