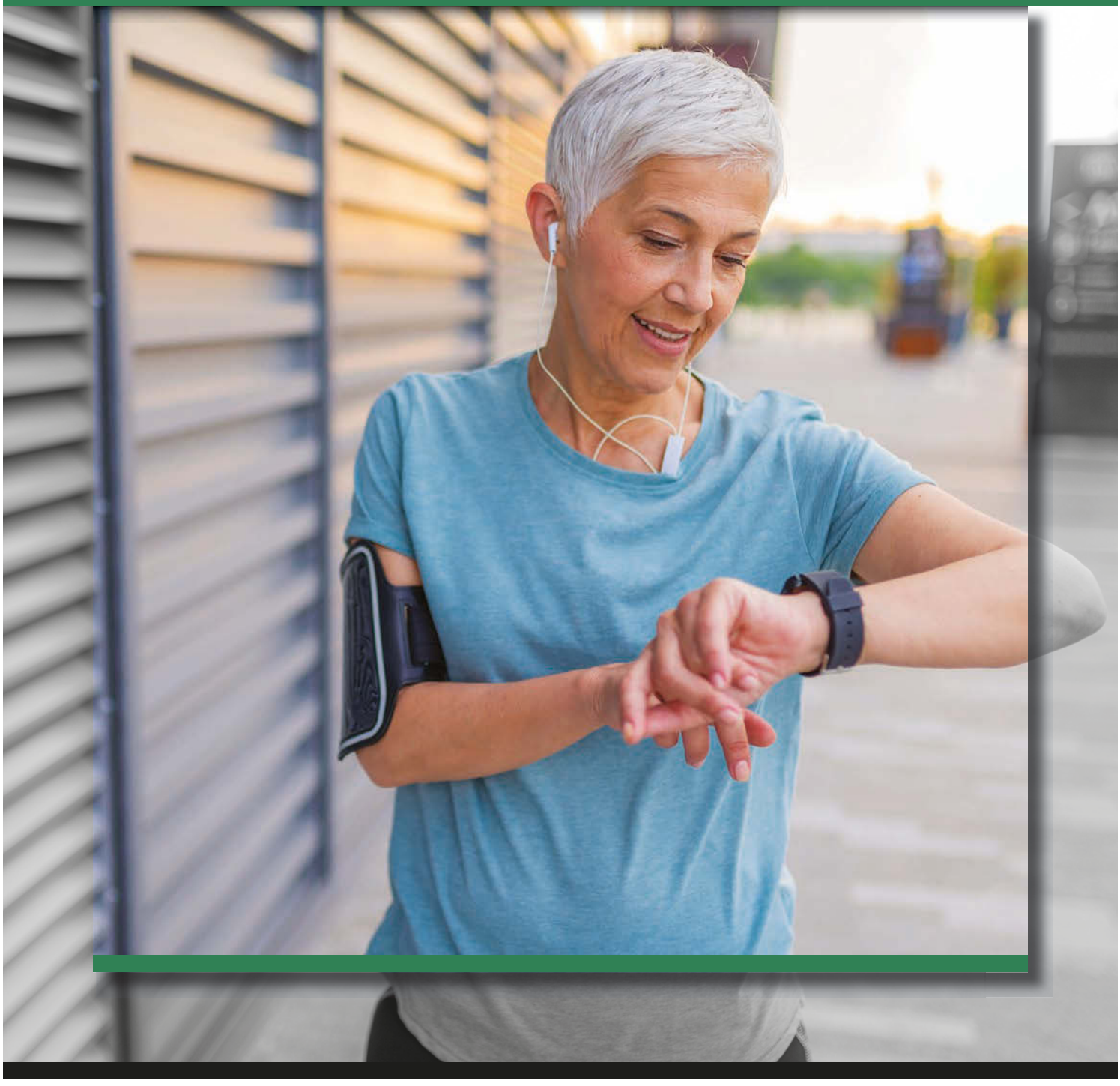
TEACHER RETIREMENT SYSTEM of TEXAS

2022 TRS-Care Standard Plan Guide for Participants **Without Medicare**

January 1 – December 31



Eligibility/Enrollment 1-888-237-6762
Medical Coverage 1-866-355-5999
Prescription Coverage 1-844-345-4577

TRS CARE
TEACHER RETIREMENT SYSTEM OF TEXAS

TRS Care Standard Quick Start Guide

Get the most out of your health care benefits:

Enroll – Make sure to submit your *Initial Enrollment Application – For Non-Medicare Eligible Retirees* form (TRS 700A) within the Initial Enrollment Period, which is three consecutive months or 90 days after your retirement date.

Understand your TRS-Care Standard plan – Review your plan to learn how to make the most of your health benefits. You'll find more details and helpful resources on the Teacher Retirement System of Texas (TRS) Health Care Benefits page at www.trs.texas.gov/Pages/healthcare_trs_care.aspx.

Know your out-of-pocket costs – Understand what you will pay and what your TRS-Care plan will pay.

Find an in-network doctor you trust – Use the Blue Cross and Blue Shield of Texas (BCBSTX) Provider Finder® search tool to find a doctor who fits best with your lifestyle and budgetary needs. Go to www.bcbstx.com/trscarestandard/doctors-and-hospitals to locate in-network providers and verify that your doctor is in-network.

Know which labs and diagnostic centers are in-network – Talk to your doctor about only using in-network labs and facilities for your care. Visit Provider Finder at www.bcbstx.com/trscarestandard/doctors-and-hospitals to verify your lab is in-network.

Plan in case of a life-threatening event – Locate the nearest in-network urgent care and emergency room in case the unexpected happens. Avoid freestanding emergency rooms (ERs), because costs can far exceed what you would pay for treatment at a hospital-based ER.

Schedule your annual wellness visit – Your annual exam can help you prevent health issues or find chronic conditions early. Keep in mind that if you talk about a health problem at your wellness visit, it's no longer just a checkup and you will have to pay out of pocket for the visit.

Switch to generic medications – Talk to your doctor about switching your medications to generic brands to save you money on prescription drug costs. Ask your doctor and visit info.caremark.com/trscarestandard for details and a list of generic drugs.

Stay informed – Use this *TRS-Care Standard Plan Guide* and *TRS-Care Benefits Booklet* to be a knowledgeable health care participant.

About Your 2022 TRS-Care Standard Plan Guide

This guide provides an overview of the TRS-Care Standard plan eligibility requirements, enrollment process, and the program benefits for participants without Medicare.

For a detailed description of your plan, please refer to the *TRS-Care Standard Benefits Booklet*.

The TRS-Care program may be changed in the future to provide coverage levels that are different from what is described in your plan materials (including this guide), or the TRS-Care program may be discontinued. The cost to participants in the TRS-Care program may be changed with the approval of the TRS Board of Trustees.

To the extent that any information in your guide is not consistent with or contradicts TRS laws and rules, the *TRS-Care Standard Benefits Booklet* will always supercede information in other health plan materials.

TRS-Care reserves the right to amend the benefits booklet at any time. Generally, such amendments will be reflected in an updated online version of the benefits booklet appearing on the TRS website.

This guide applies to the 2022 plan year and supersedes any prior versions.

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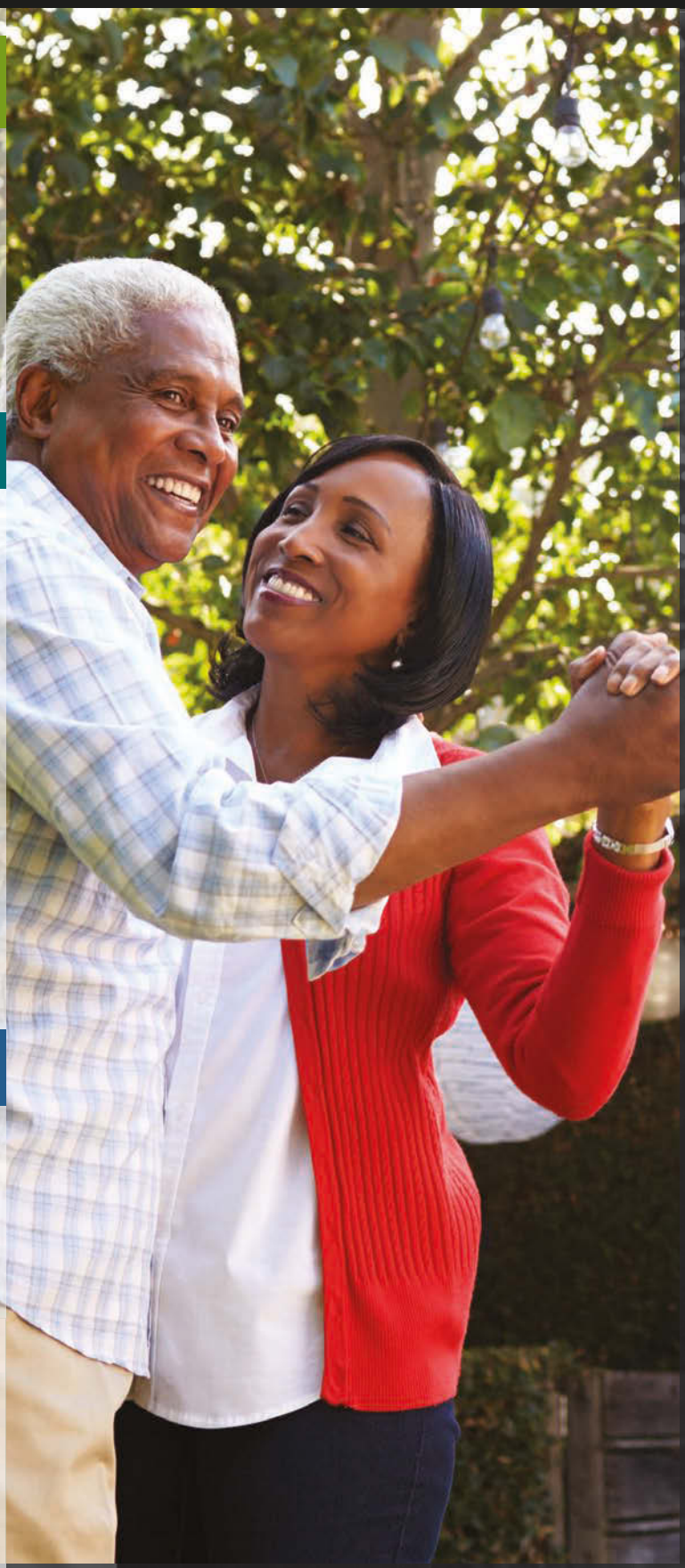
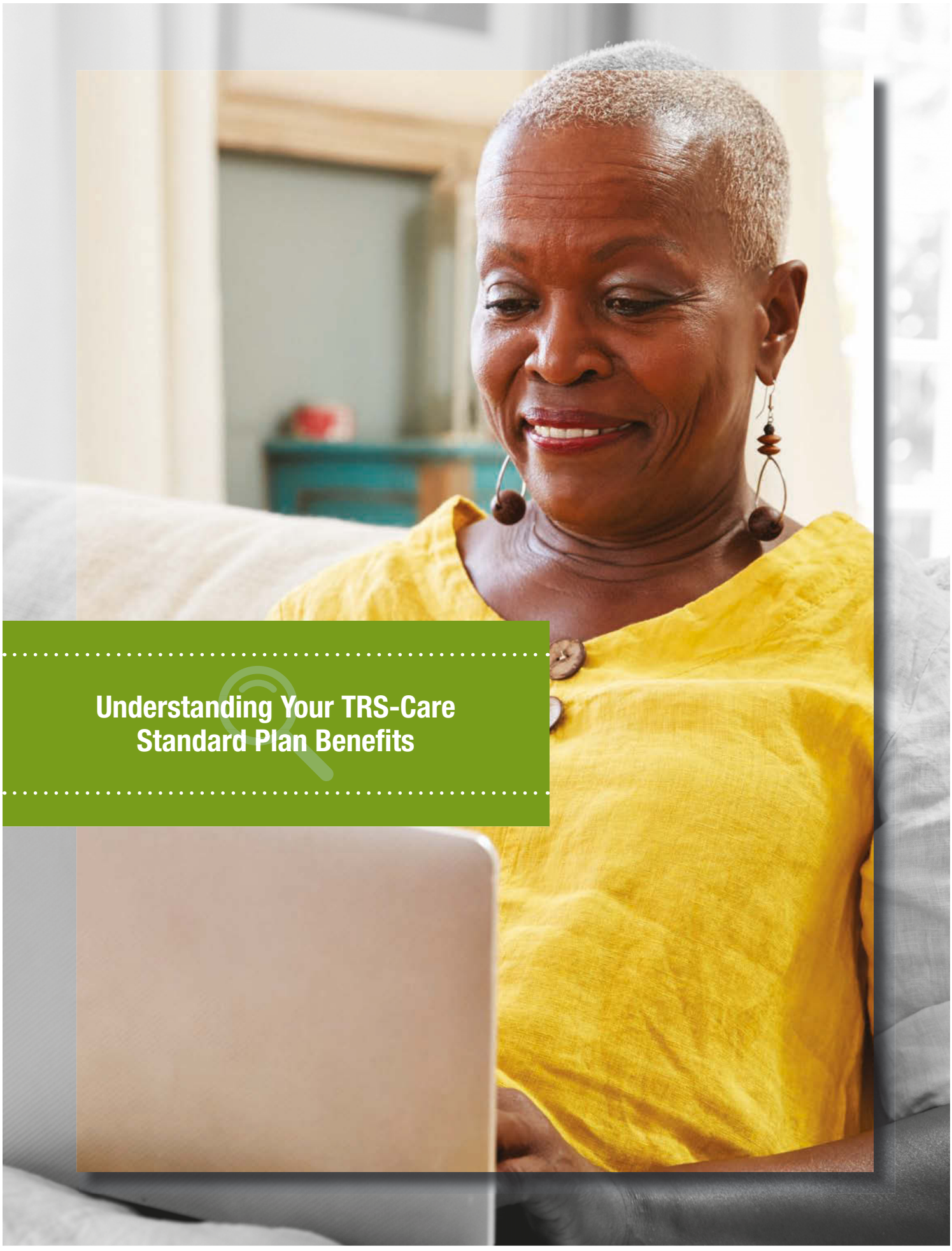




