



TRS-Care

**2016-17 Enrollment
Guide for Medicare
Eligible Retirees**

Sept. 1, 2016 - Dec. 31, 2017

This guide provides an overview of the TRS-Care eligibility requirements, enrollment, and the program benefits.

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



About this Enrollment Guide

This guide applies to the 2016-17 TRS-Care plan year and supersedes any prior versions.

However, each version of the Enrollment Guide remains in effect for the plan year for which it applies. In addition to applicable laws, TRS rules and regulations, this guide is TRS-Care's official statement about enrollment matters and supersedes any other statement or representation made concerning TRS-Care enrollment, regardless of the source of that statement or representation. TRS-Care reserves the right to amend this Enrollment Guide at any time.

This document also highlights the TRS-Care medical and prescription drug plans offered to retired public school employees and includes information on TRS-Care, Medicare Advantage, and the Express Scripts Medicare prescription drug plan (PDP) plan offerings. Much more detailed plan information is presented in the TRS-Care Benefits Booklet, available on the TRS website at www.trs.texas.gov. Please be aware that TRS-Care is a completely separate program from TRS-ActiveCare.

Please Note:

The first time you may enroll in TRS-Care is at retirement, which is your "Initial Enrollment Period." After your Initial Enrollment Period, there is no guarantee that you will ever be able to enroll later or increase your level of coverage. As a TRS-Care participant, you have an additional enrollment opportunity, as defined in the glossary, when you turn 65. At that time, you have other Medicare coverage options. You may also enroll in TRS-Care if you have a Special Enrollment Event. TRS-Care does not have annual enrollment periods for the standard plans. You may drop dependents and/or reduce coverage levels at any time. However, the only time that you will ever be able to reverse such a decision is when you turn 65.

If you waive coverage during your Initial Enrollment period, you may not enroll in TRS-Care later, unless you or your eligible dependents qualify for a Special Enrollment Event (see page 7). TRS encourages you to carefully consider your options as you prepare to retire.

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For additional information regarding TRS-Care program benefits, please call 1-888-237-6762

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What's New?

- 1. The 2016-2017 TRS-Care Standard plan year will be extended to Dec. 31, 2017.** This means that your deductible and out-of-pocket maximum will not start over until Jan. 1, 2018, giving you additional time to make the most of your current benefits.
- 2. Beginning Jan. 1, 2018, SilverScript, an affiliate of CVS Caremark, will become the administrator for TRS-Care Medicare prescription drug benefits.** Express Scripts will continue to administer prescription drug benefits until that date.
- 3. Beginning Jan. 1, 2018, all Medicare-eligible TRS-Care participants will have a single medical option, TRS-Care Medicare Advantage, and a single TRS-Care Medicare prescription drug plan.** TRS-Care Standard 1, 2 and 3 will no longer be available to TRS-Care participants who are eligible for Medicare.

The 85th Texas Legislature passed legislation changing the benefit structure of TRS-Care. Learn more about the new TRS-Care plans that take effect Jan. 1, 2018 by visiting the Health Care Benefits section of the TRS website.

Who Can Enroll in TRS-Care?

To be eligible for TRS-Care, a retiree cannot be eligible for the ERS, the UT, or the Texas A&M System health benefit programs.

Additionally, a service and disability retiree must meet the applicable eligibility requirements.

Service Retirees

To be eligible for TRS-Care 1 as a service retiree, an individual must have at least 10 years of service credit in the TRS pension system (the “system”). This service credit may include up to five years of military service credit, but it may not include any other special or equivalent service credit purchased or service credit under another Texas public retirement system. Additionally, the service retiree must meet one of the following requirements:

- The sum of the retiree’s age and years of service credit in the system equals or exceeds 80 at the time of retirement, regardless of whether the retiree had a reduction in the retirement annuity for early age (years of service credit can include all purchased service); or
- The retiree has 30 or more years of service credit in the system at the time of retirement (years of service credit can include all purchased service).

