



Medicare-Eligible Health Plan Comparison Chart

Benefits	TRS-Care 1 Effective Sept. 1, 2016 - Aug. 31, 2017		TRS-Care Standard 2 Effective Sept. 1, 2016 - Aug. 31, 2017		TRS-Care Medicare Advantage 2 Effective Jan. 1, 2017 - Dec. 31, 2017	TRS-Care Standard 3 Effective Sept. 1, 2016 - Aug. 31, 2017		TRS-Care Medicare Advantage 3 Effective Jan. 1, 2017 - Dec. 31, 2017)
	With Part A, eligible for Part B	No Part A, eligible for Part B	With Part A, eligible for Part B	No Part A, eligible for Part B		With Part A, eligible for Part B	No Part A, eligible for Part B	
Plan Provisions								
Deductible (per calendar year)	\$2,350 Individual \$4,700 Family	\$3,900 Individual \$7,800 Family	\$1,300 Individual \$2,600 Family		\$500	\$400 Individual \$800 Family		\$150
Annual Maximum Out-of- Pocket Limit	\$6,250 Individual \$12,500 Family	\$7,800 Individual \$15,600 Family	\$5,800 Individual \$11,600 Family		\$3,500 (includes deductible and copays)	\$4,900 Individual \$9,800 Family		\$3,150 (includes deductible and copays)
Physician & Lab Services								
Primary Care Physician Office Visits	20% coinsurance*				\$5 copay*	20% coinsurance*		\$5 copay*
Specialist Office Visits	20% coinsurance*				\$10 copay*	20% coinsurance*		\$10 copay*
Allergy Injections and Serums	20% coinsurance*				\$5-10 copay*	20% coinsurance*		\$5-10 copay*
Outpatient Diagnostic Laboratory	20% coinsurance*				\$0 copay*	20% coinsurance*		\$0 copay*
Outpatient X-Ray	20% coinsurance*				\$5-35 copay or 5% coinsurance*	20% coinsurance*		\$5-35 copay or 5% coinsurance*

Benefits	TRS-Care 1 Effective Sept. 1, 2016 - Aug. 31, 2017		TRS-Care Standard 2 Effective Sept. 1, 2016 - Aug. 31, 2017		TRS-Care Medicare Advantage 2 Effective Jan. 1, 2017- Dec. 31, 2017	TRS-Care Standard 3 Effective Sept. 1, 2016 - Aug. 31, 2017		TRS-Care Medicare Advantage 3 Effective Jan. 1, 2017 - Dec. 31, 2017
	With Part A, eligible for Part B	No Part A, eligible for Part B	With Part A, eligible for Part B	No Part A, eligible for Part B		With Part A, eligible for Part B	No Part A, eligible for Part B	
Preventive Services								
Routine Physical Exam (paid by Medicare)	Paid at 100%							
Cervical Cancer Screening	Paid at 100%							
Colorectal Cancer Screening (Age 50 and Over)	Paid at 100%							
Prostate Cancer Screening (males age 40 and over)	Paid at 100%							
Mammogram Screening (Age 40 and over)	Paid at 100%							
Flu Shot	Paid at 100%							
Routine Eye Exam	Not Covered				Paid at 100%	Not Covered		Paid at 100%
Routine Hearing Exam	Not Covered				Paid at 100%	Not Covered		Paid at 100%

Benefits	TRS-Care 1 Effective Sept. 1, 2016 - Aug. 31, 2017		TRS-Care Standard 2 Effective Sept. 1, 2016 - Aug. 31, 2017		TRS-Care Medicare Advantage 2 Effective Jan. 1, 2017 - Dec. 31, 2017	TRS-Care Standard 3 Effective Sept. 1, 2016 - Aug. 31, 2017		TRS-Care Medicare Advantage 3 Effective Jan. 1, 2017 - Dec. 31, 2017
	With Part A, eligible for Part B	No Part A, eligible for Part B	With Part A, eligible for Part B	No Part A, eligible for Part B		With Part A, eligible for Part B	No Part A, eligible for Part B	
Hospital and Facility Services								
Inpatient Coverage (facility/ physician charges)	20% coinsurance*		20% coinsurance*		\$500 copay per stay*	20% coinsurance*		\$250 copay per stay*
Emergency Room; Worldwide	20% coinsurance*		20% coinsurance*		\$65 copay**	20% coinsurance*		\$50 copay**
Urgent Care Center ¹	20% coinsurance*		20% coinsurance*		\$35 copay**	20% coinsurance*		\$35 c opay**
Outpatient Hospital or Facilities ²	20% coinsurance		20% coinsurance		\$250 copay* or 5% coinsurance	20% coinsurance		\$75 copay* or 5% coinsurance
Skilled Nursing Facility • Days 1-20 • Days 21-100 • Days 101-365	20% coinsurance		20% coinsurance		• \$0 copay/day • \$50 copay/ day • 20% coinsurance (facility / physician expenses)	20% coinsurance		• \$0 copay/day • \$25 copay/ day • 20% coinsurance (facility / physician expenses)
Extended Care Services								
Home Health Care	20% coinsurance*		20% coinsurance*		\$0 copay*	20% coinsurance*		\$0 copay*
Private Duty Nursing	20% coinsurance*							
Hospice	Covered by Medicare at a Medicare-certified Hospice							