Understanding Your TRS-Care Standard Plan Benefits

Your Plan

About Your Plan

TRS-Care premiums and benefits will be the same in 2022 as they were in 2021. Rising health care costs continue to be a challenge across the country and Texas is no exception. Even with additional financial support from the Texas Legislature, TRS-Care premiums and benefits may change from year to year in order to ensure the program's sustainability for current and future retirees.

Here's how the 2022 TRS-Care Standard plan works:

Health Plan
You and any dependents not eligible for Medicare will be covered by the TRS-Care Standard plan, which offers comprehensive health care coverage, as well as access to significant discounts on medical services and prescription drugs when you use in-network providers.

Plan Year
Your plan year runs from Jan. 1–Dec. 31. Your deductibles and maximum out-of-pocket reset each year on Jan. 1.

Medical Benefits Administered by BCBSTX
You have the freedom to choose any doctor in BCBSTX's large network without a referral. You also have coverage for in-network preventive services such as cancer screenings, immunizations and annual wellness checkups at no cost.

Pharmacy Benefits Administered by CVS Caremark
Your prescription drug benefits are administered by CVS Caremark, and you can pick up your medications at your local neighborhood pharmacy or retail stores like CVS, Walgreens, HEB, Kroger and Randall's. Some pharmacies are part of CVS's Retail-*Plus* network where you can get a 90-day supply. You can also get prescriptions by mail order, including 90-day supplies of certain generic preventive maintenance medications at no cost to you.

The Basics

This is your guide to making the most of your health care benefits. It gives the information you need to use your health plan and ensure you get the most value for your health care. Let's get started!

Your TRS-Care Standard plan protects you and your covered dependents from the high cost of health care. You have access to a nationwide network of quality providers and pharmacies.

You can also expect:

- No-cost preventive services.
- The freedom to choose any doctor in the health plan's network, with no referrals required.
- Prescription drug benefits through CVS Caremark, available at local retail pharmacies and by mail order, including certain generic medications classified as preventive. ***See page 14 for more information***.
- Blue Access for Members℠ (BAM℠), a secure member portal where you can see your claims history, request ID cards, search for providers and more.
- Access to Well onTarget®, a web site and mobile app that helps you manage your health conditions and reach your wellness goals.
- TRS Virtual Health through Teladoc that offers low-cost, convenient doctor visits by phone or computer, 24/7, for minor health issues such as sore throats and rashes.
- BCBCTX Personal Health Guides and 24/7 Nurseline.
- A fitness program with discounted memberships to gyms nationwide.
- Cancer specialists to help you understand care options and health benefits.

How the Plan Works

- You pay an annual *in-network* individual **deductible** of $1,500 (or $3,000 if you cover dependents in a family plan) for medical care and prescription drug costs before the plan begins to pay its share of your health care expenses.
- If you use in-network doctors and hospitals for your health care, you benefit from lower costs for care and the convenience of having your claims filed automatically.
- Once you meet your annual in-network deductible, the plan pays 80% of your eligible in-network medical and prescription expenses; this is called **coinsurance**.
- Once you have met your plan's **maximum out-of-pocket expenses** for the year ($5,650 for individuals or no more than $11,300 for families when you use in-network providers), the plan pays 100% of all your eligible medical and prescription drug expenses.
- You have a separate deductible for care from doctors and hospitals that are not in the network. So think carefully before you choose an *out-of-network* provider. It will take longer to meet your deductible, and you will not benefit from the plan's lower rates for health care services.

	In-Network	Out-of-Network
Deductible for medical & prescription expenses	$1,500 individual; $3,000 family	$3,000 individual; $6,000 family
Maximum out-of-pocket for medical & prescription expenses	$5,650 individual; $11,300 family	$11,300 individual; $22,600 family
Coinsurance for medical & prescription expenses	You pay 20% after meeting your deductible	You pay 40% after meeting your deductible
Teladoc (General Medicine): Board-certified doctors who diagnose, treat and write prescriptions via phone or video, available 24/7	$30 for on-demand, acute medical care (excluding mental health and nutrition); counts toward your deductible and maximum out-of-pocket	
Teladoc (Mental Health and Nutrition)	$185 Initial psychiatry session $95 Ongoing psychiatry visit $85 Psychologist, licensed clinical social worker, counselor or therapist session (non-MD therapy) All virtual visits count toward your deductible and maximum out-of-pocket.	

Out-of-Pocket Costs

Your out-of-pocket costs are what you pay for health care services, including deductibles and coinsurance.

Here's an example:

- You visit an in-network specialist (e.g. a dermatologist) for rosacea.
- The office staff tells you that today's dermatology visit is $100.
- If you haven't met your deductible, you pay that $100 directly to your doctor. The full amount you paid is applied toward your annual deductible. That $100 is an out-of- pocket cost for you.
- If your deductible is met, you might have to pay 20% coinsurance or $20, and your health plan will pay 80% or $80 of the price of the in-network services. $20 is your out-of-pocket cost.

Maximum Out-of-Pocket

There is a limit on the amount you pay in a single year for health care costs; it's called your maximum out-of-pocket. After it has been met, the health plan pays 100% of your eligible medical and prescription drug costs for the remainder of the calendar year.

Your maximum out-of-pocket amount resets annually on Jan. 1, just like your deductible.

There are three categories of common out-of-pocket costs:

1. Premiums

This is the set amount you pay each month for your health insurance. Your premium doesn't apply toward your deductible. The chart on page 8 lists your monthly premium costs.

2. Deductibles

This is the amount of money you must spend out-of-pocket before your health plan begins to pay its share of your health care costs. A few things to remember:

- Any eligible medical or prescription drug expense applies toward your deductible.
- You pay the full cost of your medical and prescription costs until you reach your deductible ($1,500 for an individual or $3,000 if you cover dependents in a family plan).
- A single person's expenses will not exceed the individual maximum out-of-pocket, even if he or she is on the family plan. Out-of-pocket expenses for the entire family will not exceed the family limit.
- You have separate deductibles for in- and out-of-network expenses. This means you cannot apply out-of-network care toward your in-network deductible.
- Your deductible starts over each plan year on Jan. 1.

3. Coinsurance

When you have paid or met your deductible, your health plan begins to pay a percentage of your medical expenses, and you pay a percentage. The percentage you pay is called "coinsurance."

It pays to stay in-network

If you go out-of-network, your individual deductible increases to $3,000, and your coinsurance doubles to 40%. Not only that, but out-of-network expenses are not applied to your in-network deductible. You may also have to pay the difference between the plan's allowable rate for the service and the amount of the out-of-network hospital or doctor bills.

That's why it pays to compare costs of health care services and make an informed decision. Log in to BAM to use the Provider Finder search tool to find in-network providers and to use the Cost Estimator tool to compare the costs for different services.

