



Your 2018-19
TRS-ActiveCare Select Whole Health Plan

RESOURCE GUIDE

See all your plan offers to help you
stay healthy, live well and save money





Get to know TRS-ActiveCare Select Whole Health

In this guide, you'll learn about the benefits, programs and services provided by your TRS-ActiveCare Select Whole Health Plan. Review how the plan works, see how to save on health care, know how to fill prescriptions with CVS Caremark, find online tools and resources, and more. It's all about taking advantage of plan resources to live well and make the best use of your health care dollars.

Get in touch

TRS-ActiveCare Select Whole Health Plan

1-800-222-9205 — TRS-ActiveCare Customer Service

1-800-628-3323 — TTY number

When you call, select:

Option 1: Aetna (medical) 8 a.m. – 6 p.m. CT (Mon-Fri)

Option 2: Caremark (prescription drug) 24 hours a day, 7 days a week

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HOW TO FIND WHAT YOU ARE LOOKING FOR

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

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Six ways to save on health care



Did you know? TRS-ActiveCare is a self-funded medical plan. This means TRS, not Aetna, funds medical claims for participants. Aetna simply processes the claims. When you make choices that save you money on health care, you're saving TRS money, as well, and helping to keep everyone's costs down.



Be an informed consumer and make smart choices. Here are some tips to help:

1. STAY IN THE NETWORK

To receive benefits from the TRS-ActiveCare Select plan, you must use doctors, facilities and other care providers that belong to the Aetna Whole HealthSM network. If you go outside the network for care, you will pay the entire cost of your care, except in the case of a true medical emergency.

Find in-network providers: Go to www.trsactivecare.aetna.com and click Find a Doctor or Facility on the home page. Or call TRS-ActiveCare Customer Service at 1-800-222-9205 for help to find in-network providers near you.

2. USE TELADOC®

Teladoc lets you talk with a doctor via phone or video consult 24/7. It's a fast and easy way to get help for non-emergency problems, such as colds and flu, earache or headache, poison ivy, pink eye, and more. Your Teladoc doctor can diagnose, treat and prescribe medications, all at no cost to you.

To learn more and get started with Teladoc, visit www.teladoc.com/trsactivecare. Or call 1-855-TELADOC (1-855-835-2362).

3. KNOW WHERE TO GO WHEN YOU NEED CARE

- Select a primary care doctor for regular wellness check-ups, health consultations and medical care.
- Save the hospital ER for life-threatening emergencies.
- Avoid using freestanding ERs for non-emergency care (page 6).
- Use your primary care doctor, urgent care centers or walk-in clinics for non-emergency care.
- Schedule lab work and imaging at freestanding medical service facilities instead of hospitals for outpatient diagnostic services, except in the case of freestanding ERs (see page 6).

Find network facilities near you: Go to www.tractivecareetna.com and click Find a Doctor or Facility.

4. COMPARE COSTS AHEAD OF TIME

With the Member Payment Estimator, you can enter your treatment or service and compare costs among up to ten in-network providers. To use the tool, link to your secure member website from www.tractivecareetna.com then select See Coverage & Costs>Estimate Costs.

5. SAVE ON ADVANCED IMAGING SCANS, SUCH AS MRIs, CTs AND PET SCANS

USIN is a new, advanced imaging benefits provider for TRS-ActiveCare participants. You can access this high-quality network and save significantly on out-of-pocket costs — up to \$500 per scan or more.

How does it work? Once your doctor submits your imaging request to Aetna and the image is preauthorized, the USIN concierge desk will call you directly within 24 hours if a lower-cost alternative is available. USIN will arrange your appointment at a convenient date, time and location.

6. TAKE ADVANTAGE OF AETNA MEMBER DISCOUNTS

As an Aetna member, you can save on:

- Vision and hearing care
- Fitness memberships and equipment
- Natural products and services, such as massage and chiropractic
- Weight-management programs
- Books, CDs, magazine subscriptions
- Travel, family care, dining and more

Get started with your discounts by linking to your secure member website at www.tractivecareetna.com. Select Stay Healthy>Discounts on your home page.



