



Teacher Retirement System of Texas

Frequently Asked Questions: TRS-Care Standard | 2026 Plan Year

A medical and prescription plan for TRS retirees and their family members under 65 and not eligible for Medicare

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General Questions

What is the difference between TRS-Care Standard and TRS-Care Medicare Advantage?

TRS-Care Standard is a high-deductible health plan TRS offers to its retirees and their eligible family members under 65 and not eligible for Medicare. TRS-Care Standard includes medical and prescription drug benefits.

TRS-Care Medicare Advantage is for TRS retirees and their eligible family members enrolled in traditional Medicare (Parts A/B, or Part B only). TRS-Care Medicare Advantage (medical plan) is bundled with TRS-Care Medicare Rx (prescription drug plan).

What are my TRS-Care premiums?

The TRS retiree's Medicare eligibility status determines their premium, regardless of their dependents' Medicare status. For example:

- If you're a TRS retiree and not eligible for Medicare and you cover your spouse who's eligible for Medicare, you pay the 2026 TRS-Care Standard premium of \$689 per month (for retiree + spouse). This is because you, as the retiree, aren't yet eligible for Medicare.
- If you're a TRS retiree and eligible for Medicare and you cover your spouse who isn't eligible for Medicare, you pay the 2026 TRS-Care Medicare Advantage premium of \$280 per month (for retiree + spouse). This is because you, as the retiree, are eligible for Medicare.

Visit [2026 TRS-Care Plan Highlights](#) to see all TRS-Care monthly premiums.

Who should I contact if I have questions?

For enrollment and eligibility questions, call TRS Health at **1-888-237-6762**, 7 a.m.–6 p.m. CT, Mon–Fri or visit [TRS-Care Eligibility and Enrollment](#).

For medical benefits questions, call Blue Cross and Blue Shield of Texas at **1-866-355-5999**, 24 hours a day, seven days a week or visit [TRS-Care Standard by BCBSTX](#).

For prescription drug questions, call Evernorth at **1-855-778-1459**, TTY 711, 24 hours a day, seven days a week or visit [TRS-Care Standard by Express Scripts](#).

Eligibility and Enrollment Questions: TRS Health

Which plan am I eligible for?

The retiree's Medicare status determines TRS-Care plan eligibility:

- TRS-Care Standard is for retirees without Medicare (people under 65).
- TRS-Care Medicare Advantage (bundled with TRS-Care Medicare Rx) is for retirees eligible for Medicare (people 65+ or with a disability).

Visit [TRS-Care Eligibility and Enrollment](#) for more information.

When can I enroll in TRS-Care?

TRS-Care enrollment is available only during specific windows of opportunity.

You have an initial enrollment opportunity to join TRS-Care **when you retire**. If you decide not to enroll in TRS-Care when you retire, you have two other potential chances to enroll:

- **When you turn 65.**
- **If you have a special enrollment event.** Special enrollment events may arise from an involuntary loss of comprehensive health coverage or when you get a new dependent by marriage, birth, adoption, or placement for adoption. See the special enrollment events section at [TRS-Care Eligibility and Enrollment](#) for details.

Visit [TRS-Care Eligibility and Enrollment](#) and [2026 TRS-Care Standard Guide for Participants without Medicare](#) for more information.

How do I send my premium payments?

You pay your TRS-Care premium to TRS. In most cases, TRS will withhold your TRS-Care premium from your monthly annuity payment.

What is the difference between annual deductible and annual maximum out of pocket?

- A **deductible** is the cost you pay out of pocket to your health care provider before TRS-Care starts to cover certain expenses.
- A **maximum out of pocket, or MOOP**, is the amount you must spend on eligible health care expenses through copays, coinsurance and deductibles before TRS-Care Standard starts to cover all eligible expenses at 100%.

2026 TRS-Care Standard participants have a \$1,700 deductible and a \$5,650 maximum out of pocket per person (in-network). Deductibles and maximum-out-of-pocket amounts reset every Jan. 1.

What does and doesn't count toward my deductible?

With some exceptions, you pay the full cost of your medical and prescription costs until you or your family reach the deductible. TRS-Care Standard covers certain preventive services before you meet your deductible and without cost sharing. See a list of covered preventive services at [Preventive Health Services \(healthcare.gov\)](https://www.healthcare.gov).

What is coinsurance?

Coinsurance is a percentage you pay for certain services such as outpatient surgery. For example, on TRS-Care Standard, outpatient surgery is covered at 20% coinsurance (in-network) after you meet your annual deductible. This means that once you meet your deductible, the plan pays 80% of the allowed amount and you pay the remaining 20% coinsurance.

If I (a retiree or surviving spouse) leave TRS-Care, can I come back?