Your Health Plan in Action

Deductible	Coinsurance	Maximum Out-Of-Pocket
$1,500 for individual coverage (in-network)	You pay 20% (in-network)	$5,650 for individual coverage (in-network) or $11,300 for family coverage (in-network)
When you go to an in-network doctor or get a prescription drug, you pay the full cost of the service or prescription drug until your covered medical costs reach $1,500 (or $3,000 if you cover your family).	Once you've paid $1,500 (or $3,000 if you cover your family) for in-network medical and pharmacy costs, your health plan begins to pay 80% of the costs. You pay only 20% of your expenses.	Once you've paid $5,650 (or $11,300 if you cover your family) toward deductibles and coinsurance out of your pocket, the plan pays 100% of your costs for the rest of the calendar year.
Example: *You visit an allergist and the negotiated rate is $150. You pay in full and that amount is subtracted from your deductible.*	**Example:** *You go in for that same allergist visit and have met your deductible. You pay 20% of that cost, or $30. Your TRS-Care plan pays the rest.*	**Example:** *The allergist says you need outpatient sinus surgery, which costs $30,000. You've already met your $1,500 individual deductible, which counts toward your out-of-pocket maximum. At this point, you'd have to pay the remaining $4,150 in order to meet your out-of-pocket maximum of $5,650, at which point your plan begins to pay 100%.*
Visit cost: $150	Visit cost: $150	Surgery cost: $30,000
You pay: $150	You pay: $30	You pay: $4,150 to meet your out-of-pocket maximum.
Your remaining deductible: $1,350	This amount goes toward meeting your out-of-pocket maximum.	The plan pays the rest.

2022 Monthly Premiums

Most Non-Medicare retirees	Non-Medicare retirees with disabled children (of any age)*
Retiree only $200	
Retiree + Spouse $689	
Retiree + Child(ren) $408	Retiree + Child(ren) $208
Retiree + Family $999	Retiree + Family $799
Surviving Child(ren) $208	

**Monthly premiums for non-Medicare retirees with disabled children will be reduced by $200 in tiers that cover children. It is the participant's responsibility to notify TRS should a child become disabled.*

Quick Tips

Make every health care dollar you spend go further.
Use in-network doctors and hospitals that will file your medical claims so every eligible expense will be applied toward your deductible. In-network doctors have lower, contracted rates, which translates to less money out of your pocket.

Use Provider Finder at **www.bcbstx.com/trscarestandard/doctors-and-hospitals** to find in-network providers

Take advantage of no-cost prescription drugs.
If you take certain generic medications classified as "preventive," such as a prescription drug used for hypertension, a heart condition or depression, you may receive your medication at no cost to you. This is an important way that TRS is investing in the health of retirees like you. *See page 13 for details*.

Remember

Premiums are determined by the TRS retiree or surviving spouse's Medicare eligibility, regardless of their dependents' Medicare status. For example, if you are a TRS retiree and you're not yet eligible for Medicare and you cover your spouse who is eligible for Medicare, you would pay $689 per month because you, the retiree, are not yet eligible for Medicare.

Planning to Retire Due to a Disability
If you're planning to retire due to a disability, you'll pay one of the premiums listed on this page, which will vary depending on whether you cover any dependents.

Already Retired Due to a Disability?
If you retired prior to Jan. 1, 2017, receive TRS disability benefits, and are not eligible for Medicare, you still won't pay a premium for retiree-only coverage during the 2022 plan year (Jan. 1 – Dec. 31, 2022). Monthly premiums that cover a spouse or dependent are reduced by $200. *Refer to Disability Retirees on page 18 for more information*.

Retiree only	$0
Retiree + Spouse	$489
Retiree + Children	$208
Retiree + Family	$799

These premiums are specific to disability retirees who retired before 1/1/2017

Pop Quiz

Q: You go to your in-network doctor, because you can't get rid of a cough. The doctor determines you've got bronchitis. The full cost of the visit is $100, but you've reached your deductible.

What would your cost be?

A. It's at no cost to me, because it's preventive care.

B. It's still $100.

C. It's $20 (20% of the full cost).

A: C is the right answer. The cost of this in-network visit would be $20, or your 20% share of the coinsurance.

Remember, we're talking about in-network. If you go out-of-network, you'll pay 40% of the plan's allowable rate and the full difference of the allowable rate and what is billed by the doctor (assuming you've met your out-of-network deductible).

Using Your Health Plan

Choosing Your Doctor

Your primary care provider (PCP) is your partner in better health and your home base for the services you and your family need to stay well – from routine, preventive care to injury or illness. Over time, they'll get to know you, your health history, needs, and goals. They'll help you determine how to reach those goals and stay healthy. If you have a health concern or a chronic condition, your PCP will help you navigate the health care system. Even if you're healthy and active, your PCP can ensure you stay that way by keeping your health care needs and goals on track. Establish care with a PCP you can trust and build a long-lasting relationship with to make it easier to talk about your personal health.

With the thousands of doctors and hospitals in the BCBSTX network, chances are you'll find one you like.

Locating an in-network doctor couldn't be easier. Here's how:

- Visit the TRS-Care Standard plan website at **www.bcbstx.com/trscarestandard**.
- Select **Doctors and Hospitals** to use Provider Finder.

  OR

- Call a Personal Health Guide at **1-866-355-5999**, 24 hours a day, 7 days a week.

Know Your Network

One of the most valuable features of your health plan is the network of doctors and hospitals you can access for your health care. When a doctor is in-network, it means they have worked with our health plan on a mutually agreed upon rate for their services.

In contrast, doctors who are not in-network have not. That's why going out-of-network can be like driving a car without brakes – you have little control over the amount of money you spend for your care. Some disadvantages include:

- You don't have the benefit of pre-negotiated rates for your health care.
- Out-of-network doctors and hospitals can charge market prices, which means you may have to pay the entire difference between your plan's allowable rate and the rate the doctor or hospital bills. Be aware: costs above the plan's allowable rate don't apply toward your maximum out-of-pocket.
- You don't get to count out-of-network charges against your in-network deductible.
- You may also have to deal with extra paperwork because out-of-network doctors may require you to file your own health care claims.

The bottom line: If you use an out-of-network provider, regardless of the circumstances, you'll most likely have to pay more – maybe much more than the usual in-network deductible and coinsurance amounts.

Going to the Doctor

Regularly seeing a PCP or family doctor leads to lower costs and better health.

An annual wellness visit – provided at no cost with your preventive benefits – is a big part of that. This is the opportunity for your doctor to see the big picture of how you're doing and ensure you're symptom free.

If you get a clean bill of health, great. You can then maintain, manage and even improve your health by getting regular checkups, following your doctor's advice and using the health and wellness tools that come with your plan.

When you make an appointment for your annual wellness visit, be sure to let the scheduler know your visit should be coded as preventive care. If you talk about an ongoing condition or receive any diagnostic care during your annual wellness visit, it will no longer qualify as preventive care, and you'll be responsible for any applicable deductibles or coinsurance.

Your annual wellness visit will also make your doctor aware of any early or worsening signs of illness or disease. When it comes to your health, the sooner you know, the better. Keep in mind there are serious conditions with no signs or symptoms that can put you at risk. Your annual wellness visit is your first line of defense.

Covered Services and Preventive Care Services

If you go to an in-network doctor symptom-free, for any kind of preventive exams or screenings (including certain cancer screenings), there's no charge to you. But not all visits to the doctor are considered preventive care; some are considered diagnostic care.

A diagnostic visit is when you go to the doctor for a specific issue, treatment, health condition, or for ongoing treatment of a medical condition, or lab work or other tests for a known problem. Sometimes the difference between preventive and diagnostic care can get a little tricky.

For example, you go to your in-network doctor for a preventive care visit that you planned would be at no cost to you, like your annual physical. During the exam, you complain about your shoulder hurting. Your doctor looks at it, discovers you have arthritis and prescribes a medication. In this case, your preventive visit became an office visit for a specific illness or injury, and now you'll be charged for the visit as diagnostic care.

Your health plan covers 100% of your preventive care with in-network providers, so be sure you use this valuable benefit for things like:

- blood pressure screening
- cholesterol screening
- annual wellness visit
- diabetes (Type 2) screening
- depression screening
- lung cancer screening
- routine mammograms
- certain vaccinations like an annual flu or shingles shot

Remember, your PCP knows your overall health history and can guide you toward preventive care to help you be healthy and active. You'll find a full list of preventive services covered by your health care plan at https://www.trs.texas.gov/Pages/healthcare_covered_preventive_care.aspx.

Visit www.trs.texas.gov for a full list of preventive services covered by your health care plan.

Pop Quiz

Q: A woman who takes medicine for high cholesterol has an annual wellness exam and gets a cholesterol test.

The same woman makes quarterly visits to her in-network doctor for blood tests to check her cholesterol level and to make sure her medication's dosage is appropriate.
Which scenario is preventive and covered at no cost?

A: The first; the office visit and blood test are considered preventive because they're part of an overall wellness exam. The blood tests in option two are not considered preventive because they are treating an existing condition.

Quick Tips

Not all doctors are created equal.

So when you're looking for one, be sure to use Provider Finder. From cost and quality information for in-network providers to candid reviews from real patients, Provider Finder is a valuable tool to help you find the right health care solutions.

Go to **www.bcbsbtx.com/trscarestandard** and click **Doctors and Hospitals** to get started.

Getting Care When You're Sick or Injured

When you're not feeling well or are injured and it's not an emergency, your first call should be to your PCP. They know your health history and can provide you with the most informed care. It's also the most cost-effective place to begin if you're not sure if you should see a specialist.

But if your doctor's office is closed and you can't get an appointment, or you don't have an established relationship with a PCP (we can help you with that, too) – the good news is that you have options.

Getting Care From Home

- Connect with a doctor by phone, tablet, or computer 24/7 with Teladoc.
  - Call **1-855-Teladoc** (**1-855-835-2362**).
  - Teladoc doctors diagnose non-emergency medical problems, recommend treatment, call in a prescription to a pharmacy of your choice, and more.
  - Pay a $30 consultation fee (which counts toward your deductible and maximum out-of-pocket).
- Call the 24/7 Nurseline (**1-833-968-1770**), anytime.

Your TRS-Care Standard plan also features Teladoc Mental Health through TRS Virtual Health as part of the benefits package. Taking care of your mental health is an essential part of your overall well-being. With Teladoc Mental Health, adults 18 and older can get care for depression, anxiety, stress, grief, and more.

Scheduling a visit with a psychiatrist or therapist is easy and convenient. You can make an appointment seven days a week, from 7 a.m. to 9 p.m. local time. Teladoc Mental Health confirms appointments within 48 hours.

You can schedule your appointment online or via the Teladoc app. The doctor determines appointment length on a patient-by-patient basis. Visits with a provider who is not a medical doctor (MD) are generally 45 minutes. **Visits with a behavioral health provider are only offered through video appointments.** Choose to see a psychiatrist, psychologist, social worker, or therapist and establish an ongoing relationship. You must schedule appointments in advance.

Retail Clinics

Retail or "walk-in" clinics, such as those in Walgreens, CVS and HEB stores are good alternatives if you have a minor illness like a sore throat or earache and can't get an appointment with your PCP.

The cost for retail clinics is typically lower than for urgent care clinics, but be aware that retail clinics can't handle urgent health needs, such as broken bones.

Urgent Care or Acute Care Clinics

Urgent care or acute care clinics are designed for after-hours care when your doctor's office is closed or when an immediate health need doesn't require a hospital ER visit.