SAVE ON YOUR PRESCRIPTIONS: LEARN HOW ON PAGE 13.



ABOUT FREESTANDING EMERGENCY ROOMS

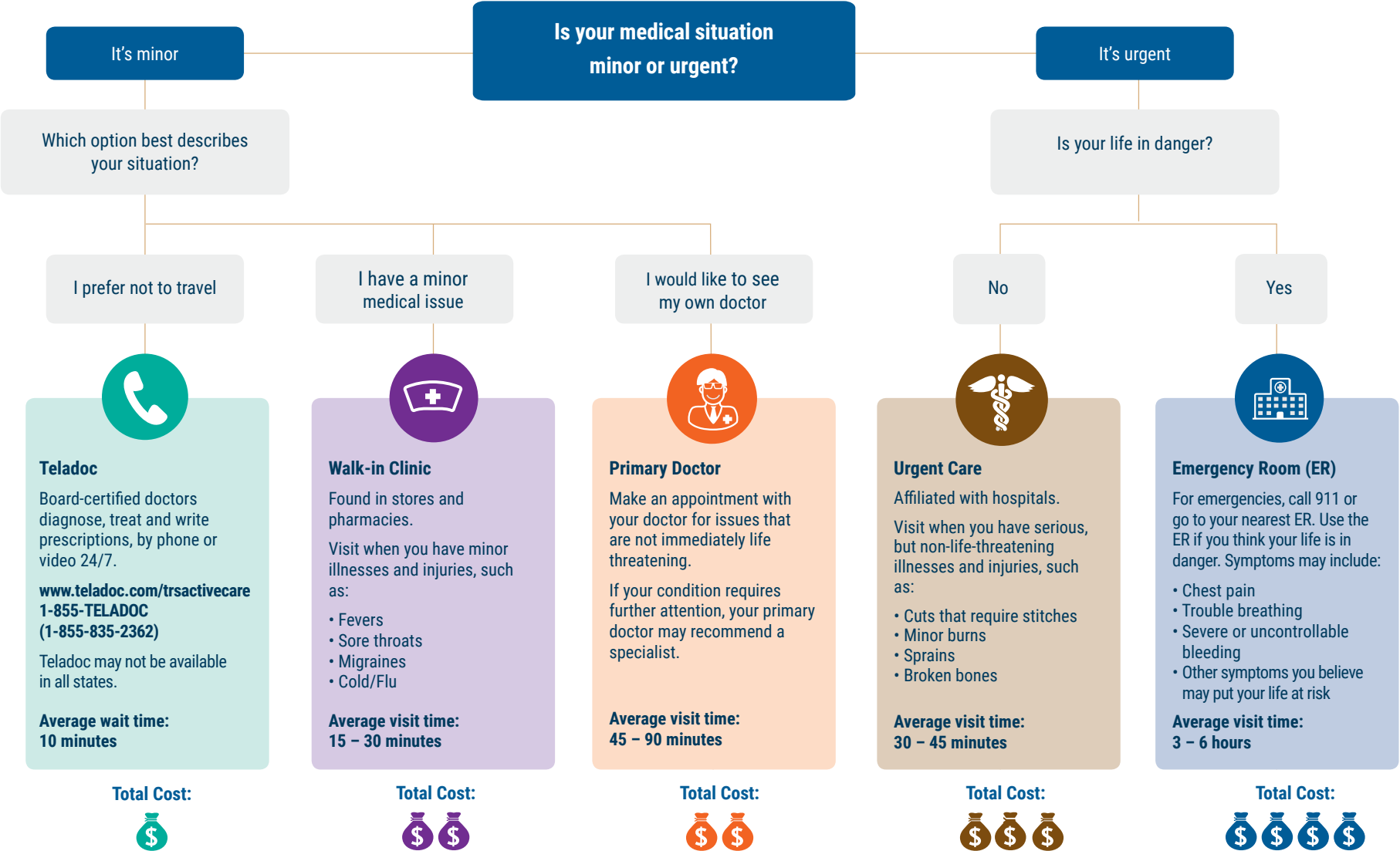
Not all ERs are located in hospitals. More and more are operating as freestanding facilities. They may look like urgent care centers or walk-in clinics, but they charge much like a hospital ER — even for non-emergency care.