To be eligible for TRS-Care 2 or TRS-Care 3, as a service retiree, an individual must be at least 62 years of age at the time of retirement and meet the requirements outlined above. A service retiree is not subject to the new Age 62 eligibility requirement if: the sum of their age and years of service credit was 70 or greater on or before Aug. 31, 2014 or the retiree has a least 25 years of service credit on or before Aug. 31, 2014. Retirees who enroll in TRS-Care 1 under the new Age 62 requirements may subsequently enroll in any other TRS-Care plan for which they are eligible, along with any dependent who is already enrolled in TRS-Care at the time the retiree reaches Age 62.

Disability Retirees

You may also be eligible for TRS-Care as a disability retiree. Enrollment in TRS-Care for a disability retiree with fewer than 10 years of service will end when disability retirement benefits end. As a disability retiree you may be eligible for Medicare. The Initial Enrollment Period in TRS-Care for eligible disability retirees expires at the end of the last day of the

month that is three consecutive months, but in no event less than 90 days, after the date that the disability retirement is approved by the TRS Medical Board.

TRS-ActiveCare Enrollees

TRS-Care is a plan separate and distinct from TRS-ActiveCare. When you retire, you must submit an Initial Enrollment application form to enroll in, defer or waive TRS-Care coverage, as described in this document. Please contact your school official to verify your TRS-ActiveCare termination date. A TRS retiree can be covered as a dependent of an active employee who is enrolled in TRS-ActiveCare. During the Initial Enrollment Period for TRS-Care, if you choose to waive TRS-Care coverage, you must provide the reason (e.g., other group coverage) for waiving coverage.

Are my dependents eligible for TRS-Care?

Eligible Dependents

- Your spouse (including a common law spouse);
- A child under the age of 26, who is one of the following:
 - a natural child;
 - an adopted child or one who is lawfully placed for adoption;
 - a foster child;
 - a stepchild; or
 - a grandchild who lives with you, depends on you for support, and is claimed by the retiree or surviving spouse for federal income tax purposes.

Dependents who require documentation to establish that they meet the eligibility criteria

- Any other child under the age of 26 in a regular parent-child relationship with the retiree or surviving spouse.
- A child, regardless of age, provided that the child has a mental disability or is physically incapacitated to such an extent to be dependent on the retiree or surviving spouse for care and support, and meets other requirements as determined by TRS.



When is my TRS-Care Coverage Effective?

Effective Date of Coverage

For service and disability retirees, the effective date of coverage will be the first day of the month following the month in which TRS receives the TRS-Care Initial Enrollment application (Form TRS 700M) during the Initial Enrollment Period. For coverage to be effective the first of the month following the retirement date, TRS must receive the application before the retirement date.

A service or disability retiree who enrolls in TRS-Care during his or her Initial Enrollment Period may make changes during this period to his or her coverage elections. The effective date of coverage for the 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 defer the effective date of your TRS-Care coverage to the first of any of the three months immediately following the month after the retirement effective date. For example, for a May 31 retirement, the TRS-Care effective date (normally June 1) may be deferred to July 1, August 1, or September 1. For a deferred effective date, you must write your request clearly in the space provided on the Initial Enrollment application (TRS Form 700M). If you have questions about deferring your effective date, please call 1-888-237-6762.

Initial Enrollment Period

3 consecutive months but no less than 90 days

TRS retirement date	TRS 700M due date
September 30	December 31
October 31	January 31
November 30	February 28 (or 29)
December 31	March 31
January 31	May 1
February 28 (or 29)	May 31
March 31	June 30
April 30	July 31
May 31	August 31
June 30	September 30
July 31	October 31
August 31	November 30

Special Enrollment Events

Loss of Eligibility for Other Coverage

Written notice of waiver

If you are eligible for TRS-Care, but at the time of your Initial Enrollment Period you and/or your dependents have coverage through another group health plan (for example, coverage through your spouse or other employment), you may waive coverage for yourself and/or your dependents. In order to preserve a Special Enrollment Event (which will allow you to enroll in TRS-Care when you and/or your dependents possibly lose your coverage through another group health plan), you MUST elect the waiver of coverage under TRS-Care and you MUST indicate in writing, on the Initial Enrollment application (form 700M), that the reason for your waiver of TRS-Care coverage for yourself and your dependents is due to the existence of this other coverage.