Typical services at an urgent care clinic include treatment for broken bones, cuts and burns, asthma and bronchitis. The cost for urgent care clinics is typically more than for retail clinics, but much less than an ER.

Emergency Room

Call 911 or go to the nearest ER for life-threatening emergencies. Your plan will pay at in-network rates in most cases.

Finding Urgent and Emergency Care Near You

Get familiar with the urgent care centers and walk-in clinic in your neighborhood, and locate an in-network hospital-based ER before you need one.

- Go to **www.bcbstx.com/carestandard**.
- Click on "**Doctors and Hospitals**".
- Click "**Browse by Category**" and chose "**Urgent Care Center**."

Quick Tips

Beware of freestanding ERs that look similar to urgent care facilities.

Understanding the difference can have a big impact on your out-of-pocket costs for care. How do you spot one? Freestanding ERs are not physically attached to hospitals. You're more likely to see one next to your grocery store. They are required to have the word "emergency" in their name.

Lab, X-Ray or Other Diagnostic Tests

Just because your doctor is in-network doesn't mean the labs or diagnostic testing and screening facilities they use are in-network. The unexpected cost of an out-of-network lab, X-ray, or test can be unpleasant, so know before you go to make sure your services are covered at an in-network rate.

Researching Services and Prices Can Save You Money.
The cost of many common medical procedures can vary widely with no correlation to the quality of the care you receive.

Example:

Magnetic Resonance Imaging (MRI) tests.

An MRI is used when you need a high-resolution view of what's happening inside your body. But it's important to know the cost of having one can vary greatly depending on where you get it done. MRI and Computed Tomography (CT) scans have the highest variability in costs of any type of medical imaging. Sometimes, the price can vary by 10 times among locations, and that's without any difference in quality.

BCBSTX's Cost Estimator Lets You Compare Prices
Provider Finder helps you to manage every aspect of your health online, anytime. You can:

- Compare actual costs for common procedures and treatments before you receive care with the Cost Estimator.
- Use your Personal Health Record to understand the care you've received and sign up for customized alerts.
- Sign in to Teladoc.

Go to www.bcbstx.com/trscarestandard and click on Doctors and Hospitals to get started.

Staying in the Hospital

When it comes to a hospital stay, how much you pay depends on how much money you've already paid toward your deductible and your coinsurance. Even a short hospital stay can be costly, so you meet your deductible, and maximum out-of-pocket quicker, when inpatient care is required.

Hospital prices vary significantly, even when they're in-network. One hospital may charge 50% more for a knee replacement than another hospital, with no difference in the quality of care you receive. If your doctor practices at more than one hospital, use the Cost Estimator tool to check prices before agreeing on a facility.

Filling a Prescription

CVS Caremark offers a broad choice of pharmacies, so you're likely to find a convenient location in your neighborhood. Find a pharmacy near you at info.caremark.com/trscarestandard.

When You Need to Fill a Prescription

As with medical benefits, you have to meet your deductible before the plan starts paying its share of prescription drug expenses. Once you've met your deductible, you'll pay just 20% of your medication costs if the medications are part of the formulary.

You can choose how to fill prescriptions and save on the medications you use.

1. For short-term prescriptions (up to a 31-day supply), you can visit any pharmacy in the CVS Caremark retail network (which includes non-CVS pharmacies). To find a network pharmacy, visit **info.caremark.com/trscarestandard**.
2. You may also use out-of-network pharmacies, but you may pay more out of pocket for your medication. And remember, the cost of your prescriptions will not apply toward your in-network deductible.

If you need to fill an ongoing or maintenance medication, save time and energy with these convenient options:

- **Use the mail-order service through the Caremark Pharmacy.** You can order up to a 90-day supply of your medication and have it delivered to any address you provide within the United States. You can pay by credit card, check or money order. Visit **info.caremark.com/trscarestandard** to learn more about this service. If you use this option, you can also break up your costs for a 90-day supply into three monthly installments, which may help you manage costs.
- **Visit a Caremark Retail-*Plus* pharmacy.** Retail pharmacies that participate in the Retail-*Plus* network can dispense a 60- to 90-day supply of your medication. To find Retail-*Plus* pharmacies near you, visit info.caremark.com/trscarestandard or call CVS Caremark Customer Service at **1-844-345-4577** (TTY: 711).

If You Need to Fill a Specialty Medication

Specialty medications are drugs used to manage a chronic or genetic condition. They may be injected, infused, inhaled or taken orally, and may require special handling.

For specialty medications, you must use the CVS Caremark Specialty Pharmacy. To use this service, call CaremarkConnect® toll-free at **1-800-237-2767** or visit cvsspecialty.com.

Take Advantage of No-Cost Prescription Drugs to Protect Your Health

Your TRS-Care health plan includes full coverage for certain generic drugs classified as preventive medications, or drugs that are used to prevent a condition, not treat an existing one.

If you are prescribed a medication in one of the classes listed below, your medication may be preventive, and you may be eligible to receive the drug at no cost.

Be sure and check the list of drugs classified as preventive at **info.caremark.com/trscarestandard** to see if your drug is on the list and make the most of this valuable benefit.

Quick Tips

Find out if your specialty medication qualifies for a discount.

Some specialty medications may qualify for third- party copayment assistance programs that can lower your out-of-pocket costs for those products. For any such specialty medication where third-party copayment assistance is used, you will not receive credit toward your out-of-pocket maximum or deductible for any copayment or coinsurance amounts that are applied to a manufacturer coupon or rebate.

Types of Generic Preventive Medications That May Be Offered to You at No Cost

CARDIOVASCULAR
Antiarrhythmic agents
Antianginal agents
Antihyperlipidemics & combinations

DIABETES
Antidiabetics
Diabetic diagnostic products & supplies
Hematologic agents
Coagulation factors

HYPERTENSION
ACE inhibitors, ARBs, CCBs
Beta blockers
Diuretics
Antihypertensives & combinations

IMMUNIZING AGENTS
Vaccines
Toxoids
Passive immunizing agents & biologicals

MENTAL HEALTH
Antidepressants
Antipsychotics
Calcium regulators
Hormone receptor modulators

PREVENTIVE CARE
Antiobesity agents
Smoking deterrents
Agents for chemical dependency
Bowel preparations

RESPIRATORY DISORDERS
Antiasthmatics
Seizure Disorders
Anticonvulsants

STROKE
Anticoagulants
Platelet aggregation inhibitors

WOMEN'S HEALTH
Aromatase inhibitors & antiestrogens

VARIOUS CONDITIONS
Antimalarial agents
Dental caries prevention
Hereditary angioedema (HAE) agents
Immunosuppressive multiple sclerosis agents
Antiretroviral agents

Avoiding Unexpected or Unnecessary Health Care Expenses

Most of us don't like surprises, especially when it comes to how much we pay for something. Too often, it feels like health care can be full of these financial "gotchas." Use these tips to help avoid unpleasant surprises.

Stay In-Network
Make sure your doctors, specialists, hospitals, labs and diagnostic facilities are in-network. It's easy to look up the doctors and facilities you use to see if they're in the network with the Provider Finder tool at **www.bcbstx.com/trscarestandard**.

Research Prices for Diagnostic Services
From MRIs to CT scans, there can be a huge difference in price for the same screening, service or procedure, depending on where you get it. In health care, higher cost doesn't necessarily mean better quality. The same applies for routine hospital procedures, such as hip or knee replacements. Make sure to use the Cost Estimator tool in BAM for price comparisons before you get the service.

Consider Alternatives
TRS Virtual Health gives you access to doctors through a phone or video visit for non-emergency issues. You can even use it to get quick medical advice 24/7. And at only $30 per consultation, it can be more cost-effective than a traditional doctor's visit for a minor health condition.

If you need to see a doctor in person or after hours, consider a retail clinic or urgent care center instead of an ER.

If you must go to the ER, be sure to avoid freestanding ERs. Freestanding ERs are typically not in-network. Unlike urgent care facilities, freestanding ER's aren't affiliated with a hospital and are owned by independent groups or individuals. Because they are not contracted with TRS, you aren't protected by a negotiated rate like you are if you use a hospital-affiliated ER that is in-network. By using one of the options above, you'll save time and money.

Use Generic Drugs
Ask your doctor about switching to a generic drug if you've been prescribed a brand-name medication. If there's no generic available, ask your doctor to choose a preferred brand-name medication from the CVS Caremark formulary list. And don't forget that many generic preventive medications are available to you at no cost.

Trust, but Verify.
There are literally millions of claims filed every year through the health care system. So it's a good idea to compare the amount your doctor is charging you against your Explanation of Benefits. If there's a discrepancy, call a Personal Health Guide at **1-866-355-5999** to get it corrected.

Mediation
You may have received emergency care, health care, or medical services or supplies from an out-of-network facility, emergency care provider, or facility-based provider. If you get a bill that is more than $500 (not including your copay, coinsurance and deductible), you may have the right to dispute the charges and ask for mediation.

If the bill is eligible for mediation, you can get more information and you may be able to reduce some of your out-of-pocket costs by visiting the Texas Department of Insurance at **www.tdi.texas.gov/consumer/cpmmediation.html** or calling **1-800-252-3439**. If you get a bill from any out-of-network provider that concerns you, call Personal Health Guide at **1-866-355-5999** and ask a for a claim review.

Appeals:
When you use your health care, there's a possibility you can have a denied claim.

It's a good idea to understand the appeals process for a denied claim:
https://www.trs.texas.gov/Pages/healthcare_news_202103_claim_appeal.aspx

Saving Money with a Health Savings Account

A health savings account (HSA) is a special type of savings account designed to help people save money tax-free to pay for health care expenses. It's a popular choice for many people because it's easy to open, simple to use, and offers you an opportunity to save on health care.

The TRS-Care Standard health plan is considered an "HSA- qualified" plan, which means that you can take advantage of the savings associated with opening and funding an HSA.

Any deposits you make into the account can be deducted from your income taxes as long as you spend the money to cover medical expenses. In addition, any interest your deposits earn is tax-free if the money is spent on medical care. HSAs are often used with high-deductible health plans to help cover out-of-pocket medical costs.

How an HSA works

If you decide to open an HSA, you will need to visit a financial institution that offers them. You will own the account and make all deposits to it. You can make deposits to your HSA account, up to a maximum of $3,650 a year for an individual In 2022, you can make deposits to your HSA account, up to a maximum of $3,650 a year for an individual and $7,300 for a family. (Just be aware that these limits may change each year.) You can then use your HSA to help pay your deductible and for most other health care expenses, including dental and vision services.

However, because you will likely deduct deposits from your income taxes and the money grows tax-free, be certain that you only spend these funds on approved medical costs.

If you spend them on other things, you will have to pay both taxes and penalties. For a complete list, go to www.irs.gov and search for *Publication 502*.

