2016 – 2017 TRS-ActiveCare Plan Highlights

*Effective September 1, 2016 through August 31, 2017 | In-Network Level of Benefits**

TRS ACTIVECARE
TEACHER RETIREMENT SYSTEM OF TEXAS

Type of Service	ActiveCare 1-HD	ActiveCare Select or ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott & White Quality Alliance; Memorial Hermann Accountable Care Network; Seton Health Alliance)	ActiveCare 2
Deductible (per plan year)	$2,500 employee only $5,000 family	$1,200 individual $3,600 family	$1,000 individual $3,000 family
Out-of-Pocket Maximum (per plan year; does include medical deductible/ any medical copays/coinsurance/any prescription drug deductible and applicable copays/coinsurance)	$6,550 individual $13,100 family (the individual out-of-pocket maximum only includes covered expenses incurred by that individual)	$6,850 individual $13,700 family	$6,850 individual $13,700 family
Coinsurance Plan pays (up to allowable amount) Participant pays (after deductible)	80% 20%	80% 20%	80% 20%
Office Visit Copay Participant pays	20% after deductible	$30 copay for primary $60 copay for specialist	$30 copay for primary $50 copay for specialist
Diagnostic Lab Participant pays	20% after deductible	Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility	Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility
Preventive Care See reverse side for a list of services	Plan pays 100%	Plan pays 100%	Plan pays 100%
Teladoc® Physician Services	$40 consultation fee (applies to deductible and out-of-pocket maximum)	Plan pays 100%	Plan pays 100%
High-Tech Radiology (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	$100 copay plus 20% after deductible	$100 copay plus 20% after deductible
Inpatient Hospital (preauthorization required) (facility charges) Participant pays	20% after deductible	$150 copay per day plus 20% after deductible ($750 maximum copay per admission)	$150 copay per day plus 20% after deductible ($750 maximum copay per admission; $2,250 maximum copay per plan year)
Emergency Room (true emergency use) Participant pays	20% after deductible	$150 copay plus 20% after deductible (copay waived if admitted)	$150 copay plus 20% after deductible (copay waived if admitted)
Outpatient Surgery Participant pays	20% after deductible	$150 copay per visit plus 20% after deductible	$150 copay per visit plus 20% after deductible
Bariatric Surgery Physician charges (only covered if performed at an IOQ facility) Participant pays	$5,000 copay plus 20% after deductible	Not covered	$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible
Prescription Drugs Drug deductible (per plan year)	Subject to plan year deductible	$0 for generic drugs $200 per person for brand-name drugs	$0 for generic drugs $200 per person for brand-name drugs
Retail Short-Term (up to a 31-day supply) Participant pays ▪ Generic copay ▪ Brand copay (preferred list) ▪ Brand copay (non-preferred list)	20% after deductible (deductible and coinsurance waived for certain generic preventive drugs. Go to **www.trsactivecareaetna.com/coverage** to view the list).	$20 $40** 50% coinsurance**	$20 $40** $65**
Retail Maintenance (after first fill; up to a 31-day supply) Participant pays ▪ Generic copay ▪ Brand copay (preferred list) ▪ Brand copay (non-preferred list)	20% after deductible (deductible and coinsurance waived for certain generic preventive drugs. Go to **www.trsactivecareaetna.com/coverage** to view the list).	$35 $60** 50% coinsurance**	$35 $60** $90**
Mail Order and Retail-Plus (up to a 90-day supply) Participant pays ▪ Generic copay ▪ Brand copay (preferred list) ▪ Brand copay (non-preferred list)	20% after deductible (deductible and coinsurance waived for certain generic preventive drugs. Go to **www.trsactivecareaetna.com/coverage** to view the list).	$45 $105** 50% coinsurance**	$45 $105** $180**
Specialty Drugs Participant pays	20% after deductible	20% coinsurance per fill	$200 per fill (up to 31-day supply) $450 per fill (32- to 90-day supply)

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician. *Illustrates benefits when in-network providers are used. For some plans non-network benefits are also available; there is no coverage for non-network benefits under the ActiveCare Select or ActiveCare Select Whole Health Plan; see Enrollment Guide for more information. Non-contracting providers may bill for amounts exceeding the allowable amount for covered services. Participants will be responsible for this balance bill amount, which maybe considerable. **If the patient obtains a brand-name drug when a generic equivalent is available, the patient will be responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug.

