

# 2022 TRS-CARE: Care You Can Count On



## PLAN HIGHLIGHTS FOR PARTICIPANTS WITH MEDICARE

The TRS-Care Medicare Advantage plan and TRS-Care Medicare Rx plan are available only to TRS-Care participants with Medicare. Your plan year runs from Jan. 1 – Dec. 31. Your deductibles and maximum out-of-pocket amounts (MOOPs) reset each year on Jan. 1.

### TRS-Care Medicare Advantage plan benefits:

- Ability to choose any doctor throughout the U.S. as long they accept Medicare and are willing to bill UnitedHealthcare
- \$0 for your annual wellness visit and \$5 copays for sick visits with a PCP before you meet your deductible
- Other Medicare plans typically charge you a copay per day for your hospital stay. TRS-Care Medicare Advantage only charges you a single \$500 copay for your entire hospital stay – whether you are there for one day, one week or longer
- Low copays for prescription drugs with no coverage gap (no “donut hole”), for example the diabetes drug Januvia would cost you \$70 for a 90-day supply, while other plans would charge you \$329
- Benefits such as free gym memberships with SilverSneakers and free meal delivery after hospital stays

### Your Medicare Eligibility

You're eligible for Medicare at age 65 or if you've received Social Security Disability benefits for a specific amount of time. You can enroll three months prior to the month you turn 65 at [www.ssa.gov/benefits/medicare](http://www.ssa.gov/benefits/medicare).

Remember, **you must also purchase and maintain Medicare Part B** in order to be eligible for benefits through TRS-Care Medicare Advantage.

### Your 2022 TRS-Care Medicare Advantage medical plan is insured by UnitedHealthcare – Cost Per Individual

Plan Details		
<b>Deductible:</b> \$500*	<b>Maximum out-of-pocket:</b> \$3,500	<b>Coinsurance:</b> You pay 5% or a copay after meeting your deductible
<b>Copays:</b>	<b>Deductible Does Not Apply</b>	
	• Primary care physician sick visit: \$5	• Urgent care: \$35    • Emergency room: \$65
	<b>Must Meet Deductible</b>	
	• Specialist visit: \$10	• Inpatient hospital stay: \$500    • Outpatient hospital stay: \$250

Preventive care benefits are covered at 100%

\*Are you currently a TRS-Care participant who will turn 65 in 2022? You will pay \$0 deductible in the TRS-Care Medicare Advantage plan through Dec. 31, 2022. Your \$500 deductible will start on Jan. 1, 2023

### Your 2022 TRS-Care Medicare Rx prescription drug plan is administered by SilverScript, a CVS Caremark affiliate

Prescriptions	Retail Copays	Mail order or Retail-Plus copays (up to a 90-day supply)
Generic (Tier 1)	\$5	\$15
Preferred brand (Tier 2)	\$25	\$70
Non-preferred brand (Tier 3)	\$50	\$125 <sup>1</sup>

<sup>1</sup>Specialty drugs are limited to a 31-day supply.

### Monthly premiums for most Medicare retirees in 2022<sup>2</sup>

	Retiree only	\$135
	Retiree + spouse	\$529
	Retiree + child(ren) <sup>3</sup>	\$468
	Retiree + family <sup>3</sup>	\$1,020

<sup>2</sup> Premiums are determined by the TRS retiree's Medicare eligibility, regardless of their dependents' Medicare status.

<sup>3</sup> Premiums for retirees with disabled children (regardless of the disabled child's age) are reduced by \$200 in tiers with covered children

We're here to help you. Reach out Monday - Friday, 7 a.m. - 6 p.m. CT. Call us at 1-888-237-6762 or visit us online at [trs.texas.gov](http://trs.texas.gov).

# 2022 TRS-CARE: Care You Can Count On



## PLAN HIGHLIGHTS FOR PARTICIPANTS WITHOUT MEDICARE

The TRS-Care Standard plan provides health coverage for participants without Medicare.