Using the funds in your HSA is easy! You can either:

A. Transfer the money from your HSA to your checking account to cover the cost of a health care service; or

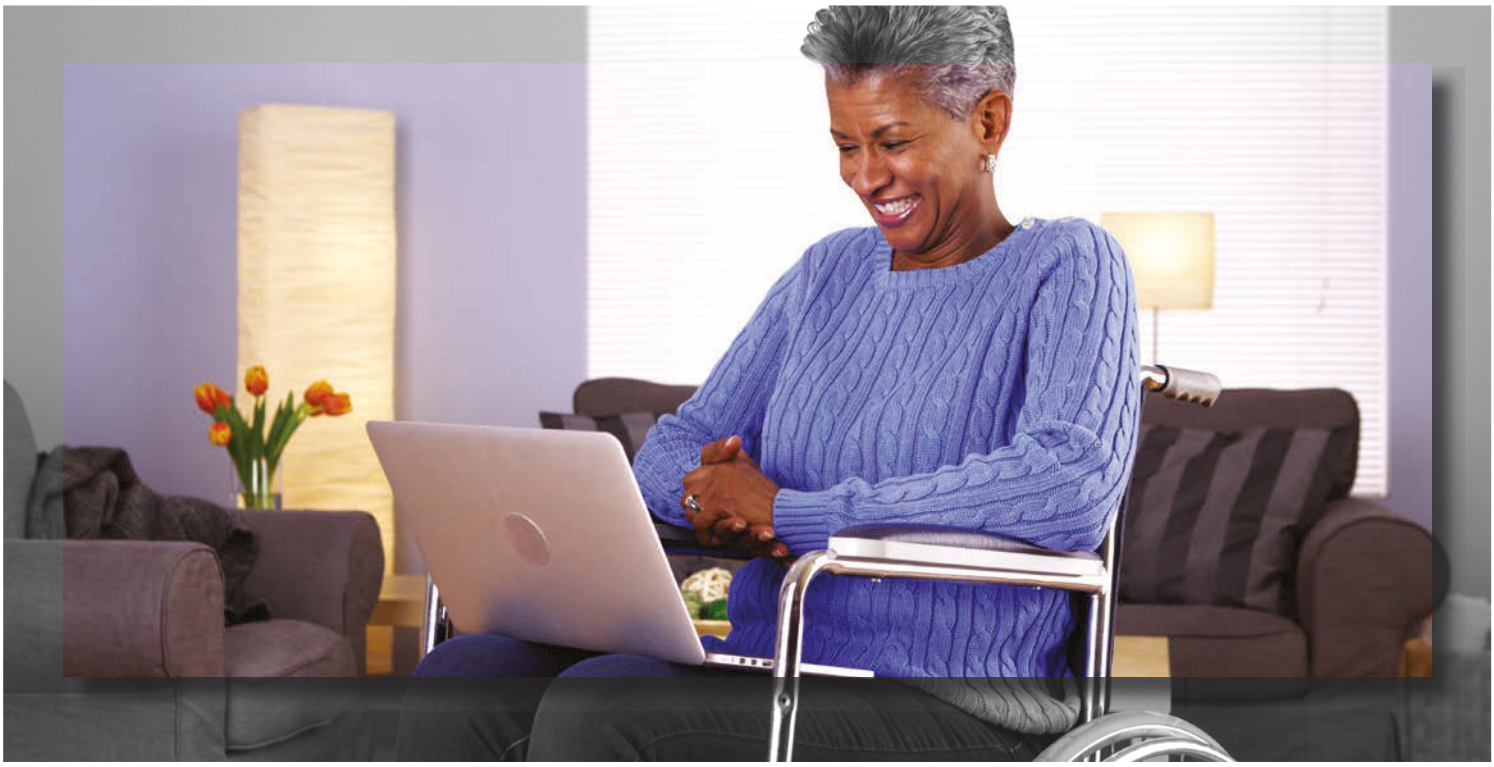
B. Open an account with a bank that offers debit cards with their HSAs and use the HSA debit card to pay for the health care service.

In either case, it is important to keep track of receipts so that you can prove to the IRS that the money was used on medical expenses should you be required to do so.

Another important feature of an HSA – you own the HSA and the money deposited in the account is yours. Unlike a flexible spending account, any money and interest you earn and do not spend will remain in your account for the next plan year.

Please Note:

TRS does not administer HSAs, but you can easily obtain one on your own. Most banks offer HSAs, and opening one is just like opening any other type of savings account. You can start looking around for your HSA institution at any time; however you cannot deposit money into your account until your TRS-Care Standard plan coverage begins.



Eligibility and Enrollment

This section provides an overview of TRS-Care eligibility requirements and enrollment process. For additional information about your health plan, please refer to the *TRS-Care Benefits Booklet*, available online at www.trs.texas.gov.

Who Can Enroll in TRS-Care?

Service Retirees

A service retiree must have at least 10 years of service credit in TRS at the time of retirement. This service credit may include up to five years of military service credit, but it may not include any other purchased special or equivalent service credit. In addition to the "10 years of service credit" requirement, you must meet one of the following requirements at retirement:

1. the sum of your age and years of service credit in TRS equals or exceeds 80 (with at least 10 years of service credit), regardless of whether you had a reduction in the retirement annuity for early age (years of service credit can include purchased service); or
2. you have 30 or more years of service credit in the TRS pension (including purchased service).

NOTE: *Combined service credit under the Proportionate Retirement Program may not be used to establish eligibility for TRS-Care or any type of benefits other than service retirement benefits. A service retiree is not eligible to enroll in the TRS-Care program if eligible for Employee Retirement System of Texas (ERS), the University of Texas (UT), or the Texas A&M System health benefit program coverage*

Disability Retirees

Individuals are eligible to participate in TRS-Care when they become a disability retiree under the TRS pension. Once enrolled in TRS-Care as a disability retiree, participation continues as long as the individual is a disability retiree under the TRS pension fund. If you're applying for health coverage because of a disability, you may be contacted to validate your Medicare Social Security Disability status.

NOTE: *Coverage for a disability retiree with fewer than 10 years of service credit in the TRS pension only continues up to the total number of years of service credit. Consequently, coverage for such a disability retiree will end when disability retirement benefits under the TRS pension fund end. A disability retiree is eligible to enroll in TRS-Care even if he or she is eligible for ERS, the UT System, or A&M System health benefit program coverage.*

Dependents

The following dependents are eligible to enroll in TRS-Care:

- Your spouse (including a common-law spouse. Please note that a common law marriage is not considered a special enrollment event unless there is a Declaration of Common Law Marriage filed with an authorized government agency).
- A child under the age of 26 who is:
  - a natural child;
  - an adopted child, or one lawfully placed for adoption;
  - a foster child;
  - a stepchild;
  - a grandchild who lives with you and depends on you for at least 50% of the child's support; or
  - any other child who is in a regular parent-child relationship as determined by TRS.
- A child (regardless of age) who lives with or has his or her care provided by the retiree or surviving spouse on a regular basis, if the child has a mental disability or physical incapacity to such an extent to be dependent on the retiree or surviving spouse for care and support, as determined by TRS.

Some types of dependents will require additional documentation to establish they meet eligibility criteria.

Other Scenarios

I am already enrolled in TRS-ActiveCare: TRS-Care (for retirees) is a plan separate and distinct from TRS-ActiveCare (for working school employees). When you retire, you must submit an enrollment form that tells TRS if you'd like to enroll yourself and your dependents in, or defer enrollment in, TRS-Care.

Also, be sure to contact your school official to verify your TRS-ActiveCare termination date.

Both spouses are TRS pension retirees: If both spouses are TRS pension retirees, and each meet the TRS-Care eligibility requirements individually, each can enroll separately in TRS-Care as individuals, which may be financially advantageous. Call TRS Health and Insurance Benefits at 1-888-237-6762 if you'd like additional information.

A TRS pension retiree can be covered under TRS-ActiveCare as a dependent of an active employee who is enrolled in TRS-ActiveCare.

How to Enroll

After you submit your *Application for Service Retirement* form (TRS 30) to TRS and it is processed, you will receive a TRS-Care enrollment packet that includes an Initial Enrollment Application for TRS-Care (Form TRS 700A). If you want to enroll in TRS-Care, complete the application and send it back to TRS.

If you're applying for disability retirement, TRS will send you a TRS-Care enrollment packet if your disability retirement is approved.

During your Initial Enrollment Period for TRS-Care, if you choose not to enroll, you do not need to take any action. Please note that you can only enroll in TRS-Care when you become Medicare-eligible or experience a Special Enrollment Opportunity outside of your Initial Enrollment Period *(See details in the next section)*. You only need to submit an enrollment form if you want to enroll in TRS-Care.

When You May Enroll

Initial Enrollment Period at Retirement

If you're a service retiree, your Initial Enrollment Period is the later of:

A. the period that begins on the effective date of your retirement and expires at the end of the last day of the month that is three consecutive calendar months, but in no event less than 90 days, after your effective retirement date; or

B. the period that begins on the last day of the month in which your election to retire is received by TRS and expires at the end of the last day of the month that is three consecutive calendar months, but in no event less than 90 days, following the last day of the month in which your election to retire is received by TRS.

Your application to enroll in TRS-Care (TRS Form 700A) is due no later than the last day of your Initial Enrollment Period.

Please see the chart "Initial Enrollment Period for TRS-Care" on the right for more information.

Initial Enrollment Period at Disability Retirement

If you are a disability retiree, your Initial Enrollment Period begins on the date that your disability retirement is approved by the TRS Medical Board and expires at the end of the last day of the month that is three consecutive calendar months, but in no event less than 90 days, after the date that your disability retirement is approved by the TRS Medical Board.

Initial Enrollment Period due to Death of a Retiree or Active Member

The Initial Enrollment Period in TRS-Care for an eligible surviving spouse of a deceased retiree and for an eligible surviving dependent child of a deceased retiree expires on the last day of the month that is three consecutive calendar months, but in no event less than 90 days, after the retiree died.

The Initial Enrollment Period in TRS-Care for an eligible surviving spouse of a deceased active member and for an eligible surviving dependent child of a deceased active member expires on the last day of the month that is three consecutive calendar months, but in no event less than 90 days, after the active member died.

Initial Enrollment Period for TRS-Care

Three consecutive months but no less than 90 days

RETIREMENT DATE	TRS 700A DUE DATE
Sept. 30	Dec. 31
Oct. 31	Jan. 31
Nov. 30	Feb. 28 (or 29)
Dec. 31	March 31
Jan. 31	April 30
Feb. 28 (or 29)	May 31
March 31	June 30
April 30	July 31
May 31	Aug. 31
June 30	Sept. 30
July 31	Oct. 31
Aug. 31	Nov. 30

When is My Coverage Effective?

Effective Date of Coverage

The effective date of coverage will be **(1)** the first day of the month following your effective date of retirement if TRS receives your TRS-Care enrollment application (Form TRS 700A) on or before your effective retirement date; or **(2)** the first day of the month following the receipt of the application for coverage by TRS-Care if your TRS 700A form is received after your effective retirement date but within your Initial Enrollment Period.