If a retiree or surviving dependent (including a surviving spouse) leaves TRS-Care, they have limited chances to reenroll:

- **When they turn 65.**
- **When they have a special enrollment event.** Special enrollment events may arise from an involuntary loss of comprehensive health coverage or when you get a new dependent by marriage, birth, adoption or placement for adoption. See the special enrollment events section at [TRS-Care Eligibility and Enrollment](#) for details.

For questions on special enrollment events, call TRS Health at **1-888-237-6762**, Mon–Fri, 7 a.m.–6 p.m. CT.

How do I add a dependent to my existing TRS-Care coverage?

- You may add a new dependent **only** during your Initial Enrollment Period **or** a Special Enrollment Event.
- Call TRS Health at **1-888-237-6762** to get an enrollment application and complete information about adding new dependents (for example, marriage, adoption, guardianship, divorce).
- The coverage starts the first of the month after TRS gets your application.
- If a dependent *who previously waived TRS-Care coverage* loses other comprehensive health coverage through no fault of their own, the dependent may qualify for a special enrollment event. They may enroll in TRS-Care within 31 days from the date they lose their other health coverage. Call TRS Health at **1-888-237-6762** to get a Special Enrollment Event application.
- A surviving spouse can't add a new spouse.

Which dependents are eligible to enroll in TRS-Care?

The following dependents are eligible to enroll in TRS-Care:

- Your spouse (including a common-law spouse — a common-law marriage isn't a special enrollment event unless a Declaration of Common Law Marriage is on file with an authorized government agency).
- A child under the age of 26 who is:
 - a natural child;
 - an adopted child, or one lawfully placed for adoption;
 - a foster child;
 - a stepchild;
 - a grandchild who lives with the retiree or surviving spouse and depends on the retiree or surviving spouse for at least half of the child's support; or — any other child in a regular parent-child relationship with the retiree or surviving spouse as TRS determines.
- A child (regardless of age) who lives with or regularly gets care from the retiree or surviving spouse, if the child has a mental disability or physical incapacity to such an extent to depend on the retiree or surviving spouse for care and support, as TRS determines.

How do I remove a dependent from my TRS-Care coverage?

You can remove dependents from your coverage at any time. Call TRS Health at **1-888-237-6762** to ask for the form to remove dependents. You must complete, sign, and return the form to TRS to remove your dependents.

You must specify which dependent(s) you want to remove from coverage. If you don't sign the request, TRS can't process it. The termination starts on the first of the month after TRS gets your request.

Once you remove a dependent from your coverage, you may not get a chance to add them back later.

How do I completely terminate my TRS-Care coverage?

Call TRS Health at **1-888-237-6762** for a coverage termination form. You must sign and notarize the form. Once TRS cancels your TRS-Care coverage, you'll have a 31-day grace period from the effective date of termination to contact TRS for a reinstatement form or to get instructions to submit a written reinstatement request.

Reinstatement of coverage starts the first day of the following month assuming TRS gets your documentation in the 31-day grace period. After this 31-day grace period, you can't reenroll in TRS-Care unless you have a special enrollment event (also known as a qualifying life event, QLE) or reach age 65.

Cancellations take effect the first day of the month after TRS gets your notarized coverage termination form.

If you're the surviving spouse of a TRS retiree and enrolled in TRS-Care, you can send a notarized coverage termination form or you can send TRS a written request to cancel your TRS-Care coverage. The request must have your signature. TRS accepts scanned copies.

If I terminate TRS-Care coverage, when will my annuity change?

You'll see the change at the end of the month you terminate your coverage. For example, if you terminate coverage starting Jan. 1, your last day of coverage would be Dec. 31 and will be paid from your Dec. 31 annuity check. Your Jan. 31 annuity check will reflect the change that became effective Jan. 1.

Who should I call about my COBRA options?

BCBSTX administers COBRA. Call TRS Health at **1-888-237-6762** to ask if you're eligible for COBRA and request an application. Once enrolled in COBRA, talk to a Personal Health Guide at **1-866-355-5999** for help.

Do I need to do anything to stay enrolled in TRS-Care Standard?

If you're enrolled in TRS-Care Standard, you don't need to do anything until three months before you or your covered dependent turns 65. You'll stay enrolled until you decide to cancel your coverage or until you turn 65 and become eligible for TRS-Care Medicare Advantage. For more information about how to enroll in Medicare, go to [Are you turning 65 soon?](#)

What is a Health Savings Account (HSA)?

A Health Savings Account, or an HSA, is a type of savings account that lets you set aside pretax money to pay for qualified medical expenses. TRS-Care Standard is an HSA-eligible plan. You can use an HSA to cover qualified medical expenses under TRS-Care Standard. However, because TRS does not offer or manage HSAs, we cannot advise TRS members on HSAs. To learn more, visit:

- [What are HSA-eligible plans? | HealthCare.gov](#)
- [How HSA-eligible plans work | HealthCare.gov](#)
- [Finding & using HSA-eligible plans | HealthCare.gov](#)
- [How to set up an HSA \(Health Savings Account\) | HealthCare.gov](#)