

How to find what you're looking for

Want to get to a topic quickly?

Throughout this eGuide, you can click on:

- Icons (on the right side of each page)
- Web addresses
- Section references
- Navigator buttons (at the bottom of each page)

You'll get moved to that section or page automatically.

TABLE OF CONTENTS



4 Your enrollment checklist



5 Welcome to 2016-2017 plan enrollment

6 What's new

7 Meet ALEX

7 Your Aetna ID card



8 TRS-ActiveCare plans & prescription drug benefits

8 TRS-ActiveCare plans

8 ActiveCare 1-HD and Health Savings Account

9 ActiveCare Select

11 ActiveCare 2

12 ActiveCare medical benefits summaries and plan comparisons

13 How the medical plans work

15 Prescription drug benefits

15 How prescription drug benefits work

15 When you need to fill a prescription

16 Prescription drug benefits summary



17 TRS-ActiveCare health and wellness tools & resources

17 Online and mobile resource

17 Aetna Navigator®, your secure member website

18 Apps and tools

18 Telehealth services

18 Aetna Health Concierge

18 Teladoc®

18 24-Hour Nurse Information Line

19 TRS-ActiveCare wellness resources



20 Ways to save



For answers and information,
call Customer Service

TRS-ActiveCare plans

ActiveCare 1-HD, ActiveCare Select
and ActiveCare 2

1-800-222-9205

1-800-628-3323 (TTY)

8 a.m. to 6 p.m. CT (Monday to Friday)

HMO plans

FirstCare

1-800-884-4901

8 a.m. to 6 p.m. CT (Monday to Friday)

Scott & White Health Plan

1-800-321-7947

7 a.m. to 8 p.m. CT (Monday to Sunday)

Allegian

1-855-463-7264

8 a.m. to 6 p.m. CT (Monday to Friday)



TABLE OF CONTENTS CONT'D



22 HMO plans

22 HMO plans

22 HMO plan options chart

23 HMO benefits summaries and plan comparisons

24 HMO wellness resources



25 Cost for coverage

25 Pooling funds/split premium

26 Gross monthly costs: 2016-2017 plan year



27 Enrollment

27 Who can enroll in TRS-ActiveCare?

28 The Children's Health Insurance Program (CHIP)

29 How to enroll

29 Enrollment deadlines for first-time enrollees and new hires

29 Declining coverage

30 Special enrollment events

30 TRS-ActiveCare coverage for newborns



31 Important notices

This enrollment guide provides an overview of the TRS-ActiveCare program benefits. For a detailed description of your program, see your TRS-ActiveCare Benefits Booklet or your HMO's Evidence of Coverage. The Benefits Booklet will be available online before September 1, 2016, and is the official TRS-ActiveCare statement on benefits. HMO Evidence of Coverage documents will be available online, and printed copies may be available from your HMO. TRS-ActiveCare benefits will be paid according to the Benefits Booklet or your HMO's Evidence of Coverage and other legal documents governing the program.

You can also view a Summary of Benefits and Coverage at www.tractivecareetna.com or call TRS-ActiveCare Customer Service at **1-800-222-9205** to request a copy.

This Enrollment Guide applies to the 2016-2017 TRS-ActiveCare plan year and supersedes any prior version of the Enrollment Guide. However, each version of the Enrollment Guide remains in effect for the plan year for which it applies. In addition to TRS laws and regulations, the Enrollment Guide is TRS-ActiveCare's official statement about enrollment matters contained in the Enrollment Guide and supersedes any other statement or representation made concerning TRS-ActiveCare enrollment, regardless of the source of that statement or representation. TRS-ActiveCare reserves the right to amend the Enrollment Guide at any time.

TRS does not offer, nor does it endorse, any form of supplemental coverage for any of the health coverage plans available under TRS-ActiveCare. To obtain information about any coverage that is purported to be a companion or supplement to any TRS-ActiveCare plan, individuals should contact the organization making such offerings and/or the Texas Department of Insurance (TDI) at <http://www.tdi.texas.gov> or the TDI Consumer Helpline at **1-800-252-3439**.

Medical benefits for TRS-ActiveCare are administered by Aetna. Prescription drug benefits for ActiveCare 1-HD, ActiveCare Select and ActiveCare 2 are administered by Caremark. HMO plans are provided by: SHA, L.L.C. dba FirstCare Health Plans; Scott & White Health Plan; and Allegian Insurance Company dba Allegian Health Plans, formerly Valley Baptist Health Plans.



YOUR ENROLLMENT CHECKLIST

Actions to take by August 22, 2016

- Take stock of your medical coverage needs for the coming year.
- Find out if you need to enroll during this annual enrollment period.
See page 6. [What's new, #1]
- NEW:** Use ALEX, your personal online benefits advisor, to learn more about your TRS-ActiveCare plan options and make an informed choice.
See page 7. [What's new/ALEX]
- Review and compare the TRS-ActiveCare and HMO plan options available to you.
See pages 12 and 23. [TRS-ActiveCare plans, HMO plans – descriptions and summary charts]
- Use the provider search tool to see if your doctors belong to the network of the plan(s) you are considering.
See "Is your doctor in the network?" within each plan description, starting on page 9.
- Check your cost for coverage.
See page 26. [Cost for coverage]
- Check eligibility requirements for you and your family members.
See page 27. [Who can enroll in TRS-ActiveCare?]
- Enroll for medical benefits from July 1 to August 22, 2016.
See page 29. [How to enroll]





WELCOME TO 2016-2017 PLAN ENROLLMENT

July 1, 2016 to August 22, 2016

This guide is designed to help you make the best health plan choice for you and your family. Here you will find an overview of what's new for the coming plan year, descriptions of available plan options, enrollment instructions, and information about helpful resources and services available to you.

Be sure to read this guide and choose your plan carefully. Once you've enrolled, you may not change plans during the plan year (September 1, 2016 to August 31, 2017) unless you have a qualified enrollment event (see page 30). There may also be restrictions on making plan changes in future years.

For more detailed information about plan options, visit www.tractivecare.aetna.com or call **1-800-222-9205**.

For help with benefits questions and health needs, call TRS-ActiveCare Customer Service at **1-800-222-9205** to talk with an Aetna Health Concierge.





What's new

1. Your current plan election will carry forward to the new plan year (September 1, 2016 to August 31, 2017). You do not have to actively enroll for coverage this year, **UNLESS**:

- You are newly eligible for coverage.
- You are changing plans or adding dependent(s) for the coming plan year.
- You want to decline coverage for 2016-2017.
- Your district/entity requires you to enroll each year.

In these cases, you must enroll for or decline coverage during the enrollment period.

2. Rates and benefits for all TRS-ActiveCare plans will change.

See pages 12 and 16 for medical and prescription drug changes; see page 26 for coverage costs.

3. The ActiveCare 1-HD plan out-of-pocket maximum will work the same as in other plans.

See page 9 for an explanation.

4. The ActiveCare 1-HD plan will have enhanced generic preventive drug coverage.

Effective September 1, 2016, certain generic preventive drugs are available at no cost.

See page 9 for an explanation. Go to www.tractivecareetna.com/coverage to view the list.

5. Effective September 1, 2016, newborns must be enrolled in coverage within 31 days of birth.

See page 30 for an explanation.

6. If a current employee transitions into full-time status (e.g., from below 10 hours per week into full-time status or from part-time status into full-time status) during the plan year, the employee will have a 31-day opportunity to enroll in TRS-ActiveCare.

See page 29 for an explanation.

Remember, plan enrollment is a good time to take stock of your needs

While you are not required to actively elect a plan this year, take some time to consider whether your current plan will work for you going forward. Think about upcoming events, such as a scheduled or recommended surgery, birth of a child, marriage/divorce, and other changes in your circumstances.



Meet ALEX

Need help to decide? This year, you will have ALEX.

ALEX is an online tool you can use to learn more about TRS-ActiveCare plan options available to you and decide which works best for you and your family. ALEX collects some simple information and walks you through benefits, features and costs – without all the insurance jargon.

Let ALEX:

- Help you understand and compare plan options
- Explain health benefits terms
- Show you how different plan features work – deductibles, coinsurance, out-of-pocket maximums
- Walk you through estimating tax savings with a health savings account (if you are considering the ActiveCare 1-HD plan)

When you are done, ALEX will summarize his recommendations on your own personal benefits web page. Just click the link to restart the conversation any time.

To use the tool, visit www.myalex.com/trsactivecare/2016.

ALEX can help you make sense of it all!



Your Aetna ID card

When you enroll in a TRS-ActiveCare plan (i.e., not an HMO) for the first time, make a plan change, or add or drop a dependent (including adding a newborn), you will receive an Aetna member ID card in the mail. Your card is a family card; up to five covered family members are listed on the card. If you have more than four dependents, you will receive an additional card that shows the other dependent(s).

Also printed on the card are the names of your plan and your provider network:

- “Choice POS II” for ActiveCare 1-HD and ActiveCare 2
- “Aetna SelectSM Open Access” for ActiveCare Select (along with the Select Whole HealthSM network, if applicable). ActiveCare Select Whole Health members will receive a gold ID card. This helps distinguish which providers are assigned to your plan.

If you need additional, temporary or replacement cards, call TRS-ActiveCare Customer Service at **1-800-222-9205**.





TRS-ACTIVECARE PLANS

This section describes the TRS-ActiveCare plan options available to you for 2016-2017. To compare the plans, see the chart on page 12.

ActiveCare 1-HD and Health Savings Account

ActiveCare 1-HD is a high-deductible health plan (HDHP) that offers traditional medical coverage, plus the opportunity to contribute pre-tax dollars to a health savings account (HSA). The HSA can be used to pay current and/or future qualified medical expenses.

Is this plan for you?

You may want to consider ActiveCare 1-HD if you:

- Want the freedom to use any health care provider and the option to save money when you use in-network providers
- Want a plan with a low premium cost that still offers comprehensive coverage
- Like being able to set money aside in a tax-favored account to pay current and/or future qualified medical expenses

Need help to decide?

Check out ALEX, your new online benefits advisor. See page 7 to learn more.



How the ActiveCare 1-HD plan works

You must meet a deductible before the plan starts to pay benefits, except for preventive care. The deductible can be met by one family member or a combination of family members. However, benefits are not paid for any family member's expenses until the entire deductible amount (\$5,000) is met (or \$2,500 for a person with individual coverage).

Once the deductible is met, you share in covered expenses. The plan pays a percentage of covered expenses (called coinsurance) and you pay part. Your share is less when you use in-network providers. To find them, go to www.trselectivecareetna.com and click "Find a Doctor or Facility" on the right side of the home page.

The plan limits your out-of-pocket expenses. Once your share of expenses reaches the plan's out-of-pocket maximum, the plan pays benefits at 100% for the rest of the plan year.