How to know: If the facility has “emergency” in its name, you’ll be billed the same as you would for a hospital-based ER.

Choose wisely: For non-life threatening ailments visit your doctor, walk-in clinic or urgent care. In an emergency, dial 911 or go to the hospital-based ER. If you use a freestanding ER, you’ll pay a \$500 copay per visit plus 20% after the deductible.

KNOW YOUR OPTIONS **SAVE TIME AND MONEY**

Knowing your options for medical care can help save you time and money. Follow the path below for help in getting the right level of care at the right place for the lowest cost.



NEED HELP DECIDING? Call the Informed Health® Line at 1-800-556-1555 to talk with a nurse who can guide you through your care options.



Know how your plan works

Get to know how the plan works before you need care.

Need help? Call your Aetna Health Concierge at **1-800-222-9205** for answers to benefits and wellness questions. Learn how a claim was paid, get help to find the right care and much more.



Preventive care is covered at 100%

Preventive services and certain generic preventive drugs are covered at 100% when you use in-network providers. Take advantage and stay up to date on:

- Routine physical exams
- Cancer screenings
- Immunizations
- Wellness counseling
- Women's preventive care (checkups, contraception, prenatal care)
- Certain generic preventive drugs (anticoagulants, blood pressure and cholesterol medications, prenatal vitamins)

For a complete list of covered services, refer to the TRS-ActiveCare Benefits Booklet at www.tractivecareetna.com.

Why it's important: Preventive care can tell you and your doctor a great deal about your current state of health and your risk for future problems. It can catch health conditions, such as cancer, heart disease and diabetes, in their earliest stages, when treatment works best and costs less. With 100% coverage for in-network services, there isn't a better health care bargain out there. Be sure to schedule your preventive visits early in the year.

Benefits are paid for in-network care only

ActiveCare Select Whole Health is a network-only plan. To receive benefits from the plan, you must use in-network providers. If you seek care outside the network, you will pay all billed charges out of your own pocket, except in the case of a true emergency.

You and your covered dependents (including those who live temporarily or permanently outside the network area) must receive care from Aetna Whole Health network providers. Your ActiveCare medical ID card shows the name of your Aetna Whole Health network.

For true emergencies, the plan will cover care received from an out-of-network provider.

A true medical emergency is the sudden and unexpected onset of a change in a person's physical or mental condition which, if care is not given immediately, could (as determined by Aetna) reasonably be expected to result in serious illness or death.

You meet the deductible each year

You pay medical and non-preventive services out of your own pocket until you meet the deductible. The deductible applies to all covered expenses EXCEPT in-network routine preventive care and doctor's office visits.

- **If you have individual coverage**, you must meet the individual deductible before the plan begins to pay claims.

- **If you have family coverage**, three or more family members can combine expenses to meet the family deductible. Once the family deductible is reached, all family members are considered to have met the deductible.

You pay a share of expenses

For most in-network doctor's office visits used for diagnosis and treatment (non-preventive care) with your PCP or specialists, you pay a percentage (coinsurance).

You pay a flat fee (copay) for office visits

For most in-network doctor's office visits used for diagnosis and treatment (non-preventive care) with your PCP or specialists, you pay a flat dollar amount, called a copay. Deductible and coinsurance do not apply.

You're protected from high out-of-pocket costs

If your share of out-of-pocket expenses reaches the out-of-pocket maximum, the plan pays 100% of covered expenses for the rest of the plan year.

The out-of-pocket maximum applies to each covered person individually, up to the family maximum. Once each covered person meets his or her individual out-of-pocket maximum, the plan pays benefits at 100% for that person.