When the retiree loses coverage

Under current TRS-Care procedures, when the retiree loses coverage, if the above written notice of waiver is given for yourself and your dependents, you may enroll yourself and your eligible dependents in TRS-Care within 31 days following the loss of eligibility for the other group health plan coverage.* However, if the written notice of waiver is NOT given for

yourself or your dependents, then you may NOT enroll yourself or your eligible dependents in TRS-Care following your loss of eligibility through another group health plan coverage.* If you are enrolled in TRS-Care at the time your other health plan coverage ceases, you will not be able to enroll in a higher level of TRS-Care coverage and you will not be able to enroll any of your dependents.

When the spouse or other eligible dependents lose coverage

Under the current TRS-Care procedures, when the spouse or other eligible dependents lose coverage, if the written notice of waiver is given for your dependents, you may enroll any of your eligible dependents in TRS-Care within 31 days following your eligible dependent's loss of eligibility for the other group health plan coverage.* However, if the written notice of waiver is NOT given for your dependents, then you may NOT enroll your eligible dependents in TRS-Care following your eligible dependent's loss of eligibility for the other group health plan coverage.* If you enroll an eligible dependent, you must also become enrolled in TRS-Care (if you are not already enrolled).

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 they acquire the eligible dependent in order for the enrollment of the eligible dependent to be valid. A surviving spouse may not enroll himself or herself, nor may the surviving spouse enroll a new spouse if the spouse remarries. Enrollment will be effective the first day of the month after TRS-Care receives the request in writing. 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.

* The following actions do not qualify for a Special Enrollment Event:

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

Medicare & TRS-Care

What should you know?

When you reach age 65, you may add dependents and/or increase your level of coverage. When you or your spouse turn 65 or if either of you become disabled, you become eligible for Medicare, you or your spouse may be able to join one of the Medicare Advantage plans and/or one of the Medicare Part D plans. This section of the document will assist you in making those choices.

When am I eligible for Medicare?

You are eligible for Medicare at age 65, or you may be eligible at any age if you are receiving Social Security Disability benefits. TRS-Care coverage continues, but the following applies: For TRS-Care standard plans, Medicare is the primary coverage unless Medicare eligibility is due to End Stage Renal Disease (ESRD), when Federal rules require that TRS-Care be primary for a certain period of time. Once Medicare Part A becomes the primary coverage, the TRS-Care monthly premium or the deductible will be reduced. If Medicare eligibility is due to ESRD, the retiree should send written notice of this fact to TRS-Care.

How does TRS-Care work with Medicare Part B coverage?

- TRS-Care pays your claims as if you have Medicare Part B, whether or not you have purchased it.
- If you do not purchase Medicare Part B, you will be responsible for the portion of the claim that Medicare would have considered (80 percent of the charges) in addition to your deductible and coinsurance that is not covered by your TRS-Care plan.
- If you're turning 65, Medicare Part B eligibility begins on the first day of the month you turn 65. If your birth date is the first of the month, your Medicare Part B eligibility will begin the first day of the previous month.
- At age 65, your TRS-Care premium will be automatically lowered if you're not in the ESRD coordination period. If you are enrolled in the TRS-Care 1 plan, your deductible will also be lowered.
- Charges used to satisfy your Medicare Part B deductible will be applied under TRS-Care in the order processed. TRS-Care benefits will be considered after Medicare Part B benefits are applied.