NEW FOR 2016-2017: The ActiveCare 1-HD out-of-pocket maximum will work the same as the maximum in other plan options. That is, it will apply to each covered person individually, up to the maximum per family. The individual out-of-pocket maximum only includes covered expenses incurred by that individual. After each covered person meets his/her individual out-of-pocket maximum, the plan pays 100% of the benefits for that person.

Certain generic preventive drugs are available at no cost. The deductible and coinsurance will **not** apply to these generic medications. Go to www.trselectivecareetna.com/coverage and click on "ActiveCare 1-HD" to view the list.

See the chart on page 12 for deductible, coinsurance and out-of-pocket maximum amounts.

Is your doctor in the network?

To find in-network providers, go to www.trselectivecareetna.com and click "Find a Doctor or Facility" on the right side of the home page and follow the prompts.

You may have a health savings account (HSA). To be eligible for an HSA:

- You must be covered by a high-deductible health plan, such as ActiveCare 1-HD.*
- You must not be covered by other health insurance.**
- You must not be eligible for Medicare.
- You cannot be claimed as a dependent on someone else's tax return

TRS does not offer HSAs, but some entities participating in TRS-ActiveCare may. Contact your Benefits Administrator to find out. If not, you may be able to open an HSA at a local bank or credit union.

If you establish an HSA, you may use it to pay current qualified medical expenses or let it grow for future expenses, even those in retirement. Account contributions are tax-deductible, withdrawals to pay qualified expenses are not taxed and balances accumulate tax-free.

*ActiveCare 1-HD meets the current IRS definition of an HDHP for all tiers of coverage (employee only, employee and spouse, employee and child(ren), and employee and family). To learn what happens to your deductible and out-of-pocket expenses when you drop family members during the year, call TRS-ActiveCare Customer Service at **1-800-222-9205**.

**Does not apply to specific injury insurance and accident, disability, dental, vision and long-term care insurance.

ActiveCare Select

ActiveCare Select provides the essential health benefits required of all health plans. It covers care ranging from preventive services to hospital stays, and it offers the lowest out-of-pocket costs of all plan options. If you elect this plan, you will automatically be placed into ActiveCare Open Access or the ActiveCare Select Whole Health plan. Your plan placement is based on your physical address. Please refer to the ActiveCare Select network chart on page 10 to see which plan you will be assigned.

It's important to know that ActiveCare Select is a network-only plan. It pays benefits **only** when you receive care from doctors and other providers who belong to your dedicated network (except in a true medical emergency) as described on page 10. If you seek care outside your network, you will pay all billed charges out of your own pocket.

Is this plan for you?

You may want to consider ActiveCare Select if you:

- Understand which ActiveCare Select network you will be placed in based on the county you live in. See network chart on page 10.
- Want a lower deductible and a lower premium cost for coverage.
- Do **not** expect to use out-of-network providers.
- Do **not** cover dependents who live outside your plan's network area.

Note: If you are placed in a Select Whole Health network, non-emergency care is **not** covered for out-of-area dependents.

Need help to decide?

Check out ALEX, your new online benefits advisor.

See page 7 to learn more.



ActiveCare Select networks

When you enroll in ActiveCare Select, you will be placed in one of two provider networks, depending on where you live. View the network chart to determine which network will apply to you. You cannot elect a network. A network will be assigned to you based on your home address.

The Aetna Whole Health network is a local accountable care network that includes doctors, nurses and other providers dedicated to your unique health care needs. With Aetna Whole Health, you have a care team led by your primary care doctor. There is coordination and communication among team members, and you are encouraged to play a more active role in your health care and wellness.

The Aetna Select network is a nationwide open access network. It covers a wide variety of services ranging from primary and specialty care, to hospital and diagnostic services.

The ActiveCare Select plan is made up of four ActiveCare Select Whole Health options and one ActiveCare Select Open Access option. The benefits for these options are the same.

How the plan works

- For most doctors' office visits, you pay a flat dollar amount.
- Charges not subject to doctors' office copay, are subject to the plan deductible and/or other applicable copays. For many services, this is a flat dollar amount plus a percentage of the billed charge.
- The plan pays benefits **only** when you and your covered dependents use in-network providers (except in a true emergency). If you seek care outside the network that applies to you (see network chart), you will pay all billed charges out of your own pocket.
- Once your out-of-pocket expenses reach the plan's out-of-pocket maximum, the plan pays 100% of covered expenses for the rest of the plan year.

Is your doctor in the network?

To find in-network providers, go to www.trselectivecareetna.com and click "Find a Doctor or Facility" on the right side of the home page. Follow the prompts and when you are asked to "select a plan," use the following instructions and network chart.

- If you live in one of the counties listed in the next column, look under ActiveCare Select/ Select Whole Health, then pick the network for your county. For example, if you live in Denton County, your network will be Baylor Scott & White Quality Alliance.
- If you don't live in one of the counties listed in the next column, look under ActiveCare Select/Select Whole Health, then pick "ActiveCare Select."

ActiveCare Select network chart

If you live in one of these counties	Look under "ActiveCare Select/Select Whole Health" plan in the "Select a Plan" box and then pick:
<ul style="list-style-type: none"> Bexar Comal Guadalupe Kendall 	Baptist Health System and HealthTexas Medical Group
<ul style="list-style-type: none"> Collin Dallas Denton Ellis Parker Rockwall Tarrant 	Baylor Scott & White Quality Alliance
<ul style="list-style-type: none"> Ft. Bend Harris Montgomery 	Memorial Hermann Accountable Care Network
<ul style="list-style-type: none"> Hays Travis Williamson 	Seton Health Alliance
If you do not live in a county listed above	Look under the "ActiveCare Select/Select Whole Health" plan in the "Select a Plan" box and then pick "ActiveCare Select".

For deductible, coinsurance/copayment and out-of-pocket maximum dollar amounts, see the benefits chart on page 12.

Important to know – Where you live determines your ActiveCare Select network

If **you** live in or around San Antonio, Dallas/Ft. Worth, Austin or Houston (in one of the counties shown in the chart) and choose ActiveCare Select as your plan, you and your covered dependents must receive care within the ActiveCare Select Whole Health network. This applies even if your covered dependents live temporarily or permanently outside the network area – for example, children away at school or living with another parent. You may want to consider choosing another plan if you live in one of the counties listed in the chart AND have dependents living in an area not listed.

If you move outside the Select Whole Health network area during the plan year, you will stay in the ActiveCare Select plan, but you will be able to use providers in the ActiveCare Select (Open Access) network or a different Select Whole Health network, depending on the county you move to. You will receive a new ID card showing the network change.

If you are in the ActiveCare Select (Open Access) network and move to a county assigned to an ActiveCare Select Whole Health network, you will be moved to that Select Whole Health network.



ActiveCare 2

With ActiveCare 2, you are free to receive care from any licensed doctor or other health care provider. When you choose providers who belong to Aetna's network, you will pay less out of your own pocket for covered services.

Is this plan for you?

You may want to consider ActiveCare 2 if you:

- Want a lower deductible than with ActiveCare 1-HD
- Want the freedom to use any health care provider and the option to save with in-network providers
- Prefer paying a flat dollar amount for doctors' office visits

Need help to decide?

Check out ALEX, your new online benefits advisor.

See page 7 to learn more.



How the plan works

ActiveCare 2 works much like ActiveCare 1-HD except:

- The deductible is lower.
- You don't have the option to establish a health savings account.
- You can participate in a Flexible Spending Account (not provided by TRS).

Is your doctor in the network?

To find in-network providers, go to www.trselectivecareatna.com and click "Find a Doctor or Facility" on the right side of the home page and follow the prompts.

For deductible, coinsurance/copayment and out-of-pocket maximum dollar amounts, see the medical benefits summaries and plan comparisons on page 12.



ActiveCare medical benefits summaries and plan comparisons

Type of Service	ActiveCare 1-HD Network	ActiveCare Select or ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott & White Quality Alliance; Memorial Hermann Accountable Care Network; Seton Health Alliance)	ActiveCare 2 Network	Non-Network
Deductible (per plan year)	\$2,500 employee only \$5,000 family	\$1,200 individual \$3,600 family	\$1,000 individual \$3,000 family	AC1-HD & AC2: Deductibles same as network AC Select: No coverage for non-network services
Out-of-Pocket Maximum (per plan year; does include medical deductible/ any medical copays/coinsurance/any prescription drug deductible and applicable copays/ coinsurance)	\$6,550 individual \$13,100 family (the individual out-of-pocket maximum only includes covered expenses incurred by that individual)	\$6,850 individual \$13,700 family	\$6,850 per individual \$13,700 family	AC1-HD & AC2: Out-of-pocket maximums same as network AC Select: No coverage for non-network services
Doctor Office Visits	20% after deductible	\$30 copay for primary \$60 copay for specialist	\$30 copay for primary \$50 copay for specialist	AC1-HD & AC2: 40% after deductible AC Select: Not covered
Preventive Care	Plan pays 100% (deductible waived)	Plan pays 100% (deductible waived)	Plan pays 100% (deductible waived)	AC1-HD & AC2: 40% after deductible AC Select: Not covered
Teladoc Physician Services	\$40 consultation fee (applies to deductible and out-of-pocket maximum)	Plan pays 100% (deductible waived)	Plan pays 100% (deductible waived)	AC1-HD, AC Select, AC2: Not applicable
Diagnostic Lab	20% after deductible	Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility	Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility	AC1-HD & AC2: 40% after deductible AC Select: Not covered
High-Tech Radiology (CT scan, MRI, nuclear medicine)	20% after deductible	\$100 copay per service plus 20% after deductible	\$100 copay per service plus 20% after deductible	AC1-HD: 40% after deductible AC Select: Not covered AC2: \$100 copay per service plus 40% after deductible
Inpatient Hospital (facility charges)	20% after deductible (preauthorization required)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; preauthorization required)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year; preauthorization required)	AC1-HD: 40% after deductible AC Select: Not covered AC2: \$150 copay per day plus 40% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year; preauthorization required)
Inpatient Hospital (physician/surgeon fees)	20% after deductible	20% after deductible	20% after deductible	AC1-HD & AC2: 40% after deductible AC Select: Not covered
Outpatient Surgery	20% after deductible	\$150 copay per visit plus 20% after deductible	\$150 copay per visit plus 20% after deductible	AC1-HD: 40% after deductible AC Select: Not covered AC2: \$150 copay per visit plus 40% after deductible
Bariatric Surgery (physician charges; only covered if performed at an IOQ facility)	\$5,000 copay plus 20% after deductible	Not covered	\$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible	AC1-HD, AC Select, AC2: Not covered
Ambulance	20% after deductible	20% after deductible	20% after deductible	AC1-HD & AC2: 20% after deductible AC Select: Not covered
Emergency Room (true emergency use)	20% after deductible	\$150 copay plus 20% after deductible (copay waived if admitted)	\$150 copay plus 20% after deductible (copay waived if admitted)	AC1-HD & AC2: Same as network AC Select: Same as network
Urgent Care	20% after deductible	\$50 copay per visit	\$50 copay per visit	AC1-HD & AC2: 40% after deductible AC Select: Not covered
Maternity Care (physician charges; does not include laboratory tests; hospital/facility charges are covered same as inpatient hospital facility charges)	Initial Visit to Confirm Pregnancy 20% after deductible Routine Prenatal Care Plan pays 100% (deductible waived) Delivery/Postnatal Care 20% after deductible	Initial Visit to Confirm Pregnancy \$30 copay Routine Prenatal Care Plan pays 100% (deductible waived) Delivery/Postnatal Care 20% after deductible	Initial Visit to Confirm Pregnancy \$30 copay Routine Prenatal Care Plan pays 100% (deductible waived) Delivery/Postnatal Care 20% after deductible	Prenatal Care/Delivery/Postnatal Care AC1-HD & AC2: 40% after deductible AC Select: Not covered
Mental Health/Behavioral Health/ Substance Abuse Disorders	Outpatient Services 20% after deductible Inpatient Services 20% after deductible (preauthorization required)	Outpatient Services \$60 copay Inpatient Services \$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; preauthorization required)	Outpatient Services \$50 copay Inpatient Services \$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year; preauthorization required)	Outpatient Services AC1-HD & AC2: 40% after deductible AC Select: Not covered Inpatient Services AC1-HD: 40% after deductible AC Select: Not covered AC2: \$150 copay per day plus 40% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year; preauthorization required)