Your plan year runs from Jan. 1 – Dec. 31. Your deductibles and maximum out-of-pocket amounts (MOOPs) reset each year on Jan. 1.

### TRS-Care Standard plans benefits:

- Freedom to choose any doctor in BCBSTX's broad network without a referral
- \$0 in-network preventive care such as cancer screenings, immunizations, and annual wellness checkups
- Access to 24/7 care from anywhere through BCBSTX NurseLine and Personal Health Guides
- \$0 for certain preventive generic prescription drugs
- Prescription mail order services through CVS Caremark
- General medicine and mental health support through Teladoc
- Add-on benefits such as rewards points, fitness membership, nutrition counseling and more

### Your 2022 TRS-Care Standard plan is administered by BCBSTX (medical) and CVS Caremark (prescription drugs)

Plan Details	In-Network	Out-of-Network
<b>Deductible</b>	\$1,500 individual plan \$3,000 family plan	\$3,000 individual plan \$6,000 family plan
<b>Maximum out-of-pocket (MOOP)</b>	\$5,650 individual plan \$11,300 family plan	\$11,300 individual plan \$22,600 family plan
<b>Coinsurance</b>	You pay 20% after deductible	You pay 40% after deductible
<b>TRS Virtual Health (General Medicine – Teladoc)</b>	\$30 for acute, on-demand medical care (excluding behavioral health and nutrition); counts toward deductible and MOOP	
<b>TRS Virtual Health (Mental Health)</b>	• Initial psychiatry session: \$185 • On-going psychiatry session: \$95	• Psychologist, licensed clinical social worker, counselor, or therapist session: \$85
<b>Generic drug coverage</b>	No cost for certain medications taken to prevent chronic conditions	

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

- You pay the full cost of your medical and prescription costs until you or your family reach the deductible. After that, the plan starts to pay coinsurance for covered expenses.
- Once you meet your annual deductible, the plan pays 80% of your eligible in-network expenses.
- Once you or your family reach your maximum out-of-pocket (MOOP), your plan pays 100% of your medical and prescription expenses for the rest of the plan year. 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.

### Monthly premiums for most retirees without Medicare in 2022<sup>1</sup>

	Retiree only	\$200
	Retiree + spouse	\$689
	Retiree + child(ren) <sup>2</sup>	\$408
	Retiree + family <sup>2</sup>	\$999

<sup>1</sup> If you are planning to retire due to a disability, you'll pay the premium listed here.

<sup>2</sup> For most participants, TRS-Care no longer offers a \$0 premium health plan option for retiree-only coverage. Most retirees now pay \$200 for retiree-only coverage.