If you are already enrolled in Medicare Part A and/or Part B, please send a copy of your Medicare card with your TRS-Care application. If you enroll in Medicare Part A and/or Part B after your enrollment into TRS-Care, please send a copy of your Medicare card to TRS once you receive it.





What levels of coverage do I have to choose from among the standard TRS-Care plans?

TRS-Care Standard consists of three levels of coverage: TRS-Care 1, TRS-Care 2 and TRS-Care 3. Please refer to the eligibility requirements on page 5, before choosing a TRS-Care plan.

TRS-Care 1

A self-funded plan providing basic catastrophic coverage, with a \$2,350, \$3,900 or \$5,250 deductible based on the retiree's or surviving spouse's Medicare status. There is no premium for retiree-only or surviving spouse-only coverage. Coverage for dependents and for surviving children is available for a premium.

Using participating providers within the network can reduce your out-of-pocket expenses. Your deductible includes both your medical and prescription drug expenses. Please refer to the chart on page 17.

TRS-Care 2

TRS-Care Standard 2 plan is a self-funded comprehensive plan with a \$1,300 deductible that pays secondary to Medicare and has a separate prescription drug program with various copayment tiers. Please refer to the chart on page 17.

TRS-Care 3

TRS-Care Standard 3 plan is a self-funded comprehensive plan with a \$400 deductible that pays secondary to Medicare and has a separate prescription drug program with various copayment tiers. Please refer to the chart on page 17.

In the standard plans, each level has deductibles or premiums that are differentiated by the retiree's or surviving spouse's Medicare status. The premiums are also differentiated by years of service. Please refer to the premium rate chart on pages 18-19. Dependents must be enrolled in the same coverage level as the retiree or surviving spouse.

TRS-Care Medicare Advantage

Is this plan for you?

A Medicare Advantage plan is offered in the TRS-Care 2 and TRS-Care 3 levels of coverage.

The Medicare Advantage plan covers everything that Original Medicare covers along with many extras. With these plans, you will have a single health plan designed to give you richer benefits at a lower cost than your current combination of Original Medicare and your TRS-Care Standard 2 or 3 plan.

Requirement for enrollment in a Medicare Advantage plan

- You must be enrolled in Medicare Part A and Part B.
- You must be enrolled in or upgrade to TRS-Care 2 or TRS-Care 3.

NOTE: Beginning Jan. 1, 2018, TRS-Care Medicare Advantage will be the sole option for TRS-Care participants who are eligible for Medicare.



Medicare-Eligible Health Plan Comparison Chart

Note: Beginning Jan. 1, 2018, TRS-Care Standard 1, 2 & 3 and TRS-Care Medicare Advantage 3 will no longer be available to TRS-Care participants who are eligible for Medicare.

Benefits	TRS-Care 1 Effective Sept. 1, 2016 - Dec. 31, 2017		TRS-Care Standard 2 Effective Sept. 1, 2016 - Dec. 31, 2017		TRS-Care Medicare Advantage 2 Effective Jan. 1, 2017 - Dec. 31, 2017	TRS-Care Standard 3 Effective Sept. 1, 2016 - Dec. 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 Of- fice Visits	20% coinsurance*				\$5 copay*	20% coinsurance*		\$5 copay*
Specialist Of- fice 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 - Dec. 31, 2017		TRS-Care Standard 2 Effective Sept. 1, 2016 - Dec. 31, 2017		TRS-Care Medicare Advantage 2 Effective Jan. 1, 2017- Dec. 31, 2017	TRS-Care Standard 3 Effective Sept. 1, 2016 - Dec. 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 - Dec. 31, 2017		TRS-Care Standard 2 Effective Sept. 1, 2016 - Dec. 31, 2017		TRS-Care Medicare Advantage 2 Effective Jan. 1, 2017 - Dec. 31, 2017	TRS-Care Standard 3 Effective Sept. 1, 2016 - Dec. 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 - Dec. 31, 2017		TRS-Care Standard 2 Effective Sept. 1, 2016 - Dec. 31, 2017		TRS-Care Medicare Advantage 2 Effective Jan. 1, 2017 - Dec. 31, 2017	TRS-Care Standard 3 Effective Sept. 1, 2016 - Dec. 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.