How the medical plans work

<p>If you need to...</p>	<p>Network: You pay lower out-of-pocket costs if you choose network care.</p>	<p>Non-Network: ActiveCare 1-HD and ActiveCare 2: You pay higher out-of-pocket costs if you choose non-network care. Payment for non-network services is limited to the allowable amount, as determined by Aetna. You are responsible for all charges billed by non-network providers that exceed the allowable amount. ActiveCare Select: No coverage for non-network care, except for a true emergency.</p>
<p>Visit a doctor or specialist A “specialist” is any physician other than a family practitioner, internist, OB/GYN or pediatrician.</p>	<ul style="list-style-type: none"> Visit any network doctor or specialist. Pay the office visit copay (not applicable for ActiveCare 1-HD). Pay any deductible and coinsurance. Your doctor cannot charge more than the allowable amounts for covered services. 	<p>ActiveCare 1-HD and ActiveCare 2:</p> <ul style="list-style-type: none"> Visit any licensed doctor or specialist. Pay for the office visit. File a claim and get reimbursed for the visit minus any deductible and coinsurance. Your costs will be based on allowable amounts; the non-network doctor you receive services from may require you to pay any charges over the allowable amounts determined by Aetna. <p>ActiveCare Select: No coverage for non-network care.</p>
<p>Receive preventive care</p>	<ul style="list-style-type: none"> Visit any network doctor or specialist. Plan pays 100%. Your doctor cannot charge more than the allowable amounts for covered services. 	<p>ActiveCare 1-HD and ActiveCare 2:</p> <ul style="list-style-type: none"> Visit any licensed doctor or specialist. Pay for the preventive care visit. File a claim and get reimbursed for the visit minus any deductible and coinsurance. Non-network preventive care is not paid at 100%. Your costs will be based on allowable amounts; the non-network doctor you receive services from may require you to pay any charges over the allowable amounts determined by Aetna. <p>ActiveCare Select: No coverage for non-network care.</p>
<p>Receive emergency care Use the iTriage® mobile app to find an urgent care center or emergency room near you. (See page 17 for more information.)</p>	<ul style="list-style-type: none"> Call 911 or go to any hospital or doctor immediately; you will receive network benefits for emergency care. Pay any copay (waived if admitted). Pay any deductible and coinsurance. Call the preauthorization number on your ID card within 48 hours. 	<p>All plans:</p> <ul style="list-style-type: none"> Call 911 or go to any hospital or doctor immediately; you will receive network benefits for emergency care. Pay any copay (waived if admitted). Pay any deductible and coinsurance. Call the preauthorization number on your ID card within 48 hours.
<p>Have lab work</p>	<ul style="list-style-type: none"> Visit a Quest Diagnostics facility. ActiveCare Select and ActiveCare 2: Plan pays 100% at Quest*; you pay applicable deductible and coinsurance at other facility. ActiveCare 1-HD: Pay applicable deductible and coinsurance. <p>*Some doctors directly bill for lab services. If this is the case with your doctor, you will have to pay the applicable office copay. You should check with your doctor.</p>	<p>ActiveCare 1-HD and ActiveCare 2:</p> <ul style="list-style-type: none"> Visit any licensed facility. Pay for the lab work. File a claim and get reimbursed for the lab service minus any deductible and coinsurance. Your costs will be based on allowable amounts; the non-network provider may require you to pay any charges over the allowable amounts determined by Aetna. <p>ActiveCare Select: No coverage for non-network care.</p>



How the medical plans work (continued)

<p>Talk with a doctor (Teladoc)</p>	<ul style="list-style-type: none"> Call 1-855-Teladoc (1-855-835-2362). Teladoc doctors diagnose non-emergency medical problems, recommend treatment, call in a prescription to your pharmacy of choice and more. \$40 consultation fee for ActiveCare 1-HD; plan pays 100% for ActiveCare Select and ActiveCare 2. 	<p>All plans: Not applicable – only available through Teladoc physician service.</p>
<p>Be admitted to the hospital</p>	<ul style="list-style-type: none"> Your network doctor will preauthorize your admission. Go to the network hospital. Pay any copays, deductible and coinsurance. 	<p>ActiveCare 1-HD and ActiveCare 2:</p> <ul style="list-style-type: none"> You, a family member, your doctor or the hospital must preauthorize your admission. Go to any licensed hospital. Pay any copays, deductible and coinsurance each time you are admitted. <p>ActiveCare Select: No coverage for non-network care.</p>
<p>Receive behavioral health or chemical dependency services</p>	<ul style="list-style-type: none"> Call the behavioral health number on your ID card first to authorize all care. See a network doctor or health care professional, or go to any network hospital or facility. Pay any copays, deductible and coinsurance. 	<p>ActiveCare 1-HD and ActiveCare 2:</p> <ul style="list-style-type: none"> Call the behavioral health number on your ID card first to authorize all care. See a non-network doctor or health care professional, or go to any non-network hospital or facility. Pay any copays, deductible and coinsurance. <p>ActiveCare Select: No coverage for non-network care.</p>
<p>File a claim</p>	<p>Claims will be filed for you.</p>	<p>You may need to file the claim yourself.</p>
<p>Get prescription drugs</p>	<ul style="list-style-type: none"> Take prescription to a network retail pharmacy or use Caremark mail service. Pay the required deductible, coinsurance or copay. 	<p>All plans:</p> <ul style="list-style-type: none"> Take prescription to any licensed pharmacy. Pay the total cost of the drug. File a claim with Caremark and get reimbursed the amount that would have been charged by a network pharmacy less any deductible, copay and coinsurance.

Preauthorization

Advance approval is required from Aetna for certain treatments or services, such as all inpatient hospital admissions, bariatric surgery, extended care expenses, home infusion therapies and outpatient treatment of certain mental health and chemical dependency care. For more information on preauthorization requirements for the ActiveCare 1-HD, ActiveCare Select and ActiveCare 2 plans, refer to the online Benefits Booklet at www.trselectivecareetna.com or call TRS-ActiveCare Customer Service at **1-800-222-9205** and speak with an Aetna Health Concierge.



Prescription drug benefits

All TRS-ActiveCare plan options include prescription drug benefits administered by CVS Caremark. When you enroll in a TRS-ActiveCare plan, you will receive a CVS Caremark prescription ID card in the mail. To replace a lost card or request additional cards, call TRS-ActiveCare Customer Service at **1-800-222-9205** and select option 2, or visit www.caremark.com/trsactivecare.

How prescription drug benefits work

As with medical benefits, you must first meet a deductible before the plan starts paying its share of prescription drug expenses.

- For the ActiveCare 1-HD plan, you must meet the plan-year deductible.
- For the ActiveCare Select and ActiveCare 2 plans, you must meet the brand-name drug deductible. There is no deductible for generic drugs.

Once you've met the deductible, you pay a flat fee (copayment) or percentage of the drug cost (coinsurance) for each prescription. The amount you pay depends on your plan option, whether you use a retail pharmacy or mail service, and the type of drug used to fill your prescription (generic or brand name).

The benefits summary on page 16 shows prescription drug deductible, copayment and coinsurance amounts. Note that these amounts all apply to the ActiveCare plans' out-of-pocket maximums.

When you need to fill a prescription

You have a choice of ways to fill prescriptions and save on the medications you use.

For short-term prescriptions (up to a 31-day supply), you can visit any pharmacy in the Caremark retail network. To find a network pharmacy, visit www.caremark.com/trsactivecare. You also may use non-network pharmacies, but you may pay more out of your own pocket for your medication (see the benefits summary on page 16).

For long-term prescriptions (up to a 90-day supply), you may:

- Use the mail-order service, Caremark Pharmacy. You can order up to a 90-day supply of your medication and have it delivered to any address you provide. You can pay via credit card, check or money order. To learn more about the service, visit www.caremark.com/trsactivecare.
- Visit a Caremark Retail-Plus pharmacy. Retail pharmacies that participate in the Retail-Plus network can dispense a 60- to 90-day supply of medication. To find Retail-Plus pharmacies near you, visit www.caremark.com/trsactivecare or call TRS-ActiveCare Customer Service at **1-800-222-9205** and select option 2.

For specialty medications, you may use CVS Caremark Specialty Pharmacy. Specialty medications are drugs used to manage a chronic or genetic condition. They may be injected, infused, inhaled or taken orally, and may require special handling. To use this service, call CaremarkConnect® toll-free at **1-800-237-2767** or visit www.caremark.com/trsactivecare.

Prescription answers and information online 24/7

Once you are enrolled in a TRS-ActiveCare plan, you will be able to register with Caremark at www.caremark.com. You can then log in any time to fill or refill long-term prescriptions, find drug coverage and price information, talk with a registered pharmacist, view your prescription history, download the Caremark mobile app, and much more.



Prescription drug benefits summary

Type of Service	ActiveCare 1-HD Network	ActiveCare Select Network	ActiveCare 2 Network	Non-Network
Drug Deductible (per plan year)	Subject to plan-year deductible	\$0 for generic drugs \$200 per individual for brand-name drugs	\$0 for generic drugs \$200 per individual for brand-name drugs	Same as Network
Retail Short Term (up to 31-day supply) Generic Preferred Brand Non-preferred Brand	20% after deductible*	\$20 \$40 50% coinsurance	\$20 \$40 \$65	<p>AC1-HD: You will be reimbursed the amount that would have been charged by a network pharmacy less the required deductible and coinsurance.</p> <p>AC Select: You will be reimbursed the amount that would have been charged by a network pharmacy less the required deductible, copay and coinsurance.</p> <p>AC2: You will be reimbursed the amount that would have been charged by a network pharmacy less the required deductible and copay.</p>
Retail Maintenance (after first fill; up to 31-day supply) Generic Preferred Brand Non-preferred Brand	20% after deductible*	\$35 \$60 50% coinsurance	\$35 \$60 \$90	
Mail Order and Retail-Plus Network (up to 90-day supply) Generic Preferred Brand Non-preferred Brand	20% after deductible*	\$45 \$105 50% coinsurance	\$45 \$105 \$180	
Specialty Medications	20% after deductible	20% coinsurance per fill	\$200 per fill (up to 31-day supply) \$450 per fill (32-day to 90-day supply)	

Note: If you obtain a brand-name drug when a generic equivalent is available, you are responsible for the generic copay plus the cost difference between the brand-name drug and the generic drug.

