Medicare-eligible Health Plan Comparison Chart

Effective Sept. 1 - Dec. 31, 2016

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 (Through Dec. 31, 2016)	TRS-Care Standard 3 Effective Sept. 1, 2016 - Aug. 31, 2017		TRS-Care Medicare Advantage 3 (Through Dec. 31, 2016)
	With Part A, eligible for Part B	No Part A, eligible for Part B	With Part A, eligible for Part B	No Part A, eligi-ble for Part B		With Part A, eligible for Part B	No Part A, eligi-ble for Part B	
Plan Provisions								
Deductible (per calendar year)	$2,350 Individual $4,700 Family	$3,900 Individ-ual $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 Individ-ual $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 (after deductible)
Special-ist Office Visits	20% coinsurance*				$10 copay	20% coinsurance*		$10 copay (after deductible)
Allergy Testing	20% coinsurance				$10 copay*	20% coinsurance*		$10 copay*
Out-patient Diagnostic Laboratory	20% coinsurance*				$0 copay*	20% coinsurance*		$0 copay*

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 (Through Dec. 31, 2016)	TRS-Care Standard 3 Effective Sept. 1, 2016 - Aug. 31, 2017		TRS-Care Medicare Advantage 3 (Through Dec. 31, 2016)
	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	
Physician & Lab Services - Continued								
Out-patient X-Ray	20% coinsurance*				5% coinsur-ance*	20% coinsurance*		5% coinsur-ance*
Preventive Services								
Routine Physical Exam (paid by Medicare)	Paid at 100%							
Cervical Cancer Screen-ing	Paid at 100%							
Colo-rectal Cancer Screen-ing (Age 50 and Over)	Paid at 100%							
Prostate Cancer Screen-ing (males age 40 and over)	Paid at 100%							
Mam-mogram Screen-ing (Age 40 and over)	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 (Through Dec. 31, 2016)	TRS-Care Standard 3 Effective Sept. 1, 2016 - Aug. 31, 2017		TRS-Care Medicare Advantage 3 (Through Dec. 31, 2016)
	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 - Continued								
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%
Hospital and Facility Services								
Inpatient Coverage (facility/ physician charges)	20% coinsurance*				$500 copay per stay after deductible	20% coinsurance*		$250 copay per stay after deductible
Emergen-cy Room; World-wide	20% coinsurance*				$65 copay**	20% coinsurance*		$50 copay**
Urgent Care	20% coinsurance*				$35 copay**	20% coinsurance*		$35 copay**
Out-patient Hospital or Facilities	20% coinsurance				$250 copay*	20% coinsurance		$75 copay*
Skilled Nursing Facility • Days 1-20 • Days 21-100 • Days 101+	20% coinsurance				• $0 copay/ day • $50 copay/ day • 20% coinsurance (facility / physician expenses)	20% coinsurance		• $0 copay/ day • $50 copay/ day • 20% coinsurance (facility / physician expenses)

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 (Through Dec. 31, 2016)	TRS-Care Standard 3 Effective Sept. 1, 2016 - Aug. 31, 2017		TRS-Care Medicare Advantage 3 (Through Dec. 31, 2016)
	With Part A, eligible for Part B	No Part A, eligi-ble for Part B	With Part A, eligible for Part B	No Part A, eligi-ble for Part B		With Part A, eligible for Part B	No Part A, eligi-ble for Part B	
Extended Care Services								
Home Health Care	20% coinsurance*				$0 copay*	20% coinsurance*		$0 copay*
Private Duty Nursing	20% coinsurance*							
Hospice	Covered by Medicare at a Medicare-certified hospice							
Other Medical Services								
Ambu-lance*	20% coinsurance				5% ***	20% coinsurance*		5% ***
Diabetic Supplies	20% coinsurance*				$0 copay*	20% coinsurance*		$0 copay*
Durable Medical Equip-ment	20% coinsurance*				$0 copay*	20% coinsurance*		$0 copay*
Chemo-therapy	20% coinsurance*				$10 copay for office visit* 5% coin-surance for drugs	20% coinsurance*		$10 copay for office visit* 5% coin-surance for drugs
Fitness Benefit	Discount to participating fitness centers				Free mem-bership to participating fitness cen-ters	Discount to participat-ing fitness centers		Free mem-bership to participating fitness cen-ters
Trans-portation Bene-fit****	Not Covered				$0 copay**	Not Covered		$0 copay**

*After Medicare payment and TRS-Care deductible
**Deductible waived
***Deductible waived for emergency transport
****Up to 24 one-way trips per year

Prescription Drug Plans for TRS-Care

Beginning Jan. 1, 2017, all Medicare participants in TRS-Care 2 and 3—both Standard and Medicare Advantage—will be automatically enrolled 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 80% of the covered drug expense.

TRS-Care 2

Drug Tier	Express Scripts Medicare PDP		Standard Express Scripts		
	31-day supply at retail pharmacies	90-day supply at Retail-*Plus* pharmacies and through home delivery	31-day supply at retail pharmacies	Up to 31-day supply at Retail Pharmacy	Up to 90-day supply at Retail-*Plus* pharmacies and through home delivery
Tier 1: Generic Drugs	$5	$15	$13	$23	$25
Tier 2: Preferred Brand Drugs	$25	$70	$40	$50	$100
Tier 3: Non-Preferred Drugs	$50	$125	$65	$75	$165
Tier 4: Specialty Tier Drugs	$50	$125	$65	$75	$165

TRS-Care 3

Drug Tier	Express Scripts Medicare PDP		Standard Express Scripts		
	31-day supply at retail pharmacies	90-day supply at Retail-*Plus* pharmacies and through home delivery	31-day supply at retail pharmacies	Up to 31-day supply at Retail Pharmacy	Up to 90-day supply at Retail-*Plus* pharmacies and through home delivery
Tier 1: Generic Drugs	$5	$15	$13	$23	$25
Tier 2: Preferred Brand Drugs	$20	$45	$30	$40	$65
Tier 3: Non-Preferred Drugs	$40	$80	$50	$60	$105
Tier 4: Specialty Tier Drugs	$40	$80	$50	$60	$105

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.