Medicare Prescription Drug Program

The Express Scripts Medicare prescription drug plans, available under TRS-Care 2 and TRS-Care 3, are offered through the Medicare program. These plans are approved by the Centers for Medicare & Medicaid Services. They offer more coverage than an individual Medicare Part D plan and will ensure retired participants and their covered Medicare-eligible dependents receive benefits that are better than their current prescription drug coverage. These plans were specifically created for TRS-Care and are the only options for those retirees who qualify for Medicare Part A and/or Part B and live in the plans' service area. Participants will not have to pay a higher TRS-Care premium to

enjoy the benefits of these plans. Some of the better benefits under these plans are: a \$5 decrease in the copayment for generic and brand name preferred drugs and the same level of coverage through the Coverage Gap stage, most commonly referred to as the "donut hole." TRS-Care 2 or TRS-Care 3 participants who have Medicare Part A and/or Part B will be automatically enrolled in an Express Scripts Medicare prescription drug plan.

Note: Beginning Jan. 1, 2018, SilverScript, an affiliate of CVS Caremark, will become the administrator for the TRS-Care Medicare prescription drug plan.



Individual Medicare Part D (Prescription Drug) Plans & TRS-Care 1

An individual Medicare Part D plan is a prescription drug plan that you purchase directly from a Medicare approved insurer. If you are enrolled in TRS-Care 1, you should strongly consider enrolling in an individual Medicare Part D plan, when you are first eligible. If you enroll later, you will face a significant Medicare Part D premium penalty. Prescription coverage under TRS-Care 1 is not considered creditable prescription drug coverage.

Creditable coverage means that, according to Medicare, the coverage provides equal or better coverage than an individual prescription drug plan purchased from a Medicare-approved insurer. Having creditable prescription drug coverage allows you to enroll in an individual Medicare Part D plan during future Medicare annual enrollment periods without the penalty of higher premiums.

For example, if you go 63 days or longer with only your TRS-Care 1 coverage and you choose to enroll in an individual Medicare Part D plan purchased from a Medicare-approved insurer during Medicare's annual enrollment period (Oct. 15 through Dec. 7), your Medicare Part D premium will be 1 percent higher per month for each month that you did not have Medicare Part D coverage. Medicare's annual enrollment period is not a qualifying event to add dependents and/or increase your level of coverage.

For people with limited income and resources, the Social Security Administration (SSA) can provide extra help to pay for Medicare Part D coverage. You may contact SSA at 1-800-772-1213 or online at www.socialsecurity.gov.

What expenses are not covered under my plan?

A complete list of exclusions is provided in the TRS-Care Benefits Booklet available online at www.trs.texas.gov.



Prescription Drug Plans for TRS-Care

Beginning Jan. 1, 2018, Medicare prescription drug coverage through TRS-Care 2 will be the sole option for TRS-Care participants who are eligible for Medicare. SilverScript will also become the administrator that date.

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.
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TRS-Care 2		
Drug Tier	Express Scripts Medicare PDP	
	31-day supply at retail pharmacies	60-90-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	60-90-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.