*Deductible and coinsurance waived for certain generic preventive drugs. Go to www.tractivecareetna.com/coverage and click on "ActiveCare 1-HD" to view the list. Please know this list is maintained by the Internal Revenue Service and may change from time to time.





TRS-ACTIVECARE HEALTH AND WELLNESS TOOLS & RESOURCES

Online and mobile resources

Aetna Navigator, your secure member website

Once you are enrolled in a TRS-ActiveCare plan, you will be able to register with your secure member website, **Aetna Navigator**. There, you can use online resources to make the most of your plan benefits, better manage your health and health care, and save money.

Here are just some of the tools you will find on the site:

- The **Member Payment Estimator** lets you find and compare actual costs for common procedures and treatments before you receive care.
- With **DocFind**[®], the provider search tool, you can locate doctors, hospitals, urgent care facilities, labs and other health care providers in your plan's network.
- Your **Personal Health Record** shows care you've received – from whom and when. It also features MedQuery[®], for personalized health alerts and recommendations, plus health and physical activity trackers.

You can also check benefits and claims, take a health assessment, get started with a wellness program, learn about your Aetna member discounts, and much more. Go to www.tractivecareetna.com and click on “Register on Aetna Navigator” to get started.



Apps and tools



You can get Aetna Navigator on the go with **Aetna Mobile**. Pull up your secure member website to find network doctors, view and show your ID card, check on claims, contact Member Services, and more. The Aetna Mobile app works with Apple® and Android™ digital devices.*

GET IT: Text “Apps” to 23862** or visit www.aetna.com/mobile.



iTriage helps you make sense of your health care options. Check a symptom, look up conditions and procedures, find the right doctor or facility, look up ER wait times, and much more.

GET IT: The app is free on Google Play™ or the App Store^{SM,*}; you can also visit www.itriagehealth.com.



The **Caremark** app gives you real-time, secure access to your prescriptions and pharmacy information. Look up pharmacies near you. Order prescriptions using the mail service, then check on the status of your order. Check your prescription history. You can use the app on your iPhone® or Android phone.*

GET IT: Visit www.caremark.com. On the home page, look for the CVS/Caremark app link to “Download it now.”



Teladoc gives you 24/7/365 access to board-certified doctors by phone who can treat conditions like colds, allergies, ear infections and much more.

GET IT: Download the app at www.teladoc.com/mobile or text “Get Started” to **469-804-9918****.



You can schedule appointments, check your results, share information and more using the **MyQuest** mobile app.

GET IT: Download the app at www.questdiagnostics.com/myquest.

*Android and Google Play are trademarks of Google, Inc. Apple and iPhone are trademarks of Apple, Inc., registered in the U.S. and other countries. The App Store is a service mark of Apple, Inc.

**Standard text messaging rates may apply.

Telehealth services

Your TRS-ActiveCare plan provides telephone resources that let you talk with health care professionals when you have a question, concern or problem.

Aetna Health Concierge

The **Aetna Health Concierge** is a single point of contact for medical benefits and wellness information. Call with a problem or question, get help to find the right care, learn how a claim was paid, find out about programs that can help with specific conditions and needs – and much more.

CALL TRS-ActiveCare Customer Service at **1-800-222-9205** to talk with a Concierge.

Teladoc

Teladoc is a service that gives you 24/7/365 phone access to board-certified primary care physicians (including pediatricians). Teladoc doctors can diagnose, treat and prescribe for non-emergency problems, such as colds and flu, allergies, sinus infections, and others. Consultations are covered 100% for ActiveCare Select and ActiveCare 2 plans. For ActiveCare 1-HD, the fee is \$40 per consult.

CALL 1-855-TELADOC (1-855-835-2362).

24-Hour Nurse Information Line

The **24-Hour Nurse Information Line** lets you talk with a registered nurse when you have a health-related question or concern. The nurse can provide answers and information, help you know where to seek care and suggest things you can do until you are able to see a doctor.

CALL 1-800-556-1555.



TRS-ActiveCare wellness resources

Aetna offers the following resources as part of your medical plan to help you and your family live healthier and reach your wellness goals.

Simple Steps To A Healthier Life® is an online health and wellness program that can help you reach wellness goals at your own pace. You start by completing a health assessment, then receive a health report with recommendations for online programs. Each program is broken into “journeys” that lead you step by step to goals, such as losing weight, quitting tobacco, managing a chronic condition, eating healthier and others.

Aetna Health ConnectionsSM provides expert help and support for chronic condition management. The program matches you with registered nurses and other health care professionals who provide education, coaching and monitoring to help you manage your condition and enjoy better overall health. The program covers more than 30 conditions, including asthma, high blood pressure, diabetes, heart disease, osteoporosis and more.



The **Aetna Care Advocate Team (CAT)** is a group of trained nurses who can help you navigate the health care system. Get help to understand medical conditions and terms, learn about treatment options and take advantage of nurse coordination of complex care.

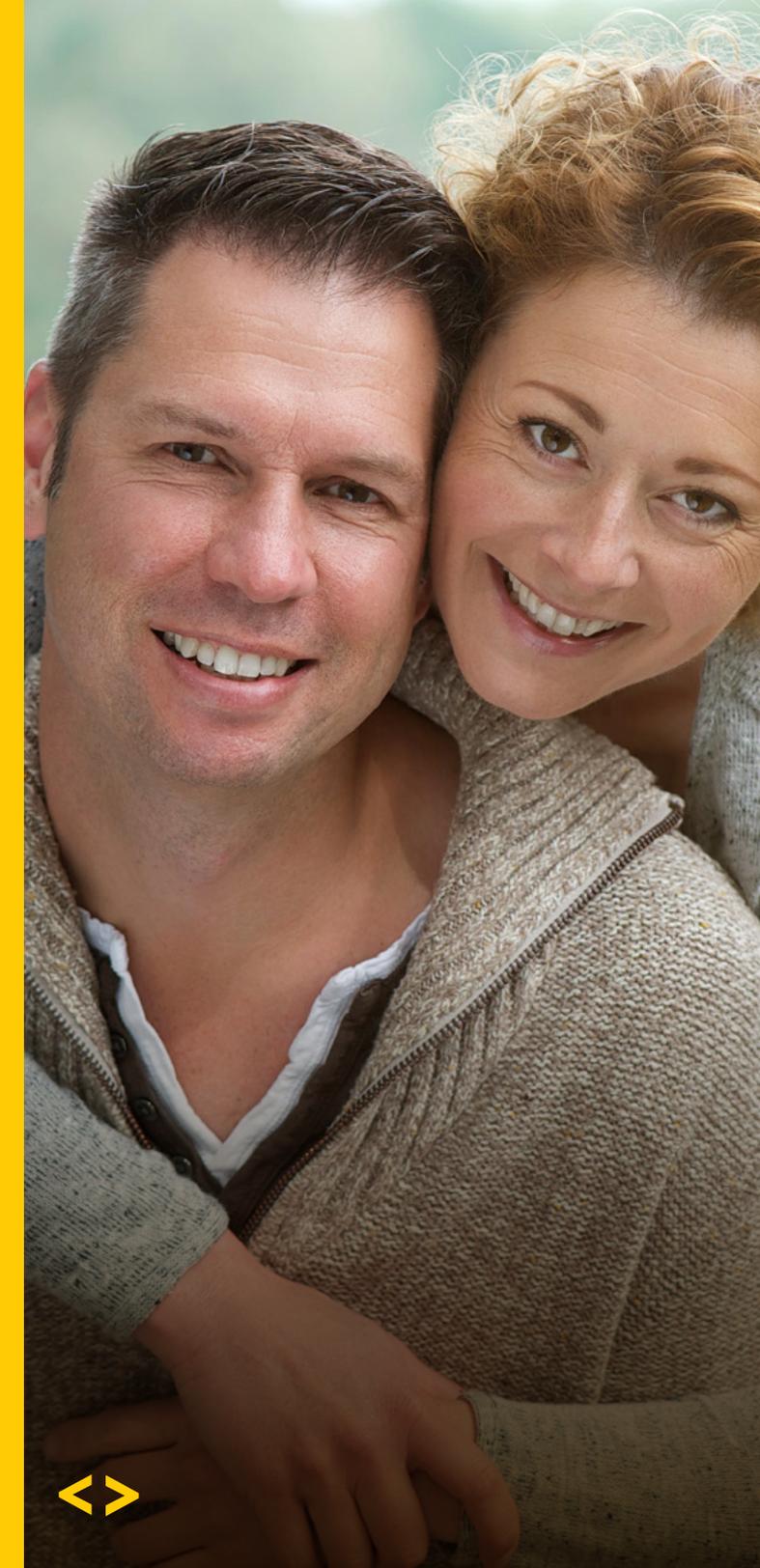
The **Beginning Right**® **Maternity Program** can give your baby a healthier start in life. Ob/gyn-trained nurses help you learn about prenatal care, preterm labor and other pregnancy-related issues. They also provide personal attention for special needs, risks or conditions.

The **National Medical Excellence**® **Program** provides care coordination and other services to Aetna members facing transplant surgery or other complex medical procedures. If you participate, your procedure will be performed at a designated Institutes of Excellence™ hospital experienced with organ transplants and complex care. You will also benefit from expert case management, help with transportation and lodging, and coordination of follow-up care.

Aetna member discounts save you and your family money on vision and hearing care, fitness memberships, weight management programs, natural products and services, and much more.

Join the Live Healthy Challenge! As a TRS-ActiveCare plan participant, you have the opportunity to join in and make a positive choice to live a happier and healthier life! You will be able to form a team of 2-10 people or participate as a team of 1, and you can win a prize!





WAYS TO SAVE

- **Stay in network** – Aetna has negotiated discounts with doctors, hospitals and other health care professionals in their network. That usually means lower out-of-pocket costs for you. Network providers will file your claims and cannot charge more than the allowable amounts for covered services. There is no coverage for non-network care under the ActiveCare Select plan. You can find network providers by using the DocFind online provider directory. Go www.trselectivecareetna.com and click “Find a Doctor or Facility” on the home page. You can also call TRS-ActiveCare Customer Service at **1-800-222-9205** for help finding a network provider.

