



Non-Medicare-Eligible TRS-Care Standard Health Plan Comparison Chart

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

Benefits	TRS-Care 1		TRS-Care 2		TRS-Care 3	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Provisions						
Deductible	\$5,250 Individual		\$1,300 Individual		\$400 Individual	
	\$10,500 Family		\$2,600 Family		\$800 Family	
Annual Maximum Out-of-Pocket Limit	\$8,250 Individual		\$5,800 Individual		\$4,900 Individual	
	\$16,500 Family		\$11,600 Family		\$9,800 Family	
Preventive Services						
Routine Physical Exam (One per benefit year, includes office visit, lab work and childhood immunizations)	Paid at 100%	Paid at 60%*	Paid at 100%	Paid at 60%*	Paid at 100%	Paid at 60%*
Cervical Cancer Routine Screening**	Paid at 100%	Paid at 60%*	Paid at 100%	Paid at 60%*	Paid at 100%	Paid at 60%*
Colorectal Cancer Screening and Exam***	Paid at 100%	Paid at 60%*	Paid at 100%	Paid at 60%*	Paid at 100%	Paid at 60%*
Flu shot (one per benefit year)	Paid at 100%	Paid at 60%*	Paid at 100%	Paid at 60%*	Paid at 100%	Paid at 60%*
Mammogram Screening (One per benefit year for females 35+)	Paid at 100%	Paid at 60%*	Paid at 100%	Paid at 60%*	Paid at 100%	Paid at 60%*
Prostate Screening and Office Visit (One per benefit year for males 40+)	Paid at 100%	Paid at 60%*	Paid at 100%	Paid at 60%*	Paid at 100%	Paid at 60%*
Zostavax Vaccine ("Shingles" one per lifetime)	Paid at 100%	Paid at 60%*	Paid at 100%	Paid at 60%*	Paid at 100%	Paid at 60%*

Benefits	TRS-Care 1		TRS-Care 2		TRS-Care 3	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Physician Services						
Office Visits (Includes lab, X-ray and injections if billed with office visit)	20% coinsurance*	40% coinsurance*	\$35 copay per visit	40% coinsurance*	\$25 copay per visit	40% coinsurance*
Specialist Visits (Includes lab, X-ray and injections if billed with office visit)	20% coinsurance*	40% coinsurance*	\$35 copay per visit	40% coinsurance*	\$25 copay per visit	40% coinsurance*
Walk-In Clinics (Includes lab, X-ray and injections if billed with office visit)	20% coinsurance*	40% coinsurance*	\$35 copay per visit	40% coinsurance*	\$25 copay per visit	40% coinsurance*
Allergy Testing	20% coinsurance*	40% coinsurance*	\$35 copay per visit	40% coinsurance*	\$25 copay per visit	40% coinsurance*
Office Surgery	20% coinsurance*	40% coinsurance*	\$35 copay per visit	40% coinsurance*	\$25 copay per visit	40% coinsurance*
Allergy Injections	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Non-Office-Based Physician Services	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Other Medical Services						
Ambulance (Emergency)	20% coinsurance*	20% coinsurance*	20% coinsurance*	20% coinsurance*	20% coinsurance*	20% coinsurance*
Ambulance (Non-Emergency)	20% coinsurance*	20% coinsurance*	20% coinsurance*	20% coinsurance*	20% coinsurance*	20% coinsurance*
Chiropractic Care (20 Visits Maximum per benefit year)	20% coinsurance*	40% coinsurance*	\$35 copay per visit	40% coinsurance*	\$25 copay per visit	40% coinsurance*
Durable Medical Equipment (DME) (Precertification required for select equipment)	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Home Infusion Services (Precertification required)	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Physical, Occupational, and Speech Therapy****	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Prosthetics	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Quest Lab Services	20% coinsurance*	Not applicable	Paid at 100%		Paid at 100%	

Benefits	TRS-Care 1		TRS-Care 2		TRS-Care 3	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Extended Services						
Convalescent Care	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Home Health Care	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Hospice	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Private Duty Nursing	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Hospital / Facility Services						
Emergency Room	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Inpatient Hospital (if medically necessary, semi-private room and board or intensive care unit)	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Other Inpatient Charges	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Outpatient Hospital	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Ambulatory Surgical Center	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Behavioral Health (Mental Health and Chemical Dependency)						
Inpatient Facility	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Inpatient Physician	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Outpatient Services	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Office Visit	20% coinsurance*	40% coinsurance*	\$35 copay per visit	40% coinsurance*	\$25 copay per visit	40% coinsurance*

*The amount you are responsible for after you meet the deductible

**One per benefit year for females 18+; HPV screening included for females 30+

***Ages 50+; fecal occult blood annual with office visit, and flexible sigmoidoscopy every five years; or colonoscopy every 10 years as outpatient service

****May require periodic review

Prescription Drug Plans for TRS-Care

TRS-Care 1			
Drug Tier	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	20% after deductible	20% after deductible	20% after deductible
Tier 2: Preferred Brand Drugs	20% after deductible	20% after deductible	20% after deductible
Tier 3: Non-Preferred Drugs	20% after deductible	20% after deductible	20% after deductible
Tier 4: Specialty Tier Drugs	20% after deductible	20% after deductible	20% after deductible

TRS-Care 2			
Drug Tier	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	\$13	\$23	\$25
Tier 2: Preferred Brand Drugs	\$40	\$50	\$100
Tier 3: Non-Preferred Drugs	\$65	\$75	\$165
Tier 4: Specialty Tier Drugs	\$65	\$75	\$165

TRS-Care 3			
Drug Tier	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	\$13	\$23	\$25
Tier 2: Preferred Brand Drugs	\$30	\$40	\$65
Tier 3: Non-Preferred Drugs	\$50	\$60	\$105
Tier 4: Specialty Tier Drugs	\$50	\$60	\$105

SAVINGS INFORMATION

- If you fill a prescription for a brand-name medication when a generic is available, you will pay the generic copay, plus the difference in cost between the brand and the generic.
- If you fill more than a 31-day supply of maintenance medication through a non-Retail-Plus pharmacy, you will pay a \$10 convenience fee in addition to your copay. You can avoid this fee by getting your prescriptions through mail order or by using a Retail-Plus pharmacy.

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