If you want your coverage to take effect the first of the month after your retirement date, TRS must receive the application before your retirement date. This also applies for disability retirees.

During your Initial Enrollment Period, you may still make changes to your coverage elections. The effective date of coverage for any new elections is the first day of the month after TRS receives the new application requesting the retirement coverage.

Deferring Coverage

During your Initial Enrollment Period, you may postpone the effective date of your TRS-Care coverage to the first of any of the three months immediately following the month after your retirement date. For example, if your retirement date is May 31, the TRS-Care coverage effective date (normally June 1) may be deferred to July 1, Aug. 1, or Sept. 1. For a deferred effective date, you must write the coverage effective date in the space provided on the Initial Enrollment Application. If you have questions about deferring your effective date of coverage, please call TRS Health and Insurance Benefits at **1-888-237-6762**.

Special Enrollment Events

Special Enrollment Events are opportunities to enroll in TRS-Care outside of your Initial Enrollment Period. You may become eligible for TRS-Care under the special enrollment provisions of the Health Insurance Portability and Accountability Act (HIPAA).

There are two general categories of special enrollment events.

1. an individual has an involuntary loss of comprehensive health coverage; and
2. an individual acquires a new dependent.

Loss of Eligibility for Other Coverage

If a retiree or surviving spouse loses coverage

If you, as a retiree or surviving spouse, are not enrolled in TRS-Care, and through no fault of your own, you lose comprehensive health coverage with another health plan, you may be able to enroll in TRS-Care under a Special Enrollment Event. However, you must otherwise be eligible for TRS-Care and you must be able to show that you involuntarily lost comprehensive health coverage. Loss of disability, specified disease, vision, dental, or other coverage that is not comprehensive health coverage does not trigger a Special Enrollment Event.

If you are not already enrolled in TRS-Care at the time you experience an involuntary loss of comprehensive coverage through no fault of your own, you may enroll yourself and your eligible dependents in TRS-Care within 31 days following the loss of coverage under the other comprehensive health plan. However, if you are already enrolled in TRS-Care at the time you lose other comprehensive health plan coverage, you will not be able to enroll any of your otherwise eligible dependents.

Should you lose coverage with another plan, it will be important to keep your notice of termination letter in order to provide confirmation to TRS that the loss of coverage was involuntary.

If a spouse or other eligible dependent loses coverage

When a spouse or other eligible dependent is not enrolled in TRS-Care, and through no fault of their own, they lose comprehensive health coverage with another health plan, you may enroll your eligible dependents in TRS-Care within 31 days following the dependent's involuntary loss of the other health plan coverage. If you enroll an eligible dependent, you must also become enrolled in TRS-Care (if you are not already enrolled).

Examples of involuntary loss of comprehensive health coverage include:

- divorce or legal separation results in you losing coverage under your spouse's comprehensive health plan;
- a dependent is no longer considered a "covered" dependent under a parent's comprehensive health plan;
- your spouse's death leaves you without comprehensive health coverage under his or her plan;
- your employment ends along with coverage under your employer's comprehensive health plan, or your spouse's employment ends along with your coverage under your spouse's employer's comprehensive health plan;
- your employer reduces your work hours to the point where you are no longer covered by the comprehensive health plan;
- your plan decides it will no longer offer comprehensive health coverage to a certain group of individuals (for example, those who work part time);
- an individual loses coverage under the state's Children's Health Insurance Program (CHIP) or Medicaid, or becomes eligible to receive premium assistance under those programs for group health plan coverage;
- an individual involuntarily loses coverage under a Medicare supplement plan (e.g., Medigap) or an individual Medicare Advantage plan; and
- you no longer live or work in an HMO's service area and lost comprehensive health coverage.

NOTE:
Among other possible events, the following do not qualify for a Special Enrollment Event:

- Dropping other coverage because premiums increased;
- Termination of coverage for failure to pay your premiums; and
- Termination of coverage for cause (such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the coverage).

New Dependents

A retiree or surviving spouse (enrolled or otherwise eligible for TRS-Care) who acquires an eligible dependent through marriage, birth, adoption, placement for adoption, or guardianship, must notify TRS in writing within 31 days of the date he/she acquires the eligible dependent, in order for the enrollment to be valid.

For example, if an otherwise eligible retiree is not currently enrolled in TRS-Care at the time he/she gets married, the retiree may enroll himself or herself, along with any eligible dependents, during a special enrollment period. A surviving spouse, however, may not enroll a new spouse if the surviving spouse remarries.

Enrollment is effective:

- in the case of the dependent's birth, the date of the birth;
- in the case of the dependent's adoption, the date of such adoption or placement for adoption; and
- in the case of guardianship, the first day of the month after TRS-Care receives the written request.

Documentation is required to establish the eligibility for all new dependents.

A common law marriage is not considered a Special Enrollment Event unless there is a Declaration of Common Law Marriage filed with an authorized government agency.

Other Enrollment Rules

Adjustment Rule

If, for any reason, a person is enrolled in an inappropriate level of coverage, coverage will be adjusted as provided in this guide.

Benefits for claims incurred after the date the adjustment becomes effective are payable in accordance with the revised plan provisions. In other words, there are no vested rights to benefits based upon provisions of the plan in effect prior to the date of any adjustment.

Any increase in the level of benefits because of a change in any of the above amounts will not provide additional benefits for covered medical expenses incurred before the date the change took effect.

Letter of Coverage

TRS may request that you obtain a letter of coverage that states the exact period of time your prior insurer provided comprehensive health coverage to you and the reason you lost coverage. TRS may also request that you provide other letters of coverage for any eligible dependents you desire to enroll in TRS-Care.

Under What Circumstances Can TRS-Care Terminate My Coverage?

Retiree coverage under TRS-Care ceases at the earliest occurrence of the following:

- you are no longer eligible;
- it is established that fraud was committed by you or your covered dependent;
- you fail to make the required contribution; or
- TRS-Care is discontinued.

Dependent coverage will cease at the earliest occurrence of any of the following:

- discontinuance of all dependent coverage under TRS-Care;
- a dependent becomes enrolled in a plan offered by TRS-ActiveCare or a plan offered by a Texas public school that is not participating in TRS-ActiveCare;
- a dependent becomes eligible for coverage under a plan provided under a program administered by ERS, the UT System, or Texas A&M;
- A dependent enrolls in TRS-Care as a retiree;
- the person ceases to meet TRS-Care's definition of a dependent;
- the retiree's coverage ceases;
- the retiree fails to make any required contributions; or
- it is established that the dependent committed fraud.

Failure to make a timely payment of the full amount of a required contribution for coverage will result in termination of coverage at the end of the month for which the last contribution was made.

Turning 65: A New Enrollment Opportunity

If you're a retiree or surviving spouse who isn't 65 yet, and you either terminated TRS-Care or didn't enroll during your initial enrollment opportunity, you can enroll in TRS-Care when you turn 65. You may also add eligible dependents at that time.

Prior to your 65th birthday, TRS will send instructions on how to enroll. To enroll in TRS-Care at 65, you must request an application for TRS-Care *Age 65 Enrollment Opportunity Application* form (TRS 700E0) and submit your application for coverage no later than 31 days from the end of the month in which you turn 65. Call TRS Health and Insurance Benefits at 1-888-237-6762 to request an application.

TRS does not always have information about surviving spouses in its records. Surviving spouses are responsible for requesting and submitting their application for coverage no later than 31 days from the end of the month in which they turn 65.

***PLEASE NOTE:* This enrollment opportunity is not available to dependent spouses or children when they turn 65.**

When you become eligible for Medicare, you must purchase and maintain Medicare coverage, including Medicare Part B coverage, to enroll in the TRS-Care Medicare Advantage® medical plan and TRS-Care Medicare Rx® prescription drug plan. You risk losing all TRS-Care coverage if you do not have Medicare Part B coverage when you're eligible to purchase it.

What Should You Know?

When you reach age 65, you may have the opportunity to enroll in TRS-Care and you may have an opportunity to add eligible dependents. In most cases, you will also become eligible for Medicare, which works with the TRS-Care Medicare Advantage® plan and TRS-Care Medicare Rx® plan. Just submit an Age 65 Enrollment Opportunity Application and, upon confirmation of your eligibility for TRS-Care and the plan(s) available to you, TRS will enroll you.

When Am I Eligible for Medicare?
In most cases, you are eligible for Medicare at age 65. Or, if you have received Social Security Disability benefits for a certain length of time, you may be eligible at any age.

Medicare eligibility at age 65
TRS strongly urges you to enroll in Medicare as soon as you're eligible for it. You can enroll three months prior to the month you turn 65. The earlier you sign up, the sooner TRS can verify your Medicare status and enroll you in TRS-Care. Ideally, your Medicare coverage will take effect the first day of your birthday month. If your birthday is on the first of the month, your Medicare coverage will take effect the first of the previous month.

Keep in mind, the period for enrolling in the TRS-Care program is shorter than the enrollment period for Medicare. The enrollment period for Medicare extends for three months after the month of your 65th birthday, but you must submit an application for enrollment in the TRS-Care program no later than 31 days from the end of the month in which you turn 65.

You must buy and maintain Medicare Part B to be eligible for TRS-Care benefits after you become eligible for Medicare. This is required even if you are not eligible for premium-free Medicare Part A. You don't have to buy Part A if you aren't already getting it for free, but you do need to buy Medicare Part B. If you do not buy and maintain Medicare Part B, you risk losing all TRS-Care coverage.

Medicare Eligibility for End Stage Renal Disease (ESRD)
If you're eligible for Medicare due to ESRD, Medicare pays secondary to TRS-Care because federal rules require

TRS-Care coverage to be primary for a certain period of time. Once your Medicare Part A becomes your primary coverage, your TRS-Care monthly premium and your TRS-Care deductible will go down. If you're eligible due to ESRD, please let TRS know by phone or in writing.

What Steps Do I Need to Take When I Turn 65?

You're eligible for Medicare at age 65 and can enroll three months prior to the month you turn 65.

- ☑ If you're eligible for premium-free Medicare Part A (hospitalization), sign up for it through the Social Security Administration. You can apply online at www.ssa.gov/medicare, visit your local Social Security office, or call Social Security at 1-800-772-1213 (TTY: 1-800-325-0778).
- ☑ Purchase Medicare Part B through the Social Security Administration as soon as enrollment becomes available to you. You must buy and maintain Medicare Part B to be eligible for TRS-Care benefits. The Social Security Administration can confirm your Part B premium; please note that it will not be deducted from your TRS pension.
- ☑ If you're currently enrolled in TRS-Care, when you turn age 65, UHC will send you a packet with a form requesting your Medicare number. Please complete the form and return it to TRS.*
- ☑ Separately, TRS will send you an enrollment kit. Review the materials inside. If you're adding dependents, complete and submit the application for TRS-Care no later than 31 days from the end of the month in which you retire or turn 65.