Note: For ActiveCare 1-HD and ActiveCare 2, non-network providers may bill you for amounts exceeding the allowable amount. The non-network provider is not required to accept the allowable amount as payment in full and may balance bill you for the difference between the allowable amount and the non-network provider’s billed charge. You will be responsible for this balance bill amount, which may be considerable. Remember, there is no coverage for non-network providers for the ActiveCare Select plan, except for true emergency care. Therefore, under the ActiveCare Select plan, you will be responsible for all billed charges from a non-network provider.

- **Use the emergency room (ER) for life-threatening emergencies only** – Life-threatening emergencies warrant a trip to the closest ER.
- **Use an urgent care center or walk-in clinic for non-life-threatening emergencies** – If it is not a true emergency but you need help in a hurry, please consider visiting an urgent care center or walk-in clinic. You can find them by using the DocFind online provider directory. Go to www.trselectivecareetna.com and click “Find a Doctor or Facility” on the home page. Not sure where to go? Call the 24-Hour Nurse Information Line at **1-800-556-1555** to get guidance from a trained nurse.



- **Use generic drugs** – They are the most affordable drugs and offer you the lowest copay. Generic drugs are pharmaceutically and therapeutically equivalent to brand-name drugs.
- **Use freestanding medical service facilities** – You can generally lower medical expenses by scheduling laboratory work, imaging and other outpatient services at freestanding medical service facilities instead of at full-service hospitals. Remember, you get additional savings when you use a Quest Diagnostics lab. To find them, use DocFind. Go to www.tractivecareetna.com and click “Find a Doctor or Facility” on the home page.
- **Adopt healthy habits** – Do your best to eat right, exercise and get regular health screenings. Sign up for member newsletters or read online articles or health and fitness tips. Encourage all family members to live a healthy lifestyle, too. Check on the wellness programs that are available with your ActiveCare plan. See page 18 to learn more.
- **Get online** – The ActiveCare 1-HD, ActiveCare Select and ActiveCare 2 plans offer online services where members can check the status of claims, view benefits information, find a doctor and much more. Go to www.tractivecareetna.com and register for Aetna Navigator.

Added savings and value with Quest Diagnostics

You can take advantage of extra savings when you need a lab test. Quest Diagnostics has agreed to lower rates for TRS-ActiveCare participants. That helps you save on out-of-pocket costs. In fact, the ActiveCare 2 and ActiveCare Select plans cover lab services at 100% if you use a Quest Diagnostics facility.

In addition to savings, Quest Diagnostics gives you access to:

- Locations near where you live and work
- Appointment scheduling online or by phone
- Email reminders to help you keep track of your appointments
- Saturday hours, as well as extended hours at many locations
- Free courier service to pick up lab work from most doctors’ offices





HMO PLANS

The chart below shows the HMO plan options available to you for 2016-2017. To compare the plans, see the HMO benefits summaries and plan comparisons to follow.

		
Customer Service 1-800-884-4901 8 a.m. – 6 p.m. CT (Mon-Fri) www.firstcare.com/trs	Customer Service 1-800-321-7947 7 a.m. to 8 p.m. 7 days a week www.trs.swhp.org	Customer Service 1-855-463-7264 8 a.m. – 6 p.m. CT (Mon-Fri) www.allegianhealthplans.com
Service Area – Counties	Service Area – Counties	Service Area – Counties
Andrews, Armstrong, Bailey, Bell, Borden, Bosque, Brazos, Briscoe, Burleson, Burnet, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Coryell, Cottle, Crane, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Erath, Falls, Fisher, Floyd, Freestone, Gaines, Garza, Glasscock, Gray, Grimes, Hale, Hall, Hamilton, Hansford, Hartley, Haskell, Hemphill, Hill, Hockley, Houston, Howard, Hutchinson, Jones, Kent King, Knox, Lamb, Lampasas, Lee, Leon, Limestone, Lipscomb, Llano, Loving, Lubbock, Lynn, Madison, Martin, McCulloch, McLennan, Midland, Milam, Mills, Mitchell, Moore, Motley, Navarro, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Robertson, Runnels, San Saba, Scurry, Shackelford, Sherman, Somervell, Stephens, Stonewall, Swisher, Taylor, Terry, Throckmorton, Upton, Walker, Ward, Washington, Wheeler, Winkler, Yoakum	Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coke, Coleman, Collin, Concho, Coryell, Crockett, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hayes, Hill, Hood, Irion, Johnson, Kimble, Lampasas, Lee, Leon, Limestone, Llano, Madison, Mason, McCullough, McLennan, Menard, Milam, Mills, Reagan, Robertson, Rockwall, Runnels, San Saba, Schleicher, Somervell, Sterling, Sutton, Tarrant, Tom Green, Travis, Walker, Waller, Washington, Williamson	Cameron, Hidalgo, Starr, Willacy



HMO benefits summaries and plan comparisons

Type of Service			
	No primary care physician required to direct care or make referrals	No primary care physician required to direct care or make referrals	No primary care physician required to direct care or make referrals
Deductible (per plan year)	\$500 individual \$1,500 family	\$1,000 individual \$3,000 family	\$500 individual \$1,000 family
Out-of-Pocket Maximum (per plan year; includes medical and prescription drug deductibles/copays/coinsurance)	\$6,000 individual \$12,000 family	\$5,000 individual \$10,000 family	\$4,500 individual \$9,000 family
Doctor Office Visits (copays waived for preventive care)	\$20 copay for primary (\$0 copay for primary visit for dependents age 19 and under) \$60 copay for specialist	\$20 copay for primary (\$0 copay for first primary care visit for illness) \$50 copay for specialist (including all services billed with office visit)	\$25 copay for primary \$60 copay for specialist
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%
Inpatient Hospital (facility charges)	25% after deductible	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)	20% after deductible
Inpatient Hospital (physician/surgeon fees)	25% after deductible	20% after deductible	20% after deductible
Outpatient Surgery	25% after deductible	\$150 copay per visit plus 20% after deductible	20% after deductible
Ambulance	25% after deductible	\$40 copay plus 20% after deductible (\$40 copay waived if transported)	20% after deductible
Emergency Room	\$500 copay after deductible	\$150 copay plus 20% after deductible (copay waived if admitted within 24 hours)	20% after deductible
Urgent Care	\$75 copay (deductible waived)	\$55 copay	\$75 copay (deductible waived)
Maternity Care	Prenatal and Postnatal Care \$20 copay for primary \$60 copay for specialist Delivery and Inpatient Services 25% after deductible	Prenatal Care No charge Postnatal Care \$20 copay for primary \$50 copay for specialist Delivery and Inpatient Services \$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)	Prenatal and Postnatal Care \$25 copay for primary \$60 copay for specialist Delivery and Inpatient Services 20% after deductible
Mental Health/Behavioral Health/Substance Abuse Disorders	Outpatient Services 25% after deductible (facility) \$20 (physician office visit) Inpatient Services 25% after deductible	Outpatient Services \$20 copay for physician Inpatient Services \$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)	Outpatient Services 20% after deductible Inpatient Services 20% after deductible
Drug Deductible (per plan year)	\$100 per individual/\$300 per family	\$100 per individual (Preferred Generics excluded)	\$100 per individual
Retail Short Term	(up to 30-day supply) \$0 – Select Generics/ACA Tier I (drug deductible waived) \$15 – Preferred Generics Tier II (drug deductible waived) \$40 – Preferred Brands/Non-preferred Generics Tier III after drug deductible \$100 – Non-preferred Brands/Non-preferred Generics Tier IV after drug deductible	(up to 30-day supply) \$3 – Preferred Generic 30% after drug deductible – Preferred Brand 50% after drug deductible – Non-preferred Brand/Non-preferred Generics Greater of \$50 or 50% after drug deductible – Non-formulary	(up to 30-day supply) \$10 – Generic \$40* – Preferred \$65* – Non-preferred
Retail Maintenance	(up to 30-day supply) \$0 – Select Generics/ACA Tier I (drug deductible waived) \$15 – Preferred Generics Tier II (drug deductible waived) \$40 – Preferred Brands/Non-preferred Generics Tier III after drug deductible \$100 – Non-preferred Brands/Non-preferred Generics Tier IV after drug deductible	(up to 90-day supply; in-plan pharmacies only) \$6 – Preferred Generic 30% after drug deductible – Preferred Brand 50% after drug deductible – Non-preferred Brand/Non-preferred Generics Not available – Non-formulary	(up to 30-day supply) \$10 – Generic \$40* – Preferred \$65* – Non-preferred
Mail Order	(up to 90-day supply) \$0 – Select Generics/ACA Tier I (drug deductible waived) \$45 – Preferred Generics Tier II (drug deductible waived) \$120 – Preferred Brands/Non-preferred Generics Tier III after drug deductible \$300 – Non-preferred Brands/Non-preferred Generics Tier IV after drug deductible	(up to 90-day supply; in-plan pharmacies only) \$6 – Preferred Generic 30% after drug deductible – Preferred Brand 50% after drug deductible – Non-preferred Brand/Non-preferred Generics Not available – Non-formulary	(up to 90-day supply) \$30 – Generic \$120* – Preferred \$195* – Non-preferred
Specialty Medications (Tier IV)	20% after drug deductible	20% after drug deductible	20% after deductible Mail order – Not covered
Diabetic Supplies	10% – Preferred after drug deductible 20% – Non-preferred after drug deductible	\$3 – Preferred (drug deductible waived) 30% after drug deductible – Non-preferred	

*If you obtain a brand-name drug when a generic equivalent is available, you are responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug.



HMO wellness resources

		
<p>FirstCare Plus is a unique set of integrated programs and services that include:</p> <ul style="list-style-type: none"> ▪ A wellness program offering an array of tools, including online health assessment, alerts, information, and wellness trackers ▪ The 24-hour nurseline and online nurse chat for answers and help day or night ▪ A disease management program providing support to those with chronic conditions ▪ The Expecting the Best™ Maternity Program providing mothers and their babies with support and tools for better health <p>FirstCare member portal Log in at www.firstcare.com/TRS to:</p> <ul style="list-style-type: none"> ▪ Find a doctor or pharmacy ▪ View or print plan documents ▪ Order ID cards or print a temporary card ▪ Access FirstCare Plus tools and information 	<p>SWHP Wellness Program</p> <p>The Dialog Center, for:</p> <ul style="list-style-type: none"> ▪ Shared decision making ▪ Condition care guidance programs <p>Online lifestyle management programs:</p> <ul style="list-style-type: none"> ▪ Wellness assessment ▪ Wellness programs <p>24-Hour Nurse Advice Line, for health-related answers and coaching: 1-877-505-7947</p> <p>Member portal – online tools Log in at www.trs.swhp.org to:</p> <ul style="list-style-type: none"> ▪ Find a provider or pharmacy ▪ View a Summary of Benefits ▪ View Explanation of Benefits (EOB) statements ▪ Order ID cards ▪ Access online wellness programs ▪ Send an email to a customer service advocate and receive a response through the portal’s secure messaging feature 	<p>Check your Evidence of Coverage (Section 3, “What is Covered”) for a list of preventive health care services.</p> <p>The Healthy Partners Program is a program designed to assist members with diabetes. Through the program, you can:</p> <ul style="list-style-type: none"> ▪ Obtain diabetic supplies at no cost ▪ Work with a case manager for help with information and referrals to resources, services and programs <p>To enroll, call 1-800-459-2110, x2297.</p> 





COST FOR COVERAGE

Your cost for TRS-ActiveCare coverage is determined by funding available from the state and district, as well as your choice of a health plan.