TRS-Care Standard Plan Premium Rates

Effective Sept. 1, 2016 - Dec. 31, 2017

	TRS-Care 1	TRS-Care 2			TRS-Care 3		
	Years of Service						
	N/A	< 20	20-29	30+	< 20	20-29	30+
Retiree or Surviving Spouse Only							
With Medicare Parts A & Part B	\$0	\$80	\$70	\$60	\$110	\$100	\$90
With Medicare Part B Only	\$0	\$165	\$155	\$145	\$245	\$230	\$215
Not Eligible for Medicare	\$0	\$210	\$200	\$190	\$310	\$295	\$280
Retiree + Spouse							
Both with Medicare Part A and Part B	\$20	\$190	\$175	\$160	\$275	\$255	\$235
Both with Medicare Part B Only	\$75	\$360	\$340	\$320	\$535	\$505	\$475
Not Eligible for Medicare	\$140	\$450	\$430	\$410	\$665	\$635	\$605
Retiree with Parts A&B / Spouse with Part B Only*	\$60	\$275	\$255	\$235	\$400	\$375	\$350
Retiree with Parts A&B / Spouse not Medicare-eligible	\$90	\$320	\$300	\$280	\$465	\$440	\$415
Retiree with Part B Only / Spouse not Medicare-eligible	\$120	\$405	\$385	\$365	\$600	\$570	\$540
Retiree with Part B Only / Spouse with Parts A&B	\$25	\$275	\$260	\$245	\$410	\$385	\$360
Retiree not Medicare-eligible / Spouse with Parts A&B	\$30	\$320	\$305	\$290	\$475	\$450	\$425
Retiree not Medicare-eligible / Spouse with B Only*	\$80	\$405	\$385	\$365	\$600	\$570	\$540
Retiree or Surviving Spouse + Children							
With Medicare Part A and Part B	\$41	\$142	\$132	\$122	\$192	\$182	\$172
With Medicare Part B Only	\$34	\$227	\$217	\$207	\$327	\$312	\$297
Not Medicare-eligible	\$28	\$272	\$262	\$252	\$392	\$377	\$362
Retiree, Spouse + Children							
Both with Medicare Part A & Part B	\$61	\$252	\$237	\$222	\$357	\$337	\$317
Both with Medicare Part B Only	\$109	\$422	\$402	\$382	\$617	\$587	\$557
Not Medicare-eligible	\$168	\$512	\$492	\$472	\$747	\$717	\$687
Retiree with Parts A&B / Spouse with Part B Only*	\$101	\$337	\$317	\$297	\$482	\$457	\$432
Retiree with Parts A&B / Spouse Non-Medicare-eligible	\$131	\$382	\$362	\$342	\$547	\$522	\$497
Retiree with Part B Only / Spouse Non-Medicare-elig.	\$154	\$467	\$447	\$427	\$682	\$652	\$622
Retiree with Part B Only / Spouse with Part A & Part B	\$59	\$337	\$322	\$307	\$492	\$467	\$442
Retiree not Medicare-eligible / Spouse with Parts A&B	\$58	\$382	\$367	\$352	\$557	\$532	\$507
Retiree not Medicare-eligible / Spouse with B Only*	\$108	\$467	\$447	\$427	\$682	\$652	\$622
Surviving Children Only							
Surviving Children Only	\$28	\$ 62	\$62	\$62	\$82	\$82	\$82

*"Part B Only" means the individual is not covered by Medicare Part A and is eligible to purchase Medicare Part B.

**Rates are shown for one dependent child enrolled in a Medicare Advantage plan. For families with two or more dependent children enrolled in a Medicare Advantage Plan, there is an additional \$15/month reduction in premium. However, the premium will never be less than \$0.