ABOUT THE AETNA WHOLE HEALTH NETWORK

The Aetna Whole Health network is a local accountable care network that includes doctors, nurses and other providers dedicated to keeping you and your family healthy. These providers belong to your care team, led by your network primary care physician (PCP).

Your PCP provides preventive, routine and basic care. If you need specialty or other types of care, your PCP will refer you to the appropriate network provider(s). Your care team shares information and coordinates services, so everyone is familiar with your treatments, medications, lab results, health history and more. It's a better approach to care, one that is focused on wellness as much as illness.



HOW TO GET THE MOST OUT OF YOUR TRS-ACTIVECARE SELECT WHOLE HEALTH PLAN

The chart on the right shows how the health plan works for Tom and Mary Wilson, who are an empty-nester couple. They live in Harris County and are enrolled in the TRS-ActiveCare Select Whole Health Plan. Since they live in a local accountable care network area – Memorial Hermann Accountable Care Network – they will only see providers that belong to this network.





- Tom has a chronic condition and visits his primary care physician three times a year for follow-up care. After Tom pays his **\$30** copay per visit, the plan pays **100%** of the cost of the visits.
- Tom takes two long-term prescription medications on a daily basis. He takes advantage of the plan's mail-order pharmacy. Tom pays **\$45** per prescription for a 90-day supply. By using this service, he saves money and time.
- Mary believes she has pink eye. She calls Teladoc and talks to a doctor, who diagnoses her with an eye infection. The doctor calls in a prescription to her network pharmacy. Mary pays **\$20** for her generic medication. The plan pays the Teladoc consult fee at **100%**.
- Mary has her annual preventive OB/GYN exam with a Memorial Hermann network gynecologist. The exam and Pap test are covered at **100%** and are not subject to the deductible.
- Mary has an outpatient surgery. The care is coordinated through her care team from the Memorial Hermann Accountable Care Network. She pays her deductible (**\$1,200**) and a **\$150** copay before the plan pays **80%** (**\$1,496**) of the cost. Mary is responsible for the remaining **20%** (**\$374**) of the network negotiated price.

Case Study: Tom and Mary Wilson

Deductible	\$1,200 (individual); \$3,600 (family)
Covered expenses (Tom)	\$425 (three primary care doctor visits)
Paid by Tom	\$90 (\$30 primary copay per visit)
Paid by plan (100% after copays, no deductible)	\$335
Covered expenses (Tom)	\$1,800 (two annual generic prescriptions)
Paid by Tom	\$360 (copays for mail-order generic prescriptions)
Paid by plan (100% after copays, no deductible)	\$1,440
Covered expenses (Mary)	\$160 (Teladoc consult and generic prescription)
Paid by Mary	\$20 (copay for prescription)
Paid by plan (100% after copay, no deductible)	\$140
Covered expenses (Mary)	\$325 (OB/GYN preventive exam and Pap test)
Paid by plan (100%, no deductible)	\$325
Covered expenses (Mary)	\$3,200 (outpatient surgery)
Paid by Mary	\$1,704 (\$1,180 to meet deductible; \$150 copay; \$374 coinsurance)
Paid by plan (80% after copay and deductible)	\$1,496
Plan paid	\$3,736
Paid by Tom	\$450
Paid by Mary	\$1,724
Amount applied to deductible	\$1,200 (Mary met her deductible) \$450 (Tom deductible) \$2,174 (applied toward meeting their family deductible)

Fill prescriptions with CVS Caremark



Your prescription drug benefits are shown in the TRS-ActiveCare Select Whole Health Plan Highlights chart on pages 18-19. You must meet the brand-name deductible each year before benefits are paid for brand-name prescription drugs. The deductible does not apply to generic drugs.



How to fill your prescriptions

Where you can fill prescriptions depends on the type of medication you need, as described below:

Short-term medications: You can get up to a 31-day supply of medication used on a short-term basis at any Caremark retail network pharmacy. Find a participating pharmacy at www.caremark.com/trsactivecare. Be sure to take your Caremark ID card to the pharmacy.