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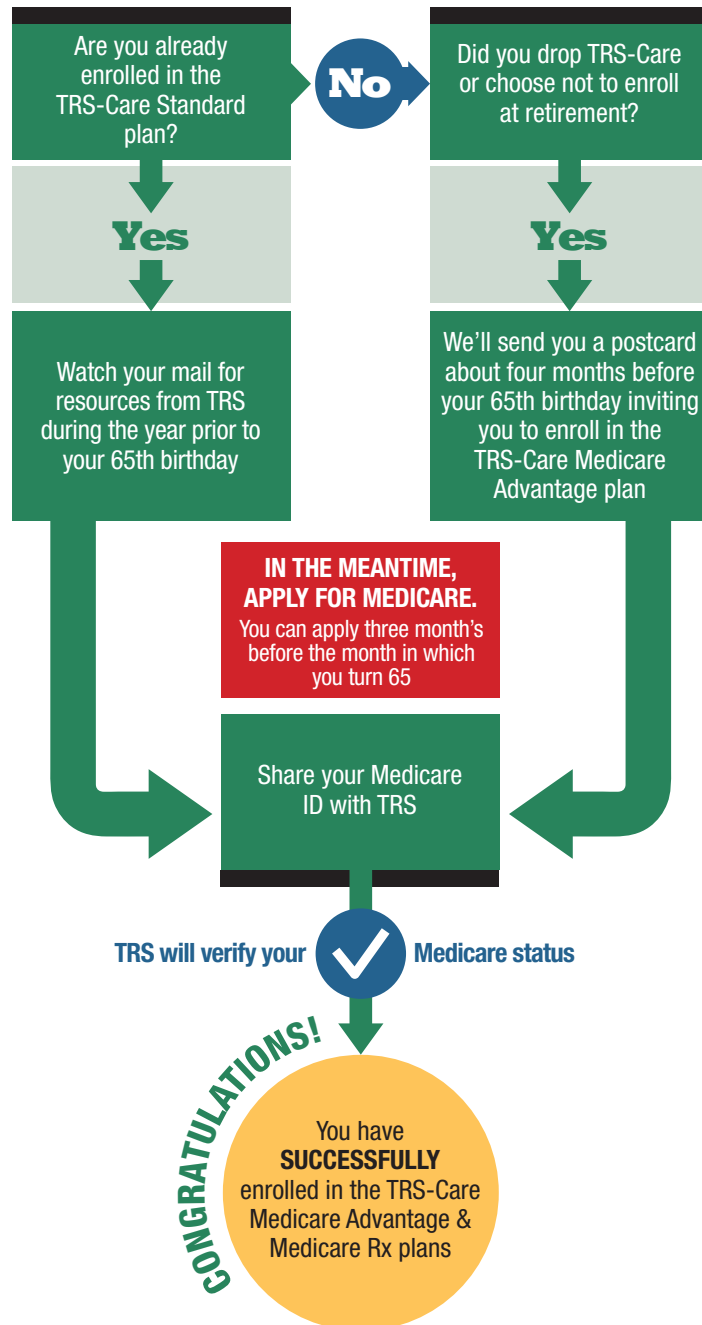
# WHAT YOU NEED TO KNOW ABOUT YOUR 2022 TRS-CARE HEALTH BENEFITS

## The TRS retiree's Medicare status determines premium costs for TRS-Care

TRS-Care premiums are determined by the TRS retiree's Medicare status, regardless of whether or not their spouse or dependents have Medicare.

If a TRS retiree covers their spouse and neither of them have Medicare, their premium would be \$689 per month. If the spouse gets Medicare, they would still pay \$689 per month until the retiree gets Medicare. When the retiree gets Medicare, they would pay \$529 per month, which is the premium for retirees with Medicare. To find out how much you will pay if your spouse doesn't have Medicare, but you do, see the FAQ below.

### What happens to my health care plan when I turn 65?



#### Do I have a deductible when I turn 65?

**Current TRS-Care Standard participants transitioning to TRS-Care Medicare Advantage:** If you're currently enrolled in the TRS-Care Standard plan and are enrolling in Medicare in 2022, you won't pay a deductible through Dec. 31, 2022, so long as TRS has your Medicare Part B information on file prior to the first day of your birth month.

**New to TRS-Care and eligible for Medicare:** If you're new to TRS-Care and will have coverage through the TRS-Care Medicare Advantage Plan, you will have an individual \$500 deductible through Dec. 31, 2022. Your deductible will start over on Jan. 1, 2023.

#### What happens to our coverage if I turn 65 before my spouse?

If you're the retiree and you turn 65 before your covered spouse, you'll enroll in TRS-Care Medicare Advantage and your spouse will stay on TRS-Care Standard. You'll pay \$529 in monthly premiums for yourself and your spouse.

#### Likewise, what happens to our coverage if my spouse turns 65 before I do?

If you're the retiree and your covered spouse turns 65 and gets Medicare before you do, your spouse will be enrolled in the TRS-Care Medicare Advantage plan. You will pay \$689 in monthly premiums for yourself and your spouse, and you'll continue to be covered by the TRS-Care Standard plan until you, the retiree, enroll in Medicare.