TRS-Care Medicare Advantage Premium Rates Effective Jan. 1 - Dec. 31, 2017

	TRS-Care Medicare Advantage 2			TRS-Care Medicare Advantage 3		
	Years of Service					
	<20	20-29	30+	<20	20-29	30+
Retiree or Surviving Spouse Only	\$65	\$55	\$45	\$95	\$85	\$75
Retiree + Spouse						
Both with Medicare Advantage	\$160	\$145	\$130	\$245	\$ 225	\$205
Retiree with Medicare Advantage / Spouse with Medicare Parts A & B or vice versa	\$175	\$160	\$145	\$260	\$ 240	\$220
Retiree with Medicare Advantage / Spouse with Medicare Part B Only*	\$260	\$240	\$220	\$385	\$360	\$335
Retiree with Medicare Advantage / Spouse not eligible for Medicare	\$305	\$285	\$265	\$450	\$ 425	\$400
Retiree with Medicare Part B Only* / Spouse with Medicare Advantage	\$260	\$245	\$230	\$395	\$370	\$345
Retiree not eligible for Medicare / Spouse with Medicare Advantage	\$305	\$290	\$275	\$460	\$435	\$410
Retiree or Surviving Spouse + Children**						
Retiree or Surviving Spouse with Medicare Advantage / child not Medicare-eligible	\$127	\$117	\$107	\$177	\$167	\$157
Retiree or Surviving Spouse with Medicare Advantage / child with Medicare Advantage	\$112	\$102	\$ 92	\$162	\$152	\$142
Retiree or Surviving Spouse with A & B / child with Medicare Advantage	\$127	\$117	\$107	\$177	\$167	\$157
Retiree or Surviving Spouse with Part B Only* / child with Medicare Advantage	\$212	\$202	\$192	\$312	\$ 297	\$282
Retiree or Surviving Spouse not eligible for Medicare / child on Medicare Advantage	\$257	\$247	\$237	\$377	\$362	\$347
Retiree , Spouse + Children (children not enrolled in Medicare Advantage)						
Retiree + Spouse with Medicare Advantage	\$222	\$207	\$192	\$327	\$ 307	\$287
Retiree with Medicare Advantage / Spouse with A&B or vice versa	\$237	\$222	\$207	\$342	\$ 322	\$302
Retiree with Medicare Advantage / Spouse with Medicare B Only*	\$322	\$302	\$282	\$467	\$ 442	\$417
Retiree with Medicare Advantage / Spouse not eligible for Medicare	\$367	\$347	\$327	\$532	\$507	\$482
Retiree with Part B Only* / Spouse with Medicare Advantage	\$322	\$307	\$292	\$477	\$452	\$427
Retiree not eligible for Medicare / Spouse with Medicare Advantage	\$367	\$352	\$337	\$542	\$517	\$492
Retiree , Spouse + Children (children are enrolled in Medicare Advantage)**						
Retiree, Spouse + Children with Medicare Advantage	\$207	\$192	\$177	\$312	\$ 292	\$272
Retiree + Child with Medicare Advantage / Spouse with Parts A&B	\$222	\$207	\$192	\$327	\$ 307	\$287
Retiree + Child with Medicare Advantage / Spouse Part B Only*	\$307	\$287	\$267	\$452	\$ 427	\$402
Retiree + Child with Medicare Advantage / Spouse not eligible for Medicare	\$352	\$332	\$312	\$517	\$ 492	\$467
Retiree with Parts A&B / Spouse and Child with Medicare Advantage	\$222	\$207	\$192	\$327	\$ 307	\$287
Retiree with Parts A&B / Spouse with A&B / Child with Medicare Advantage	\$237	\$222	\$207	\$342	\$322	\$302
Retiree with Parts A&B / Spouse with B Only* / Child with Medicare Advantage	\$322	\$302	\$282	\$467	\$442	\$417
Retiree with Parts A&B / Spouse not eligible for Medicare/Child with Medicare Advantage	\$367	\$347	\$327	\$532	\$507	\$482
Retiree with Part B Only* / Spouse and Child with Medicare Advantage	\$307	\$292	\$277	\$462	\$437	\$412
Retiree with Part B Only* / Spouse with A&B/Child with Medicare Advantage	\$322	\$307	\$292	\$477	\$452	\$427
Retiree with Part B Only* / Spouse with B Only*/Child with Medicare Advantage	\$407	\$387	\$367	\$602	\$572	\$542
Retiree with Part B Only* / Spouse not eligible for Medicare/Child with Medicare Advantage	\$452	\$432	\$412	\$667	\$637	\$607
Retiree not eligible for Medicare / Spouse and Child with Medicare Advantage	\$352	\$337	\$322	\$527	\$ 502	\$477
Retiree not eligible for Medicare / Spouse with Parts A&B/Child with Medicare Advantage	\$367	\$352	\$337	\$542	\$517	\$492
Retiree not eligible for Medicare / Spouse with Part B Only*/Child with Medicare Advantage	\$452	\$432	\$412	\$667	\$637	\$607
Retiree and Spouse not eligible for Medicare / Child with Medicare Advantage	\$497	\$477	\$457	\$732	\$702	\$672
Surviving Children Only with Medicare Advantage	\$47	\$47	\$47	\$67	\$67	\$67