Maintenance medications: These are taken on a regular basis for conditions such as high blood pressure, diabetes or high cholesterol. You have a choice of four ways to fill your prescription:

- Visit a Caremark Retail-Plus Pharmacy. Find one at www.caremark.com/trsactivecare.
- Use the mail service. Get started with the mail service at www.caremark.com/trsactivecare. Complete the order form for your first fill. Request refills online or use the order form that comes with your first fill. You can also use Caremark's copay installment program to break up the total cost of your prescription into three equal payments.
- Use Caremark's FastStart® tool at www.caremark.com/trsactivecare.
- Call FastStart at 1-800-875-0867.

You can use any of the above to fill your prescription for a 60- to 90-day supply of maintenance medication.

Specialty medications: These are drugs used to treat complex conditions such as cancer or hemophilia. They may be injected, inhaled, infused or taken orally and may require special handling. You must use Caremark Specialty Pharmacy to fill these prescriptions.

Get started: Call CaremarkConnect toll-free at 1-800-237-2767 or sign in at www.caremark.com/trsactivecare to get started with Caremark Specialty Pharmacy.

Diabetic meter and supplies

If you have diabetes, you may qualify for a preferred brand blood glucose meter and long-term diabetic supplies (needles, syringes, alcohol swabs) at no cost to you. Here's how it works:

- **Preferred brand glucose meter:** Free. Contact Member Services Diabetic Meter Team at 1-800-588-4456
- **Short-term retail supplies:** Coinsurance will be waived for needles and syringes only if you purchase them on the same day as insulin and the insulin is processed first.
- **90-day supply at a Retail-Plus Pharmacy or via mail service:** Coinsurance will be waived for needles, syringes and alcohol swabs whether or not they are processed on the same day as the insulin and regardless of brand. To receive test strips and lancets at no cost, you must use the preferred brand. To find preferred brands, go to www.caremark.com/trsactivecare for the preferred drug list.

To learn more, contact the CVS Caremark Member Services Diabetic Meter Team at 1-800-588-4456.

Six ways to save on prescription drugs

- 1. ASK FOR GENERICS.** Ask your doctor if generics are available for the medications you already use and for new prescriptions. Generics can cost significantly less than their brand-name counterparts. They are also pharmaceutically and therapeutically equivalent to brand-name drugs.
- 2. SAVE WITH PREFERRED BRAND-NAME DRUGS.** If a generic drug isn't available, ask your doctor to prescribe a brand-name drug from the preferred drug list. You'll find the list at www.caremark.com/trsactivecare.
- 3. REGISTER AT CAREMARK.COM.** We'll keep you up-to-date on new and unique ways to save.
- 4. USE THE CHECK DRUG COSTS TOOL.** Research drug costs based on your plan and prescription dosage online. Visit www.caremark.com/trsactivecare and look under Check Drug Costs for TRS-ActiveCare Select Network Plan – Check Drug Cost.
- 5. FILL SHORT-TERM PRESCRIPTIONS AT A CAREMARK PHARMACY.** If you use a pharmacy that does not belong to the Caremark network, you'll generally pay more.
- 6. FILL MAINTENANCE MEDICATION PRESCRIPTIONS AT A CAREMARK RETAIL-PLUS PHARMACY OR USE THE MAIL SERVICE.** You can save with a 90-day supply of your medication. You can also avoid the convenience fee that applies when you fill maintenance medications at a retail pharmacy.



ABOUT THE CONVENIENCE FEE

You will pay a convenience fee the second time you fill a maintenance medication prescription at a retail pharmacy for a short-term (up to 31-day) supply. Fee amounts are:

- \$35 for a generic drug
- \$60 for a preferred brand-name drug
- 50% coinsurance for a non-preferred brand-name drug

You can avoid the convenience fee by filling prescriptions for maintenance medications at a Retail-Plus pharmacy or through the mail-order service.