Chapter 1581, Texas Insurance Code, authorizes funding to help active employees who are TRS members (those making retirement contributions to the Teacher Retirement System of Texas) pay for TRS-ActiveCare coverage. Currently, each district/entity is required to contribute at least \$150 per month, and the state currently contributes \$75 per month, per active TRS member. This makes a minimum of \$225 available per month to help with the cost of health coverage. Your Benefits Administrator can tell you about any additional funding that may also be available.

Pooling funds/split premium

Married employees who are both active, contributing TRS members may pool their local district and state funding to use toward the cost of TRS-ActiveCare coverage. If an employee and spouse both work for the same participating entity, funds may be pooled when one selects “employee and children” coverage or “employee and family” coverage and the spouse declines coverage.

If an employee and spouse work for *different* participating entities and wish to pool funds, each must – with the help of his/her Benefits Administrator – complete an *Application to Split Premium*. This form should be submitted to each entity’s Benefits Administrator with the *Enrollment Application and Change Form*.

To download the *Application to Split Premium*, visit www.tractivecareatna.com or call TRS-ActiveCare Customer Service at **1-800-222-9205**.



Gross monthly costs – 2016-2017 plan year

The costs of coverage in the chart below are effective September 1, 2016, to August 31, 2017. Your gross monthly cost is the cost of coverage before applicable state and district funding (see previous page) are applied.

ActiveCare Plans	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2
Coverage Category	Total Cost*	Total Cost*	Total Cost*
Employee Only	\$341.00	\$484.00	\$645.00
Employee and Spouse	\$914.00	\$1,147.00	\$1,552.00
Employee and Child(ren)	\$615.00	\$779.00	\$1,042.00
Employee and Family	\$1,231.00	\$1,361.00	\$1,597.00

HMO Plans	FirstCare Health Plans	Scott & White Health Plan	Allegian Health Plans (formerly Valley Baptist Health Plans)
Coverage Category	Total Cost*	Total Cost*	Total Cost*
Employee Only	\$472.50	\$530.16	\$449.08
Employee and Spouse	\$1,180.50	\$1,192.82	\$1,085.74
Employee and Child(ren)	\$748.50	\$839.16	\$702.84
Employee and Family	\$1,190.50	\$1,322.98	\$1,151.60

*District and state funds are provided each month to active, contributing TRS members to use toward the cost of TRS-ActiveCare coverage. State funding is subject to appropriation by the Texas Legislature. Please contact your Benefits Administrator to determine your net monthly cost for your coverage





ENROLLMENT

Plan enrollment period: July 1, 2016 to August 22, 2016

Who can enroll in TRS-ActiveCare?

You

You are eligible for TRS-ActiveCare if you are:

- Employed by a participating district/entity, and
- An active, contributing TRS member OR employed 10 or more regularly scheduled hours each week

You are **not** eligible if you are:

- Receiving health care coverage as an employee or retiree under the Texas State College and University Employees Uniform Insurance Benefits Act
Example: A school employee who has UT SELECT coverage as an employee with The University of Texas System.
- Receiving health care coverage as an employee or retiree under the Texas Employee Uniform Group Insurance Benefits Act
Example: A school employee who has HealthSelect coverage as an employee with ERS.
- A TRS employee who receives or has waived coverage under TRS-Care, including a retiree who has returned to work*

*If a TRS retiree has returned to work and has never been eligible for TRS-Care, he/she would be eligible for TRS-ActiveCare coverage, as long as he/she meets all TRS-ActiveCare eligibility requirements.

Although a retiree, higher education employee or state employee may not be covered as an employee of a participating district/entity, he/she can be covered as the dependent of an eligible employee.

Note: Under Section 22.004, Texas Education Code, and TRS rules, an employee participating in TRS-ActiveCare is entitled to continue participating if he/she resigns after the end of the instructional year and, on the effective date of resignation, is in good standing with TRS-ActiveCare. TRS Rule 41.38, Texas Administrative Code, will be applied by TRS-ActiveCare to determine when TRS-ActiveCare coverage terminates. This is important when planning for retirement and determining when your TRS-Care coverage will begin. Be sure to talk with your employer about your health coverage options when planning for retirement.



Your eligible dependents

You may cover your eligible dependents. These include:

- Your spouse (including a common law spouse)
- A child under the age of 26 who is:
 - A natural child
 - An adopted child or child lawfully placed for adoption
 - A stepchild
 - A foster child
- A child under your legal guardianship.
- Any “other child” under the age of 26 in a regular parent-child relationship with you (other than a child described above), meeting all of these requirements:
 - The child’s primary residence is your household
 - You provide at least 50% of the child’s support
 - Neither of the child’s natural parents lives in your household
 - You have the legal right to make decisions about the child’s medical care*
- A grandchild under age 26 whose primary residence is your household and who is your dependent for federal income tax reporting in the year when his/her coverage is in effect.
- Your child age 26 or over who is mentally or physically incapacitated, who is dependent on you on a regular basis, as determined by TRS, and who meets other requirements, as determined by TRS, may be eligible for dependent coverage.

You and your child’s doctor must complete a *Request for Continuation of Coverage for Handicapped Child* form and *Attending Physician’s Statement* to provide satisfactory proof of the disability and dependency. These forms must be submitted no later than 31 days after the child’s 26th birthday. To avoid gaps in coverage, the forms must be submitted and approved before the end of the month in which your child turns 26. The forms are available at www.tractivecareatna.com.

*This requirement does not apply to dependents from age 18 up to 26.

A dependent does **not** include your brother or sister unless he/she is **under** 26 years of age and either:

- Under your legal guardianship OR
- In a regular parent-child relationship with you, as defined in the “any other child” category

Your parents and grandparents are **not** eligible dependents.

Note: It is against the law to elect coverage for an ineligible person. Violations may result in prosecution and/or expulsion from the TRS-ActiveCare program for up to five years.

What is CHIP and is it available to my family?

The Children’s Health Insurance Program (CHIP) provides low-cost children’s health insurance. To find out if your family qualifies and apply, call CHIP at **1-800-647-6558** or 211, or visit www.chipmedicaid.org.

Note: A child cannot receive coverage under both TRS-ActiveCare and CHIP.



How to enroll

Remember, your current plan election will carry forward to the 2016-2017 plan year. You do not have to actively enroll for coverage this year, **UNLESS**:

- You are newly eligible for coverage.
- You are changing plans or adding dependent(s) for the coming plan year.
- You want to decline coverage for 2016-2017.
- Your district/entity requires you to enroll each year.

Your district/entity will provide instructions to enroll using one of these options (as available):

The self-service WellSystems enrollment portal.* If this option is available to you, your district/entity will provide instructions for logging in and using the system. If you are currently covered, you will find your address, dependents, plan and coverage type already entered. You will be able to change your address, who you are covering and your plan. You can print a confirmation of your enrollment when you are finished.

Some districts/entities may offer electronic enrollment through a web portal other than WellSystems. See your Benefits Administrator for details. Be sure to keep a copy of any confirmation of coverage you receive from the other enrollment system.

The Enrollment Application and Change Form. You can use this form to enroll or change your enrollment. The form is available from your Benefits Administrator or at www.tractivecareetna.com. To complete the online form:

- Visit www.tractivecareetna.com and click “Documents & Forms” at the top of the home page.
- The **Enrollment Application and Change Form** is the first form listed. Click on it.
- Enter your information on the form. Be sure to provide all information requested.
- Print the form.
- Sign, date and return the form to your Benefits Administrator within the plan enrollment period.

*This may not apply to districts/entities with third-party administrators.

Enrollment deadlines for first-time enrollees and new hires

If you are enrolling in TRS-ActiveCare for the first time

You will need to enroll online through WellSystems or another electronic web portal offered by your district/entity, or by using the *Enrollment Application and Change Form* as instructed on the left. You must do this before:

- The end of the plan enrollment period, or
- 31 calendar days after your actively-at-work date, or
- 31 calendar days after a special enrollment event. Newborns must also be enrolled within 31 days of birth regardless of their tier coverage. See page 30 for more information.

If you are a new hire

You have 31 days after your first day of employment to elect health coverage through TRS-ActiveCare. You may choose your actively-at-work date (the date you started work) or the first of the month following your actively-at-work date as your effective date of coverage. If you choose the actively-at-work date, the full premium for the month will be due. Premiums are not prorated.

Declining coverage

To decline coverage in TRS-ActiveCare:

- Follow the instructions in the WellSystems enrollment portal
- OR**
- Complete sections 1, 2 and 6 of the *Enrollment Application and Change Form* to decline health coverage for yourself and/or your dependents and provide your reason for declining. Sign and return the form to your Benefits Administrator.

Remember, you will not be able to elect coverage during the plan year unless you have a special enrollment event, such as marriage, birth or adoption of a child, or loss of other coverage.

New starting in 2016-2017:

If a current employee was an eligible part-time employee during an enrollment opportunity for the current plan year, and later during the current plan year the employee becomes an eligible full-time employee, the employee will have a 31-day opportunity, beginning on the first day that this employee becomes an eligible full-time employee, to enroll both himself or herself as well as his or her eligible dependents in TRS-ActiveCare during the current plan year. This enrollment opportunity exists even if enrollment in TRS-ActiveCare during the current plan year was previously declined by this employee.



Special enrollment events

With the exception of a current employee transitioning into full-time status, any enrollment decision you make, including the decision not to enroll, stays in effect for the entire plan year. You may only make changes during the year if you have a special enrollment event. Examples of such events include:

- Marriage or divorce.
- Birth, adoption or placement for adoption of a child.
- Involuntary loss of coverage for a person with other health insurance coverage (for example, your spouse loses health coverage at work). Note: If you enroll/make changes during the year due to “loss of other coverage,” your original WellSystems enrollment or *Enrollment Application and Change Form* will be checked to verify that TRS-ActiveCare coverage was declined due to the other coverage.

Note: You may not change plans if you are dropping a dependent from your TRS-ActiveCare coverage.

You must make changes in your own or a dependent’s coverage within 31 calendar days after the special enrollment event. You are responsible for meeting this deadline. If you do not request the appropriate changes during the applicable special enrollment period, you cannot make changes until the next plan enrollment period or, if applicable, until another special enrollment event occurs.