#### Do I have to pay a separate Medicare premium?

Yes, participants with Medicare also pay a separate premium for Medicare Part B directly to Medicare. TRS does not pay this premium on your behalf and it's not deducted from your TRS retirement check.

The Part B premium is deducted from your monthly federal benefit. If you aren't receiving SSA or Railroad Retirement Board (RRB) benefits, you'll receive a bill from Medicare. You must purchase Medicare Part B to be eligible for TRS-Care Medicare Advantage. **Failure to purchase and maintain Part B coverage could result in total loss of TRS-Care.**

The cost of your Medicare premium will depend on your income. If you have questions about how much you may have to pay for your Medicare benefits, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

#### Do I have to pay a separate premium for the TRS-Care Medicare Rx plan?

No, you don't have to pay an additional TRS-Care premium for drug coverage.

#### Does Medicare Advantage replace my original Medicare coverage?

Yes. Your TRS-Care Medicare Advantage plan combines your Medicare coverage with enhanced TRS-Care coverage. When you see your doctor, you only have to present your TRS-Care Medicare Advantage ID card.

### What happens if I terminate TRS-Care and then change my mind?

If you, as a retiree or surviving spouse, terminated TRS-Care, and through no fault of your own, lose comprehensive health coverage with another health plan, you may be able to re-enroll in TRS-Care under a special enrollment event, like a marriage, adoption, or involuntary loss of coverage. 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 generate a special enrollment event. If you have a question regarding what constitutes a special enrollment event, please contact TRS Health and Insurance Benefits at 1-888-237-6762.

**Please note**, if you terminated TRS-Care coverage between Jan. 1, 2017 and Dec. 31, 2019, you may be able to return to the program and add your eligible dependents under the HB 2022 one-time reenrollment opportunity legislation, see details below.

### One-time Reenrollment Opportunity

If you, as a retiree or surviving spouse, terminated TRS-Care between Jan. 1, 2017 – Dec. 31, 2019, you have a one-time opportunity to re-enroll yourself and your eligible spouse and dependents in TRS-Care. You must be eligible for TRS-Care and Medicare. If you're eligible for this opportunity, you must apply for reenrollment by Dec. 31, 2023. If you may be eligible for this reenrollment opportunity, TRS will notify you via mail.

#### Can returning TRS-Care retirees add their eligible dependents or spouse under the one-time reenrollment opportunity?

Yes. Retirees who are eligible may add their spouse and eligible dependents during reenrollment.

If their spouse or dependents are Medicare-eligible, they'll be enrolled in the TRS-Care Medicare plans. If they aren't Medicare-eligible, they'll be added to the TRS-Care Standard plan for non-Medicare participants.

#### Can current TRS-Care retirees add their dependents or spouse to TRS-Care under the one-time reenrollment opportunity?

No. The HB 2022 bill only allows TRS-Care retirees who terminated coverage between Jan. 1, 2017 and Dec. 31, 2019 to return to the program.

If the retiree's spouse or dependent terminated coverage during that timeframe, they cannot re-enroll in the program.

#### Can people who are eligible under the HB 2022 legislation reenroll if they were not Medicare-eligible at the time they terminated TRS-Care coverage?

Yes. If a TRS-Care Standard participant terminated coverage and is now 65 or older, they can re-enroll in the TRS-Care Medicare plan. They must have terminated coverage between Jan. 1, 2017 and Dec. 31, 2019.

Others who have not yet turned 65 will have an opportunity to reenroll in the TRS-Care Medicare plans when they turn 65.

### Be Sure to Compare Medicare Plans and Choose Carefully

While TRS-Care Medicare Advantage premiums may be higher than other Medicare plan options on the market, the benefits are likely to be considerably richer. From tremendous freedom in the doctors you see to more comprehensive coverage for prescription drugs, the TRS-Care plans have been created exclusively to meet the needs of TRS retirees.

Be sure to compare benefit coverage with other plans, especially prescription coverage, if considering other health plan options.