**Part B Only” means the individual is not covered by Medicare Part A and is eligible to purchase Medicare Part B.

**Rates are shown for one dependent child enrolled in a Medicare Advantage plan. For families with two or more dependent children enrolled in a Medicare Advantage Plan, there is an additional \$15/month reduction in premium. However, the premium will never be less than \$0.

Glossary of Terms

Additional Enrollment Opportunity at Age 65

The opportunity for enrolled retirees to increase their level of coverage, add dependents and/or choose Medicare plan, i.e., Medicare Advantage plans or/and Medicare Part D plans.

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 percent 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

Plan deductible is the amount of covered medical expenses that you pay each Plan year before TRS-Care pays for eligible, non-preventive covered medical expenses. The office visit copays, precertification penalties, charges for services not covered and any payment for charges greater than the Plan's allowable reimbursement do not apply to the deductible. Preventive services are still covered at 100% even if you have not met the deductible.

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 6 for time frames specific to your situation.

Levels of Coverage for TRS-Care

Consists of TRS-Care 1, TRS-Care 2 and TRS-Care 3.

Out-of-Pocket Maximum

The most you are required to pay for covered medical expenses out of your own pocket in a plan year. When you reach the plan's out-of-pocket maximum, the plan pays 100 percent of any eligible expenses for the rest of the plan year. The out-of-pocket maximum 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 also be referred to as the Initial Enrollment application.

Waiving Coverage

To decline enrollment in TRS-Care for yourself and/or your dependents. In order to waive coverage, you must decline enrollment using the TRS-Care Enrollment form that you submit during your Initial Enrollment Period.



Teacher Retirement System of Texas
Health & Insurance Benefits Department
1000 Red River Street
Austin, Texas 78701-2698

1-888-237-6762
www.trs.texas.gov

Program Contacts

TRS-Care Medicare Advantage

Insured by Humana

Toll-free: 1-800-320-9566 (TTY/TDD: 711)

HumanaFirst Nurse Line: 1-800-622-9529 (TTY: 711)

www.trscaremedicareadvantage.com

TRS-Care Standard

Administered by Aetna

Toll-free: 1-800-367-3636 (TTY: 711)

24-Hour Nurse Line: 1-800-556-1555

www.trscarestandardaetna.com

Express Scripts Medicare prescription drug plan

Administered by Express Scripts

Toll-free: 1-877-680-4881, option 2

www.express-scripts.com/medd/trscare



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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
 - 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
 - Information written in other languages

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

If you believe that 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 Street, Austin, Texas, 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. Department of Health and Human Services
200 Independence Avenue, SW. Room 509F, HHH Building, Washington, D.C. 20201
PHONE: 1-800-368-1019, 1-800-537-7697 (TDD)



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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 بہ 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, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-237-6762 (TTY: 711).

Current guidance does not directly address whether TRS-Care is subject to the new coverage mandates under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). Consequently, without prejudice to an existing exemption from the Affordable Care Act, TRS-Care is providing the following notice:

The Teacher Retirement System of Texas believes that TRS-Care would be a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”); to the extent the Affordable Care Act is applicable to TRS-Care. As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that TRS-Care may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act; for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to **1-800-367-3636**. You may also contact the U.S. Department of Health and Human Services www.healthcare.gov.

The TRS-Care program may be changed in the future to provide coverage levels that are different from the levels described in this booklet, 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.