For more about special enrollment events, refer to the Benefits Booklet or Evidence of Coverage for your plan.

TRS-ActiveCare coverage for newborns

Your TRS-ActiveCare plan will automatically provide medical coverage for your newborn for the first 31 days following his/her date of birth. You must enroll your child in the plan within 31 days after his/her date of birth. To enroll your newborn:

- Log in to the WellSystems enrollment portal
- OR**
- Complete, sign, date and return an *Enrollment Application and Change Form* to your Benefits Administrator

When you must enroll your newborn

You must enroll your child within 31 days after his/her date of birth. This applies even if you have “employee and family” or “employee and child(ren)” coverage with TRS-ActiveCare at the time of the child’s birth.

Your newborn’s coverage will take effect as of his/her date of birth

If you miss the deadline described above, your request for coverage will be denied, even if your premium would not change as a result of adding a child.

If you are changing plans

If you are changing plans, you must do this within 31 days of the newborn’s date of birth.

Adding your newborn’s Social Security number

You don’t need to wait for the newborn’s Social Security number to enroll. Follow the instructions above to add your newborn, then update the enrollment record via WellSystems or the *Enrollment Application and Change Form* to add the Social Security number once it has been issued.

About newborn grandchildren

Newborn grandchildren are not automatically covered for the first 31 days after birth. However, you may enroll an eligible grandchild within 31 days of his/her date of birth using the instructions above.

To learn more

For more about the newborn and eligible dependent’s effective date of coverage and amount of monthly premium, refer to the Benefits Booklet or Evidence of Coverage for your plan.





IMPORTANT NOTICES

Summary of Benefits and Coverage

The Patient Protection and Affordable Care Act requires all insurers and group health plans provide consumers with a Summary of Benefits and Coverage (SBC). The SBC describes key plan features, benefits and coverage, and provides a glossary of health care coverage terms.

To view your plan's SBC, visit the website or call the number below.

ActiveCare 1-HD ActiveCare Select ActiveCare 2 Plans	www.tractivecareaetna.com	1-800-222-9205
Allegian Health Plans	www.allegianhealthplans.com	1-855-463-7264
FirstCare Health Plans	www.firstcare.com/trs	1-800-884-4901
Scott & White Health Plan	www.trs.swhp.org	1-800-321-7947

To view a glossary of terms, visit www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf.

Other plan information

Click on the links below to view other important plan information.

- [Initial notice about special enrollment rights in your group health plan](#)
- [Medicare Beneficiaries and Medicare Part D](#)
- [Notice of Privacy Practices](#)



Initial notice about special enrollment rights in your group health plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about a very important provision in the program. You have the right to enroll in the program under its “special enrollment provisions” if (i) you acquire a new dependent or if (ii) you decline coverage under this program for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Special enrollment provisions

Loss of other coverage (excluding Medicaid or a state Children’s Health Insurance Program)

If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other available group health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this program if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops all contributions towards other coverage for you and your dependents). However, you must request enrollment, and Aetna must receive your request, within 31 days after coverage ends for you or your dependents (or you move out of the prior plan’s HMO service area, or after the employer stops all contributions toward the other coverage, including employer paid COBRA paid premiums).

Loss of coverage for Medicaid or a state Children’s Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under the Texas Children’s Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this program if you or your dependents lose eligibility for that other coverage. However, you must request enrollment, and Aetna must receive your request, within 60 days after your or your dependents’ coverage ends under Medicaid or a state Children’s Health Insurance Program.

Loss of coverage as a result of a lifetime limit on all benefits

You or your spouse or dependents may also have special enrollment rights in this program at the time a claim is denied by another group health program as a result of a lifetime limit on all benefits in the other group health program. However, you must request enrollment, and Aetna must receive your request, within 31 days after the claim has been denied by the other group health program.

New dependent by marriage, birth, adoption or placement for adoption

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in this program. However, you must request enrollment, and Aetna must receive your request, within 31 days after the marriage, birth, adoption or placement for adoption.

Eligibility for state premium assistance for enrollees (HIPP) of Medicaid or a state Children’s Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state Children’s Health Insurance Program with respect to coverage under this program, you may be able to enroll yourself and your dependents in this program. However, you must request enrollment, and Aetna must receive your request, within 60 days after the determination is made concerning eligibility for such assistance for you or your dependents.

Additional information

To request special enrollment or obtain more information call the TRS-ActiveCare Customer Service, **1-800-222-9205**.



Medicare Beneficiaries and Medicare Part D

Effective January 1, 2006, a Medicare prescription drug plan, called Medicare Part D, has provided and continues to provide Medicare benefits for prescription drugs to those Medicare beneficiaries who enroll in Part D. Medicare Part D is an optional benefit and is available only to individuals who have Medicare Part A and/ or Part B. TRS-ActiveCare coverage will not be affected by enrollment in Medicare Part D for these individuals. That is, your TRS-ActiveCare coverage will continue to be your primary coverage; Medicare Part D will be secondary. However, the TRS-ActiveCare plan you have may influence your decision on whether or not to enroll in Medicare Part D. The Centers for Medicare & Medicaid Services (CMS) administers Medicare and a link to their website is available on the TRS-ActiveCare page of the TRS website: www.trs.texas.gov. If you or your dependent is covered by TRS-ActiveCare and is at least age 65, you will receive additional information on Medicare Part D from TRS (if covered by ActiveCare 1-HD, ActiveCare Select, or ActiveCare 2) or from your HMO plan before the end of the calendar year 2016.

For Medicare-eligible individuals and individuals expecting to be Medicare-eligible this plan year:

- The ActiveCare 1-HD, ActiveCare Select and ActiveCare 2 plans have been determined to be creditable coverage for Medicare Part D purposes under current Medicare guidelines.
- Each HMO has determined that the coverage it is offering is creditable coverage for Medicare Part D purposes under current Medicare guidelines.
- Disclosure notices are posted on the Creditable Coverage web page at www.cms.hhs.gov/creditablecoverage.
- Questions about Medicare Part D should be directed to Medicare at **1-800-MEDICARE (1-800-633-4227)**.

Notice of Privacy Practices

The Teacher Retirement System of Texas (TRS) administers your health benefits plan and your pension plan pursuant to federal and Texas law. This notice is required by the Privacy Regulations adopted pursuant to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH).

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully. This notice also sets out TRS' legal obligations concerning your health information. Additionally, this notice describes your rights to control your health information.

Please contact in writing the Privacy Officer, at the following address, if you have questions or want additional information about the privacy practices described in this notice:

Privacy Officer

Teacher Retirement System of Texas
1000 Red River Street
Austin, Texas 78701

Federal law requires TRS to maintain and protect the privacy of your health information. Your protected health information is individually identifiable health information, including genetic information and demographic information, collected from you or created or received by TRS that relates to:

- Your past, present or future physical or mental health or condition;
- The health care you receive; or
- The past, present or future payment for the provision of health care for you.

Unsecured protected health information is protected health information that is not secured through the use of a technology or methodology that renders the protected health information unusable, unreadable or indecipherable.

The effective date of this notice was April 14, 2003, and it was revised effective April 1, 2013. Texas law already makes your member information, including your protected health information, confidential. Therefore, following the original implementation of this notice and the implementation of this notice as revised, TRS did not and is not changing the way that it protects your information. On April 14, 2003, the new rights and other terms in this notice, as originally drafted, automatically applied. Likewise, as subsequently revised, the rights and other terms of this notice continue to automatically apply. You do not need to do anything to get privacy protection for your health information.



Federal law requires that TRS provide you with this notice about its privacy practices and its legal duties regarding your protected health information. This notice explains how, when and why TRS uses and discloses your protected health information. By law, TRS must follow the privacy practices that are described in the most current privacy notice.

TRS reserves the right to change its privacy practices and the terms of this notice at any time. Changes will be effective for all of your protected health information that TRS maintains. If TRS makes an important change that affects what is in this notice, TRS will mail you a new notice within 60 days of the change. This notice is on the TRS website, and TRS will post any new notice on its website at www.trs.texas.gov.

How TRS may use and disclose your protected health information

Certain uses and disclosures do not require your written permission.

For any use or disclosure of your protected health information that is described immediately below, TRS and/or Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare may use and disclose your protected health information without your written permission (an authorization).

For all activities that are included within the definitions of “payment,” “treatment” and “health care operations” as set out in 45 C.F.R. Section 164.501, including the following noted below. This notice does not contain all of the activities found within these definitions; refer to 45 C.F.R. Section 164.501 for a complete list. When “TRS” is used below in describing these reasons, the auditors, actuarial consultants, lawyers, health plan administrators and pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare are intended to be included.

- **For treatment.** TRS is not a medical provider and does not directly participate in decisions about what kind of health treatment you should receive. TRS also does not maintain your current medical records. However, TRS may disclose your protected health information for treatment purposes. For example, TRS may disclose your protected health information if your doctor asks that TRS disclose the information to another doctor to help in your treatment.
- **For payment.** Here are two examples of how TRS might use or disclose your protected health information for payment: First, TRS may use or disclose your information to prepare a bill for medical services to you or another person or company responsible for paying the bill. The bill may include information that identifies you, the health services you received, and why you received those services. Second, TRS could use or disclose your protected health information to collect your premium payments.

- **For health care operations.** TRS may use or disclose your protected health information to support health plan administration functions. TRS may provide your protected health information to its accountants, attorneys, consultants and others in order to make sure TRS is complying with the laws that affect it. For example, your protected health information may be given to people looking at the quality of the health care you received. Another example of health care operations is TRS using and sharing this information to manage its business and perform its administrative activities.
- **When federal, state or local law, judicial or administrative proceedings, or law enforcement requires a use or disclosure.** For example, upon receipt of your request for disability retirement benefits, TRS and members of the Medical Board may use your protected health information to determine if you are entitled to a disability retirement. TRS may disclose your protected health information:
 - To a federal or state criminal law enforcement agency that asks for the information for a law enforcement purpose;
 - To the Texas Attorney General to collect child support or to ensure health care coverage for your child;
 - In response to a subpoena if the TRS Executive Director determines that you will have a reasonable opportunity to contest the subpoena;
 - To a governmental entity, an employer, or a person acting on behalf of the employer, to the extent that TRS needs to share the information to perform TRS’ business;
 - To the Texas Legislature or agencies of the state or federal government, including, but not limited to health oversight agencies for activities authorized by law, such as audits; investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs, and (iv) compliance with civil rights laws;
 - To a public health authority for the purpose of preventing or controlling disease; and
 - If required by other federal, state or local law.