Benefits	TRS-Care 1 Effective Sept. 1, 2016 - Aug. 31, 2017		TRS-Care Standard 2 Effective Sept. 1, 2016 - Aug. 31, 2017		TRS-Care Medicare Advantage 2 Effective Jan. 1, 2017 - Dec. 31, 2017	TRS-Care Standard 3 Effective Sept. 1, 2016 - Aug. 31, 2017		TRS-Care Medicare Advantage 3 Effective Jan. 1, 2017 - Dec. 31, 2017
	With Part A, eligible for Part B	No Part A, eligible for Part B	With Part A, eligible for Part B	No Part A, eligible for Part B		With Part A, eligible for Part B	No Part A, eligible for Part B	
Other Medical Services								
Ambulance*	20% coinsurance		20% coinsurance		5% coinsurance***	20% coinsurance*		5% coinsurance***
Diabetic Supplies	20% coinsurance*		20% coinsurance*		5% coinsurance*	20% coinsurance*		5% coinsurance*
Durable Medical Equipment (DME)³	20% coinsurance*		20% coinsurance*		5% coinsurance*	20% coinsurance*		5% coinsurance*
Chemo therapy	20% coinsurance*		20% coinsurance*		\$10 copay or 5% coinsurance*	20% coinsurance*		\$10 copay or 5% coinsurance*
Fitness Benefit	Discount to participating fitness centers		Discount to participating fitness centers		Free membership to participating fitness centers	Discount to participating fitness centers		Free membership to participating fitness centers
Transporta- tion Benefit⁴	Not Covered		Not Covered		\$0 copay**	Not Covered		\$0 copay**

*After deductible

**Deductible waived

***Deductible waived for emergency transport

¹ - You may pay as low as \$5 for urgent care services with certain providers

² - You may have a \$0 copay for medical nutrition therapy and diabetes self-management training at an outpatient hospital

³ - \$0 copay for custom-made and custom-fitted compression stockings (unlimited) at a DME provider

⁴ - Up to 24 one-way trips per year

NOTE: For all TRS-Care Standard services requiring coinsurance payments, you pay your share after the Medicare payment.

Prescription Drug Plans for TRS-Care

Beginning Jan. 1, 2017, all Medicare participants in TRS-Care 2 and 3—both Standard and Medicare Advantage—must enroll in the Express Scripts Medicare prescription drug plan (PDP) through TRS-Care.

TRS-Care 1	Prescription coverage is subject to the same deductible as the medical coverage. After you meet the deductible, you pay 20% of the covered drug expense.
-------------------	--

TRS-Care 2		
Drug Tier	Express Scripts Medicare PDP	
	31-day supply at retail pharmacies	90-day supply at Retail-Plus pharmacies and through home delivery
Tier 1: Generic Drugs	\$5	\$15
Tier 2: Preferred Brand Drugs	\$25	\$70
Tier 3: Non-Preferred Drugs	\$50	\$125
Tier 4: Specialty Tier Drugs	\$50	\$125

TRS-Care 3		
Drug Tier	Express Scripts Medicare PDP	
	31-day supply at retail pharmacies	90-day supply at Retail-Plus pharmacies and through home delivery
Tier 1: Generic Drugs	\$5	\$15
Tier 2: Preferred Brand Drugs	\$20	\$45
Tier 3: Non-Preferred Drugs	\$40	\$80
Tier 4: Specialty Tier Drugs	\$40	\$80

Note: Maintenance drugs are prescriptions that are taken regularly to manage a chronic or long-term condition, such as high blood pressure and diabetes. You can save by purchasing these drugs in bulk through mail delivery or Retail-Plus pharmacies.

DISCRIMINATION IS AGAINST THE LAW

The Teacher Retirement System of Texas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Teacher Retirement System of Texas 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:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact Karen Harper.

If you believe that the Teacher Retirement System of Texas 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 with: Karen Harper, Health and Insurance Benefits Consultant, 1000 Red River Street, Austin, Texas, 78701 512-542-6737, 512-542-6575, karen.harper@trs.texas.gov. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Karen Harper is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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

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 اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-237-6762 (رقم هاتف الصم والبكم: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-888-237-6762 (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 به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-237-6762 (TTY: 711) تماس بگیرید.

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. ໂທ 1-888-237-6762 (TTY: 711).

NOTES



Teacher Retirement System of Texas
Health & Insurance Benefits Department
1000 Red River St.
Austin, TX 78701

1-888-237-6762

www.trs.texas.gov