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TRS-ActiveCare Plans – Preventive Care

Preventive Care Services	In-Network Benefits When Using In-Network Providers (Provider must bill services as "preventive care")		
	ActiveCare 1-HD	**ActiveCare Select or ActiveCare Select Whole Health** (Baptist Health System and HealthTexas Medical Group; Baylor Scott & White Quality Alliance; Memorial Hermann Accountable Care Network; Seton Health Alliance)	**ActiveCare 2 Network**
Evidence–based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF) **http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations**. Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) with respect to the individual involved. Evidence–informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for infants, children and adolescents. Additional preventive care and screenings for women, not described above, as provided for in comprehensive guidelines supported by the HRSA **http://www.hhs.gov/healthcare/facts-and-features/fact-sheets/preventive-services-covered-under-aca/index.html#CoveredPreventiveServicesforAdults**. For purposes of this benefit, the current recommendations of the USPSTF regarding breast cancer screening and mammography and prevention will be considered the most current (other than those issued in or around November 2009). The preventive care services described above may change as USPSTF, CDC and HRSA guidelines are modified.	Plan pays 100% (deductible waived) Some examples of preventive care frequency and services: ▪ Routine physicals – annually age 12 and over ▪ Well-child care – unlimited up to age 12 ▪ Well woman exam & pap smear – annually age 18 and over ▪ Mammograms – 1 every year age 35 and over ▪ Colonoscopy – 1 every 10 years age 50 and over ▪ Prostate cancer screening – 1 per year age 50 and over ▪ Smoking cessation counseling – 8 visits per 12 months ▪ Healthy diet/obesity counseling – unlimited to age 22; age 22 and over-26 visits per 12 months ▪ Breastfeeding support – 6 lactation counseling visits per 12 months	Plan pays 100% (deductible waived; no copay required) Some examples of preventive care frequency and services: ▪ Routine physicals – annually age 12 and over ▪ Well-child care – unlimited up to age 12 ▪ Well woman exam & pap smear – annually age 18 and over ▪ Mammograms – 1 every year age 35 and over ▪ Colonoscopy – 1 every 10 years age 50 and over ▪ Prostate cancer screening – 1 per year age 50 and over ▪ Smoking cessation counseling – 8 visits per 12 months ▪ Healthy diet/obesity counseling – unlimited to age 22; age 22 and over-26 visits per 12 months ▪ Breastfeeding support – 6 lactation counseling visits per 12 months	Plan pays 100% (deductible waived; no copay required) Some examples of preventive care frequency and services: ▪ Routine physicals – annually age 12 and over ▪ Well-child care – unlimited up to age 12 ▪ Well woman exam & pap smear – annually age 18 and over ▪ Mammograms – 1 every year age 35 and over ▪ Colonoscopy – 1 every 10 years age 50 and over ▪ Prostate cancer screening – 1 per year age 50 and over ▪ Smoking cessation counseling – 8 visits per 12 months ▪ Healthy diet/obesity counseling – unlimited to age 22; age 22 and over-26 visits per 12 months ▪ Breastfeeding support – 6 lactation counseling visits per 12 months
Examples of covered services included are: **Routine annual physicals (one per year); immunizations; well-child care; breastfeeding support, services and supplies; cancer screening mammograms; bone density test; screening for prostate cancer and colorectal cancer (including routine colonoscopies); smoking cessation counseling services and healthy diet counseling; and obesity screening/counseling.** **Examples of covered services for women with reproductive capacity are:** **Female sterilization procedures and specified FDA-approved contraception methods with a written prescription by a health care practitioner, including cervical caps, diaphragms, implantable contraceptives, intra-uterine devices, injectables, transdermal contraceptives and vaginal contraceptive devices. Prescription contraceptives for women are covered under the pharmacy benefits administered by Caremark.** To determine if a specific contraceptive drug or device is included in this benefit, contact Customer Service at **1-800-222-9205**. The list may change as FDA guidelines are modified.			
Annual Vision Examination (one per plan year; performed by an opthalmologist or optometrist using calibrated instruments) Participant pays	After deductible, plan pays 80%; participant pays 20%	$60 copay for specialist	$50 copay for specialist
Annual Hearing Examination Participant pays	After deductible, plan pays 80%; participant pays 20%	$30 copay for primary $60 copay for specialist	$30 copay for primary $50 copay for specialist

Note: Covered services under this benefit must be billed by the provider as "preventive care." If you receive preventive services from a non-network provider, you will be responsible for any applicable deductible and coinsurance under the ActiveCare 1-HD and ActiveCare 2. Non-network preventive care is not paid at 100%. There is no coverage for non-network services under the ActiveCare Select plan or ActiveCare Select Whole Health.

TRS-ActiveCare is administered by Aetna Life Insurance Company. Aetna provides claims payment services only and does not assume any financial risk or obligation with respect to claims. Prescription drug benefits are administered by Caremark.