- **For specific government functions.** TRS may disclose protected health information of military personnel and veterans in certain situations. TRS may also disclose protected health information to authorized federal officials for conducting national security, such as protecting the President of the United States, or conducting intelligence activities, or to the Texas Legislature or agencies of the state or federal government, including, but not limited to health oversight agencies, for activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, civil, administrative, or criminal proceedings or actions, or other activities. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs, and (iv) compliance with civil rights laws.
- **Business associates.** TRS has contracts with individuals and companies (business associates) that help TRS in its business of providing health care coverage and in making disability retirement benefit decisions. For example, several companies assist TRS with the TRS-Care and TRS-ActiveCare programs: Aetna, Caremark, Express Scripts and Gabriel, Roeder, Smith and Company. Some of the functions these companies provide are: performing audits; performing actuarial analysis; adjudication and payment of claims; customer service support; utilization review and management; coordination of benefits; subrogation; pharmacy benefit management; and technological functions. TRS may disclose your protected health information to its business associates = so that they can perform the services that TRS has asked them to do. To protect your health information, however, TRS requires that these companies follow the same rules that are set out in this notice and to notify TRS in the event of a breach of your unsecured protected health information.
- **Executor or administrator.** TRS may disclose your protected health information to the executor or administrator of your estate.
- **Health-related benefits.** TRS or one of its business associates may contact you to provide appointment reminders. They may also contact you to give you information about treatment alternatives or other health benefits or services that may be of interest to you.
- **Legal proceedings.** TRS may disclose your protected health information: (1) in the course of any judicial or administrative proceeding, including, but not limited to, an appeal of denial of coverage or benefits; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized by law); and (3) because it is necessary to provide evidence of a crime that occurred on our premises.
- **Coroners, medical examiners, funeral directors and organ donation.** TRS may disclose protected health information to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. TRS also may disclose, as authorized by law, protected health information to funeral directors so that they may carry out their duties. Further, TRS may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.
- **Research.** TRS may disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.
- **To prevent a serious threat to health or safety.** Consistent with applicable federal and state laws, TRS may disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Inmates.** If you are an inmate of a correctional institution, TRS may disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.
- **Workers' compensation.** TRS may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.
- **To your personal representative.** TRS may provide your protected health information to a person representing or authorized by you, or any person that you tell TRS in writing is acting on your behalf. For this purpose, a person acts on your behalf by being involved in your health care or in the payment for your health care.
- **To an entity assisting in disaster relief.** TRS may also disclose your protected health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your protected health information, then TRS may, using our professional judgment, determine whether the disclosure is in your best interest. TRS will attempt to gain your personal authorization when possible before making such disclosures.



Certain disclosures that TRS is required to make

The following is a description of disclosures that TRS is required by law to make:

- **Disclosures to the Secretary of the U.S. Department of Health and Human Services.** TRS is required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Regulations.
- **Disclosures to you.** TRS is required to disclose to you most of your protected health information in a “designated record set” when you request access to this information, including information maintained electronically. Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. TRS is also required to provide, upon your request, an accounting of the disclosures of your protected health information. In many cases, your protected health information will be in the possession of a plan administrator or pharmacy benefits manager. If you request protected health information, TRS will work with the administrator or pharmacy benefits manager to provide your protected health information to you.

Certain uses and disclosures of genetic information that cannot be made

TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare are prohibited from using or disclosing genetic information for underwriting purposes.

Certain uses and disclosures of protected health information that will not be made

The following uses and disclosures of protected health information will not be made by TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare:

- Uses and disclosures that constitute marketing purposes;
- Uses and disclosures that constitute the sale of your protected health information; and
- Uses and disclosures that constitute fundraising purposes.

All other uses and disclosures require your prior written authorization

The following uses and disclosures will be made by TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare only with a written permission (an authorization) from you:

- Most uses and disclosures of psychotherapy notes; and
- For any other use or disclosure of your protected health information that is not described in this notice.

If you provide TRS with such an authorization, you may cancel (revoke) the authorization in writing at any time, and this revocation will be effective for future uses and disclosures of your protected health information. Revoking your written permission will not affect a use or disclosure of your protected health information that TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare already made, based on your written authorization.

Your rights

The following is a description of your rights with respect to your protected health information:

- **The right to request limits on uses and disclosures of your protected health information.** You can ask that TRS limit how it uses and discloses your protected health information. TRS will consider your request *but is not required to agree to it*. If TRS agrees to your request, TRS will put the agreement in writing and will follow the agreement unless you need emergency treatment, and the information that you asked to be limited is needed for your emergency treatment. You cannot limit the uses and disclosures that TRS is legally required to make.

If you are enrolled in TRS-ActiveCare, you may request a restriction by writing to: Aetna Legal Support Services, 152 Farmington Avenue, W121, Hartford, CT 06156-9998. In your request, state: (1) the information whose disclosure you want to limit, and (2) how you want to limit our use and/or disclosure of the information.

If you are enrolled in TRS-Care, you may request a restriction by writing to: Aetna Legal Support Services, 152 Farmington Avenue, W121, Hartford, CT 06156-9998. In your request, state: (1) the information whose disclosure you want to limit, and (2) how you want to limit our use and/or disclosure of the information.

You have the right to request that your protected health information not be disclosed to TRS if you have paid for the service received in full.



- **The right to choose how TRS sends protected health information to you.** You can ask that TRS send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, courier service instead of U.S. mail) only if not changing the address or the way TRS communicates with you could put you in physical danger. You must make this request in writing. You must be specific about where and how to contact you. TRS must agree to your request only if:
 - You clearly tell TRS that sending the information to your usual address or in the usual way could put you in physical danger; and
 - You tell TRS a specific alternative address or specific alternative means of sending protected health information to you. If you ask TRS to contact you via an email address, TRS will not send protected health information by email unless it is possible for the protected health information to be encrypted.
- **The right to see and get copies of your protected health information.** You can look at or get copies of your protected health information that TRS has or that a business associate maintains on TRS' behalf. You must make this request in writing. If your protected health information is not on file at TRS and TRS knows where the information is maintained, TRS will tell you where you can ask to see and get copies of your information. You may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set that is in the possession of TRS or a business associate of TRS.

If you request copies of your protected health information, TRS can charge you a fee for each page copied, for the labor involved in compiling and copying the information, and for postage if you request that the copies be mailed to you. Instead of providing the protected health information you request, TRS may provide you with a summary or explanation of the information, but only if you agree in advance to:

- Receive a summary or explanation instead of the detailed protected health information; and
- Pay the cost of preparing the summary or explanation.

The fee for the summary or explanation will be in addition to any copying, labor and postage fees that TRS may require. If the total fees will exceed \$40, TRS will tell you in advance. You can withdraw or change your request at any time.

TRS may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your protected health information, you may request that the denial be reviewed. TRS will choose a licensed health care professional to review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, the denial will not be reviewable. If this event occurs, TRS will inform you in our denial that the decision is not reviewable.

- **The right to get a list of TRS' uses and disclosures of your protected health information.** You have the right to get a list of TRS' uses and disclosures of your protected health information. By law, TRS is not required to create a list that includes any uses or disclosures:
 - To carry out treatment, payment or health care operations;
 - To you or your personal representative;
 - Because you gave your permission;
 - For national security or intelligence purposes;
 - To corrections or law enforcement personnel; or
 - Made prior to three (3) years before the date of your request, but in no event made before April 14, 2003.

TRS will respond to your request within 60 days of receiving it. TRS can extend this deadline one time by an additional 30 days. If TRS extends its response time, TRS will tell you in writing the reasons for the delay and the date by which TRS will provide the list. The list will include:

- The date of the disclosure or use;
- The person or entity that received the protected health information;
- A brief description of the information disclosed; and
- Why TRS disclosed or used the information.

If TRS disclosed your protected health information because you gave TRS written permission to disclose the information, instead of telling you why TRS disclosed the information, TRS will give you a copy of your written permission. You can get a list of disclosures for free every 12 months. If you request more than one list during a 12-month period, TRS can charge you for preparing the list, including charges for copying, labor, and postage to process and mail each additional list. These fees will be the same as the fees allowed under the Texas Public Information Act. TRS will tell you in advance of the fees it will charge. You can withdraw or change your request at any time.

- **The right to correct or update your protected health information.** If you believe that there is a mistake in your protected health information or that a piece of important health information is missing, you can ask TRS to correct or add the information. You must request the correction or addition in writing.

Your letter must tell TRS what you think is wrong and why you think it is wrong. TRS will respond to your request within 60 days of receiving it. TRS can extend this deadline one time by an additional 30 days. If TRS extends its response time, it must tell you in writing the reasons for the delay and the date by which TRS will respond.



Because of the technology used to store information and laws requiring TRS to retain information in its original text, TRS may not be able to change or delete information, even if it is incorrect. If TRS decides that it should correct or add information, it will add the correct or additional information to your records and note that the new information takes the place of the old information. The old information may remain in your record. TRS will tell you that the information has been added or corrected. TRS will also tell its business associates that need to know about the change to your protected health information.

TRS will deny your request if your request is not in writing or does not have a reason why the information is wrong or incomplete. TRS will also deny your request if the protected health information is:

- Correct and complete;
- Not created by TRS; or
- Not part of TRS' records.

TRS will send you the denial in writing. The denial will say why your request was denied and explain your right to send TRS a written statement of why you disagree with TRS' denial. TRS' denial will also tell you how to complain to TRS or the Secretary of the Department of Health and Human Services. If you send TRS a written statement of why you disagree with the denial, TRS can file a written reply to your statement. TRS will give you a copy of any reply.

If you file a written statement disagreeing with the denial, TRS must include your request for an amendment, the denial, your written statement of disagreement, and any reply when TRS discloses the protected health information that you asked to be changed; or TRS can choose to give out a summary of that information with a disclosure of the protected health information that you asked to be changed. Even if you do not send TRS a written statement explaining why you disagree with the denial, you can ask that your request and TRS' denial be attached to all future disclosures of the protected health information that you wanted changed.

- **The right to be notified of a breach of unsecured protected health information.** You have the right to be notified and TRS has the duty to notify you of a breach of your unsecured protected health information. A breach means the acquisition, access, use or disclosure of your unsecured protected health information in a manner not permitted under HIPAA that compromises the security or privacy of your protected health information. If this occurs, you will be provided information about the breach and how you can mitigate any harm as a result of the breach.

- **The right to get this notice.** You can get a paper copy of this notice on request.
- **The right to file a complaint.** If you think that TRS has violated your privacy rights concerning your protected health information, you can file a written complaint with the TRS Privacy Officer by mailing your complaint to:

Privacy Officer

Teacher Retirement System of Texas
1000 Red River Street
Austin, Texas 78701

All complaints must be in writing. You may also send a written complaint to:

Region VI, Office for Civil Rights

Secretary of the U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, Texas 75202
Fax: **214-767-0432**, and email at **OCRComplaint@hhs.gov**

Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

Finally, you may send a written complaint to:

Texas Office of the Attorney General

P.O. Box 12548
Austin, Texas, 78711-2548
1-800-806-2092

TRS will not penalize or in any other way retaliate against you if you file a complaint.

More information

If you want more information about this notice, how to exercise your rights or how to file a complaint, please contact the TRS Telephone Counseling Center at **1-800-223-8778**. TDD users should call **1-800-841-4497**.