If you are eligible for TRS-Care coverage, and once TRS verifies your Medicare status, TRS will enroll you in the TRS-Care Medicare Advantage® and TRS-Care Medicare Rx® plans.
If TRS does not receive your Medicare Beneficiary Identifier (BMI) number, TRS will not be able to enroll you, and you risk losing TRS-Care coverage altogether.

Glossary of Terms

Additional Enrollment Opportunity at Age 65
The opportunity for retirees eligible for TRS-Care to enroll in coverage for the first time and add eligible dependents. TRS retirees who are eligible and covered by TRS-Care when they reach age 65 may also add eligible dependents at this time.

Any Other Child Who is in a Regular Parent-Child Relationship
A child that is not your grandchild, the child is unmarried, the child's primary residence is your household, you provide at least 50% of the child's support, neither of the child's natural parents reside in your household, you have the legal right to make decisions regarding the child's medical care and you have full legal guardianship (documentation will be required).

Deductible
The plan deductible is the amount of covered medical expenses that you pay each plan year (Jan. 1-Dec. 31) before TRS-Care pays for eligible, non-preventive covered medical expenses.

Coinsurance
The percentage of allowed amounts for covered medical expenses that the participant is required to pay, after the TRS-Care deductible has been met. Coinsurance is in addition to the deductible, office visit copayment (copay), charges for services not covered, precertification penalties and out-of-network charges, which are the patient's responsibility.

Deferring Coverage
To delay the effective date of TRS-Care coverage by completing the enrollment application and submitting it during your Initial Enrollment Period.

Initial Enrollment Period
The first time the retiree has the opportunity to enroll in TRS-Care at retirement. Please refer to the TRS-Care Initial Enrollment Period chart on page 19 for time frames specific to your situation.

Maximum Out-of-Pocket
The most you are required to pay for covered medical expenses out of your own pocket in a plan year (Jan. 1-Dec. 31). When you reach the plan's maximum out-of-pocket, the plan pays 100% of any eligible expenses for the rest of the plan year. The maximum out-of-pocket includes the deductible, any medical copays (if applicable), and medical coinsurance.

Premiums
The monthly contribution made by a retiree or surviving spouse for TRS-Care coverage for himself/herself and eligible dependents.

Special Enrollment Event
An opportunity to enroll in TRS-Care at a time other than during the Initial Enrollment Period and is based on a set of criteria.

TRS-Care Enrollment Form
May refer to the Initial Enrollment Period application or Special Enrollment application.

Program Contacts

Teacher Retirement System of Texas Health and Insurance Benefits Dept.

1000 Red River St.
Austin, TX 78701-2698

1-888-237-6762

7 a.m. to 6 p.m., M-F

www.trs.texas.gov

TRS-Care Standard Plan

Medical Coverage
Administered by BCBSTX

Personal Health Guide:
1-866-355-5999

www.bcbstx.com/trscarestandard

Teladoc: 1-855-835-2362

TRS-Care Standard Plan

Prescription Coverage
Administered by CVS Caremark

Customer Care:
1-844-345-4577

info.caremark.com/trscarestandard

The TRS-Care program may be changed in the future to provide coverage levels that are different from the levels described in this guide, or the TRS-Care program may be discontinued. The cost to participants in the TRS-Care program may be changed with the approval of the TRS Board of Trustees. To the extent that any information in this enrollment guide is not consistent with or contradicts TRS laws and rules, the TRS laws and rules control. The TRS-Care Benefits Booklet will always control over information in this enrollment guide. TRS-Care reserves the right to amend the benefits booklet at any time. Generally, such amendments will be reflected in an updated online version of the benefits booklet appearing on the TRS website.

Discrimination is Against the Law

The Teacher Retirement System of Texas (TRS) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. TRS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Teacher Retirement System of Texas:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  – Qualified sign language interpreters; and
  – Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  – Qualified interpreters; and
  – Information written in other languages.

If you need these services, call **1-888-237-6762 (TTY: 711)**.

If you believe TRS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email:

MAIL: Section 1557 Coordinator, 1000 Red River St., Austin, TX, 78701 FAX: 512-542-6575
EMAIL: section1557coordinator@trs.texas.gov

You can also file a civil rights complaint with the U.S. Department of Health and Human Services online, by mail, or by phone at:
ONLINE: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

MAIL: U.S. Dept. of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington, D.C. 20201
PHONE: 1-800-368-1019, 1-800-537-7697 (TDD)

Multi-Language Interpreter Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-237-6762 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-237-6762 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-237-6762 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-237-6762（TTY：711）。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-237-6762 (TTY: 711)번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. اتصل بالرقم 1-888-237-6762 (رقم هاتف الصم والبكم: 711).

توجہ:اگر آپ اردو بولتے ہیں تو آپ کے لئے زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ 1-888-237-6762 پر کال کریں (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-237-6762 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-237-6762 (ATS : 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-237-6762 (TTY: 711) पर कॉल करें।

توجه:اگر شما به زبان فارسی گفتگو می کنید تسهیلات زبانی بصورت رایگان برای شما مهیا می باشد با 1-888-237-6762 تماس بگیرید (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-237-6762 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-237-6762 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-237-6762 (телетайп: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-237-6762（TTY:711）まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-237-6762 (TTY: 711).

Teacher Retirement System of Texas Notice of Privacy Practices

The Notice of Privacy Practices (NPP) was changed effective Sept. 1, 2020

The NPP explains how TRS may use and disclose your protected health information, as well as your rights and the obligations of TRS, with respect to that information.

TRS has recently revised the NPP to add Blue Cross and Blue Shield of Texas, SilverScript, and UnitedHealthcare as companies that may assist TRS with the operations of TRS-Care and TRS-ActiveCare.

You can access both the current NPP and the recently revised NPP at this link: https://www.trs.texas.gov/TRS%20Documents/notice_privacy_practices.pdf.

How TRS May Use and Disclose Your Protected Health Information

Certain Uses and Disclosures Do Not Require Your Written Permission.

For any use or disclosure of your protected health information that is described immediately below, TRS and/or Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare may use and disclose your protected health information without your written permission (an authorization).

- For all activities that are included within the definitions of "payment," "treatment" and "health care operations" as set out in 45 C.F.R. Section 164.501, including the following noted below. This notice does not contain all of the activities found within these definitions; refer to 45 C.F.R. Section 164.501 for a complete list. When "TRS" is used below in describing these reasons, the auditors, actuarial consultants, lawyers, health plan administrators and pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare are intended to be included.
  - **For treatment.** TRS is not a medical provider and does not directly participate in decisions about what kind of health treatment you should receive. TRS also does not maintain your current medical records. However, TRS may disclose your protected health information for treatment purposes. For example, TRS may disclose your protected health information if your doctor asks that TRS disclose the information to another doctor to help in your treatment.
  - **For payment.** Here are two examples of how TRS might use or disclose your protected health information for payment. TRS may use or disclose your information to prepare a bill for medical services to you or another person or company responsible for paying the bill. The bill may include information that identifies you, the health services you received, and why you received those services. The second example is that TRS could use or disclose your protected health information to collect your premium payments.
  - **For health care operations.** TRS may use or disclose your protected health information to support health plan administration functions. TRS may provide your protected health information to its accountants, attorneys, consultants, and others in order to make sure TRS is complying with the laws that affect it. For example, your protected health information may be given to people looking at the quality of the health care you received. Another example of health care operations is TRS using and sharing this information to manage its business and perform its administrative activities.
- **When federal, state or local law, judicial or administrative proceedings, or law enforcement requires a use or disclosure.** For example, upon receipt of your request for disability retirement benefits, TRS and members of the Medical Board may use your protected health information to determine if you are entitled to a disability retirement. TRS may disclose your protected health information:
  - To a federal or state criminal law enforcement agency that asks for the information for a law enforcement purpose;
  - To a law enforcement official for the purpose of alerting law enforcement of your death if TRS has a suspicion that your death may have resulted from criminal conduct;
  - To the Texas Attorney General to collect child support or to ensure health care coverage for your child;
  - In response to a subpoena if the TRS Executive Director determines that you will have a reasonable opportunity to contest the subpoena;
  - To a governmental entity, an employer, or a person acting on behalf of the employer, to the extent that TRS needs to share the information to perform TRS's business;
  - To the Texas Legislature or agencies of the state or federal government, including, but not limited to health oversight agencies for activities authorized by law, such as audits; investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities. Oversight agencies seeking this information include government agencies that oversee; (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs, and (iv) compliance with civil rights laws;
  - To a public health authority for the purpose of preventing or controlling disease; and
  - If required by other federal, state, or local law.

- **For specific government functions.** TRS may disclose protected health information of military personnel and veterans in certain situations. TRS may also disclose protected health information to authorized federal officials for conducting national security, such as protecting the President of the United States, or conducting intelligence activities, or to the Texas Legislature or agencies of the state or federal government, including, but not limited to health oversight agencies, for activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, civil, administrative, or criminal proceedings or actions, or other activities. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs, and (iv) compliance with civil rights laws.
- **Business associates.** TRS has contracts with individuals and companies (business associates) that help TRS in its business of providing health care coverage and in making disability retirement benefit decisions. For example, several companies assist TRS with the TRS-Care and TRS-ActiveCare programs: BCBSTX, UHC, CVS/caremark, and Gabriel, Roeder, Smith & Company. Some of the functions these companies provide are: performing audits; performing actuarial analysis; adjudication and payment of claims; customer service support; utilization review and management; coordination of benefits; subrogation; pharmacy benefit management; and technological functions. TRS may disclose your protected health information to its business associates so that they can perform the services that TRS has asked them to do. To protect your health information, however, TRS requires that these companies follow the same rules that are set out in this notice and to notify TRS in the event of a breach of your unsecured protected health information.
- **Executor or administrator.** TRS may disclose your protected health information to the executor or administrator of your estate.
- **Health-related benefits.** TRS or one of its business associates may contact you to provide appointment reminders. They may also contact you to give you information about treatment alternatives or other health benefits or services that may be of interest to you.
- **Legal Proceedings.** TRS may disclose your protected health information: (1) in the course of any judicial or administrative proceeding, including, but not limited to, an appeal of denial of coverage or benefits; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized by law); and (3) because it is necessary to provide evidence of a crime that occurred on our premises.
- **Coroners, Medical Examiners, Funeral Directors, and Organ Donation.** TRS may disclose protected health information to a coroner or medical examiner for purpose of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. TRS also may disclose, as authorized by law, protected health information to funeral directors so that they may carry out their duties. Further, TRS may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.
- **Research.** TRS may disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.
- **To Prevent a Serious Threat to Health or Safety.** Consistent with applicable federal and state laws, TRS may disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, such as disclosures to prevent disease, help with product recalls, report adverse reactions to medications, or report suspected abuse, neglect or domestic violence.
- **Inmates.** If you are an inmate of a correctional institution, TRS may disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.
- **Workers' Compensation.** TRS may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.
- **To your personal representative.** TRS may provide your protected health information to a person representing or authorized by you, or any person that you tell TRS in writing is acting on your behalf.
- **To an entity assisting is disaster relief.** TRS may also disclose your protected health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your protected health information, then TRS may, using our professional judgment, determine whether the disclosure is in your best interest. TRS will attempt to gain your personal authorization when possible before making such disclosures.

