

# TRS ActiveCare Medical Plans

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

Benefits	TRS ActiveCare Primary	ActiveCare HD	
<b>PLAN FEATURES</b>			
<b>Type of Coverage</b>	<b>In-Network Coverage only</b>	<b>In-Network</b>	<b>Out-of-Network Coverage</b>
<b>Individual/Family Deductible</b> (per plan year)	\$2,500 Individual/\$5,000 family	\$3,000 Individual/\$6,000 family	\$5,500 individual/\$11,100 family
<b>Individual/Family Maximum Out of Pocket</b>	\$8,150 individual / \$16,300 family	\$7,000 individual / \$14,000 family	\$20,250 individual / \$40,500 family
<b>Coinsurance</b>	You pay 30% after deductible	You pay 30% after deductible	You pay 50% after deductible
<b>Network</b>	Statewide Network	Nationwide Network	
<b>Primary Care Provider (PCP) Required</b>	Yes	No	
<b>DOCTORS VISITS</b>			
<b>Primary Care</b>	\$30 copay	You pay 30% after deductible	You pay 50% after deductible
<b>Specialist</b>	\$70 copay	You pay 30% after deductible	You pay 50% after deductible
<b>TRS Virtual Health (Teledoc)</b>	\$0 per consultation	\$30 per consultation	
<b>IMMEDIATE CARE</b>			
<b>Urgent Care</b>	\$50 copay	You pay 20% after deductible	You pay 40% after deductible
<b>Emergency Care</b>	You pay 30% after deductible	You pay 20% after deductible	
<b>PRESCRIPTION DRUGS</b>			
<b>Drug Deductible</b>	Integrated with Medical	Integrated with Medical	
<b>Generics (30-Day Supply/90-Day Supply)</b>	Certain Rxs \$0; \$15/\$45	You pay 20% after deductible	
<b>Preferred Brand</b>	You pay 30% after deductible	You pay 25% after deductible	
<b>Non-preferred Brand</b>	You pay 50% after deductible	You pay 50% after deductible	
<b>Specialty</b>	You pay 30% after deductible	You pay 20% after deductible	

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Benefits	TRS ActiveCare Primary+ (formerly Select)	ActiveCare 2	
<b>PLAN FEATURES</b>			
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	
<b>DOCTORS VISITS</b>			
Primary Care	\$30 copay	You pay \$30	You pay 40% after deductible
Specialist	\$70 copay	You pay \$70	You pay 40% after deductible
TRS Virtual Health	\$0 per consultation	\$0 per consultation	
<b>IMMEDIATE CARE</b>			
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	
<b>PRESCRIPTION DRUGS</b>			
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 25% 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 20% after deductible	You pay 20% after deductible (\$200 min/\$900 max) No 90-Day Supply of Specialty Medications	