Certain Uses and Disclosures Requiring an Opportunity to Agree or to Object.

Under the following circumstances, TRS may use or disclose protected health information, provided that TRS informs you in advance of the use or disclosure and you have an opportunity to agree to or prohibit or restrict the use or disclosure of your protected health information. TRS may inform you orally or in writing of and obtain your oral or written agreement or objection to the use or disclosure of your protected health information. TRS will follow your instructions.

- TRS may disclose to a family member, other relative, or a close personal friend, or any other person you identify, your protected health information that (i) is directly relevant to such person's involvement with your health care or payment related to your health care, or (ii) serves to notify or assist in the notification of your location, general condition, or death.
- TRS may use or disclose your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of notifying or assisting in the notification of your location, general condition, or death.

If you are not able to communicate your preference to TRS, for example because you are unconscious, TRS may share your protected health information if TRS believes it is in your best interest to do so.

Certain Disclosures that TRS is Required to Make.

The following is a description of disclosures that TRS is required by law to make

- **Disclosures to the Secretary of the U.S. Department of Health and Human Services.** TRS is required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Regulations.
- **Disclosures to you.** TRS is required to disclose to you most of your protected health information in a "designated record set" when you request access to this information, including information maintained electronically. Generally, a "designated record set" contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. TRS is also required to provide, upon your request, an accounting of the disclosures of your protected health information. In many cases, your protected health information will be in the possession of a plan administrator or pharmacy benefits manager. If you request protected health information, TRS will work with the administrator or pharmacy benefits manager to provide your protected health information to you.

Certain Uses and Disclosures of Genetic Information that Cannot Be Made.

TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare are prohibited from using or disclosing genetic information for underwriting purposes.

Certain Uses and Disclosures of Protected Health Information that Will Not Be Made.

The following uses and disclosures of protected health information will not be made by TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare:

- Uses and disclosures that constitute marketing purposes;
- Uses and disclosures that constitute the sale of your protected health information; and
- Uses and disclosures that constitute fundraising purposes.

All Other Uses And Disclosures Require Your Prior Written Authorization.

The following uses and disclosures will be made by TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS ActiveCare only with a written permission (an authorization) from you:

- Most uses and disclosures of psychotherapy notes; and
- For any other use or disclosure of your protected health information that is not described in this notice.

If you provide TRS with such an authorization, you may cancel (revoke) the authorization in writing at any time, and this revocation will be effective for future uses and disclosures of your protected health information. Revoking your written permission will not affect a use or disclosure of your protected health information that TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare already made, based on your written authorization.

Women's Health & Cancer Rights Act (WHCRA) Annual Notice

Do you know that TRS-Care Standard, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact TRS-Care Standard toll-free at 1-866-355-5999

Your Rights

- **The Right to Request Limits on Uses and Disclosures of Your Protected Health Information.** You can ask that TRS limit how it uses and discloses your protected health information. TRS will consider your request but is not required to agree to it. If TRS agrees to your request, TRS will put the agreement in writing and will follow the agreement unless you need emergency treatment, and the information that you asked to be limited is needed for your emergency treatment. You cannot limit the uses and disclosures that TRS is legally required to make. If you are enrolled in TRS-ActiveCare, you may request a restriction by writing to: Blue Cross and Blue Shield of Texas, P.O. Box 805106, Chicago, IL 60680-4112. In your request, state: (1) the information whose disclosure you want to limit, and (2) how you want to limit our use and/or disclosure of the information. If you are enrolled in TRS-Care, you may request a restriction by writing to: Blue Cross and Blue Shield of Texas, P.O. Box 805106, Chicago, IL 60680-4112. In your request, state: (1) the information whose disclosure you want to limit, and (2) how you want to limit our use and/or disclosure of the information. You have the right to request that your protected health information not be disclosed to TRS if you have paid for the service received in full.
- **The Right to Choose How TRS Sends Protected Health Information to You.** You can ask that 'TRS send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, courier service instead of U.S. mail) only if not changing the address or the way TRS communicates with you could put you in physical danger. You must make this request in writing. You must be specific about where and how to contact you. TRS must agree to your request only if:
  - – You clearly tell TRS that sending the information do your usual address or in the usual way could put you in physical danger; and
  - – You tell TRS a specific alternative address or specific alternative means of sending protected health information to you. If you ask TRS to contact you via an email address, TRS will not send protected health information by email unless it is possible for the protected health information to be encrypted.
- **The Right to See and Get Copies of Your Protected Health Information.** You can look at or get copies of your protected health information that TRS has or that a business associate maintains on TRS' behalf. You must make this request in writing. If your protected health information is not on file at TRS and TRS knows where the information is maintained, TRS will tell you where you can ask to see and get copies of your information. You may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set that is in the possession of TRS or a business associate of TRS.

  If you request copies of your protected health information, TRS can charge you a fee for each page copied, for the labor involved in compiling and copying the information, and for postage if you request that the copies be mailed to you. Instead of providing the protected health information you request, TRS may provide you with a summary or explanation of the information, but only if you agree in advance to:

  – Receive a summary or explanation instead of the detailed protected health information; and

  – Pay the cost of preparing the summary or explanation.

  The fee for the summary or explanation will be in addition to any copying, labor, and postage fees that TRS may require. If the total fees will exceed $40, TRS will tell you in advance. You can withdraw or change your request at any time.

  TRS may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your protected health information, you may request that the denial be reviewed, TRS will choose a licensed health care professional to review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, the denial will not be reviewable. If this event occurs, TRS will inform you in our denial that the decision is not reviewable.

You have the right to get a list of TRS' uses and disclosures of your protected health information. By law, TRS is not required to create a list that includes any uses or disclosures:

– To carry out treatment, payment, or health care operations;

– To you or your personal representative;

– Because you gave your permission;

– For national security or intelligence purposes;

– To corrections or law enforcement personnel; or

– Made prior to three (3) years before the date of your request, but in no event made before April 14, 2003.

TRS will respond to your request within 60 days of receiving it. TRS can extend this deadline one time by an additional 30 days. If TRS extends its response time, TRS will tell you in writing the reasons for the delay and the date by which TRS will provide the list. The list will include:

– The date of the disclosure or use;

– The person or entity that received the protected health information;

– A brief description of the information disclosed; and

– Why TRS disclosed or used the information.

If TRS disclosed your protected health information because you gave TRS written permission to disclose the information, instead of telling you why TRS disclosed information, TRS will give you a copy of your written permission. You can get a list of disclosures for free every 12 months. If you request more than one list during a 12-month period, TRS can charge you for preparing the list, including charges for copying, labor, and postage to process and mail each additional list. These fees will be the same as the fees allowed under the Texas Public Information Act. TRS will tell you in advance of the fees it will charge. You can withdraw or change your request at any time.

- **The Right to Correct or Update Your Protected Health Information.** If you believe that there is a mistake in your protected health information or that a piece of important health information is missing, you can ask TRS to correct or add the information. You must request the correction or addition in writing.

  Your letter must tell TRS what you think is wrong and why you think it is wrong. TRS will respond to your request within 60 days of receiving it. TRS can extend this deadline one time by an additional 30 days. If TRS extends its response time, it must tell you in writing the reasons for the delay and the date by which TRS will respond.

  Because of the technology used to store information and laws requiring TRS to retain information in its original text, TRS may not be able to change or delete information, even if it is incorrect. If TRS decides that it should correct or add information, it will add the correct or additional information to your records and note that the new information takes the place of the old information. The old information may remain in your record. TRS will tell you that the information has been added or corrected. TRS will also tell its business associates that need to know about the change to your protected health information.

  TRS will deny your request if your request is not in writing or does not have a reason why the information is wrong or incomplete. TRS will also deny your request if the protected health information is:

  – Correct and complete;

  – Not created by TRS; or

  – Not part of TRS' records.

TRS will send you the denial in writing. The denial will say why your request was denied and explain your right to send TRS a written statement of why you disagree with TRS' denial. TRS' denial will also tell you how to complain to TRS or the Secretary of the Department of Health and Human Services. If you send TRS a written statement of why you disagree with the denial, TRS can file a written reply to your statement. TRS will give you a copy of any reply. If you file a written statement disagreeing with the denial, TRS must include your request for an amendment, the denial, your written statement of disagreement and any reply when TRS discloses the protected health information that you asked to be changed; or TRS can choose to give out a summary of that information with a disclosure of the protected health information that you asked to be changed. Even if you do not send TRS a written statement explaining why you disagree with the denial, you can ask that your request and TRS' denial be attached to all future disclosures of the protected health information that you wanted changed.

- **The Right to be Notified of a Breach of Unsecured Protected Health Information**. You have the right to be notified and TRS has the duty to notify you of a breach of your unsecured protected health information. A breach means the acquisition, access, use, or disclosure of your unsecured protected health information in a manner not permitted under HIPAA that compromises the security or privacy of your protected health information. If this occurs, you will be provided information about the breach and how you can mitigate any harm as a result of the breach.
- **The Right to Get This Notice.** You can get a paper copy of this notice on request.

- **The Right to File a Complaint.** If you think that TRS has violated your privacy rights concerning your protected health information, you can file a written complaint with the TRS Privacy Officer by mailing your complaint to:

  Privacy Officer
  Teacher Retirement System of Texas
  1000 Red River St.
  Austin, TX 78701

  All complaints must be in writing.

  You may also send a written complaint to:

  Region VI, Office for Civil Rights
  Secretary of the U.S. Department of Health and Human Services
  1301 Young St., Suite 1169
  Dallas, TX 75202
  FAX to **(214) 767-0432** and e-mail at **OCRComplaint@hhs.gov**

  Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

  Finally, you may send a written complaint to:

  Texas Office of the Attorney General
  P.O. Box 12548
  Austin, TX, 78711-2548
  (800) 806-2092

  TRS will not penalize or in any other way retaliate against you if you file a complaint.

More information

Please contact in writing the Privacy Officer, at the following address, if you have any questions about the privacy practices described in this notice or how to file a complaint.

Privacy Officer
Teacher Retirement System of Texas
1000 Red River St.
Austin, TX 78701

If you want more information about this notice or how to exercise your rights, please contact the TRS Telephone Counseling Center at **(800) 223-8778**.

Teacher Retirement System of Texas
1000 Red River St.
Austin, TX 78701-2698
www.trs.texas.gov