Create a healthier you



No-cost programs and services make it possible

Your TRS-ActiveCare Select Whole Health Plan includes resources to fit a variety of health and wellness needs and goals.



Simple Steps To A Healthier Life®

Improve your health one step at a time

Simple Steps To A Healthier Life is an online wellness program that helps you reach your goals at your own pace. You start by taking just 15 minutes to complete a health assessment that establishes your health profile and needs. Then you receive a health report with recommendations for online health coaching programs.

Each program is broken down into “journeys” that lead you step by step to goals, such as losing weight, quitting tobacco, eating healthier, managing a chronic condition and others. Read articles, view videos, take quizzes and more as you move toward your healthier self.

To get started: Link to your secure member website from www.trsactivecareetna.com and select Stay Healthy>Complete your Assessment.

Aetna Health ConnectionsSM

Get expert help and support for chronic condition management

Work with registered nurses and other health care professionals to learn how to better manage your condition(s) and enjoy better overall health. Aetna Health Connections covers more than 30 conditions, including asthma, high blood pressure, diabetes, heart disease and others. You'll get coaching, monitoring and motivation to stay on track with treatments, medications and healthy habits.

To get started: Link to your secure member website from www.trsactivecareetna.com and select Stay Healthy>Health Programs.

Aetna Care Advocate Team (CAT)

Find your way around the health care system

Health care can be complicated. With the Aetna Care Advocate Team (CAT), you have help from trained nurses to navigate the system and better understand conditions, terminology, treatments and procedures. If you or a family member needs complex care, CAT can help with coordination of services.

To reach CAT: Call 1-800-222-9205.

Aetna Maternity Program

Give your baby a healthy start in life

This program puts you in touch with an obstetrically trained nurse who can provide information and support for a healthier pregnancy, delivery and baby. When you join, you'll receive:

- A pregnancy risk survey
- A pregnancy handbook
- A personalized smoking-cessation program
- Information for dad or partner

To get started: Call 1-800-272-3531. Or link to your secure member website at www.tractivecareareaetna.com and select Stay Healthy>Health Programs.

Navigate Wellness Live Healthy Challenge

Take the challenge and win prizes!

Live Healthy America is an eight-week challenge sponsored by TRS-ActiveCare and Aetna. When you join, you'll set goals, take part in team activities and track your progress to win prizes for your team or school. You can participate as part of a team or as an individual.

To learn more: Go to www.tractivecareareaetna.com and click Live Healthy America.



GET BABY STARTED WITH TRS-ACTIVECARE SELECT WHOLE HEALTH

Your plan automatically covers your newborn for the first 31 days after birth. You must actively enroll your baby within 31 days of his or her date of birth. Contact your Benefits Administrator to enroll your newborn.

Use these tools

They make managing your benefits, costs and health easier and more convenient. It all starts with your secure member website.

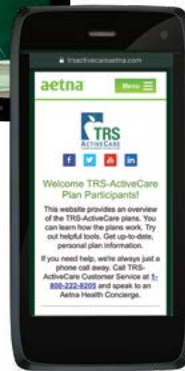


Register with your secure member website

Here's how:

1. Have your Aetna member ID card ready.
2. Visit www.tractivecare.aetna.com and click Register on Aetna Navigator.
3. On the welcome screen, click Register next to First-time users.
4. Fill in the information requested, then click Continue to create your login.





Click Contact Us at the top of any page to email Aetna Member Services.

Click Contact Us at the top of any page to email Aetna Member Services.

Once you log in, you'll arrive at your home page. From here, you can:

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TRS-ActiveCare Select Whole Health Plan Highlights

An overview of plan benefits and costs.



TYPE OF SERVICE	NETWORK (YOU PAY)	NON-NETWORK (YOU PAY)
Deductible (per plan year)	\$1,200 individual \$3,600 family	Not applicable; no coverage for out-of-network services
Out-of-Pocket Maximum (per plan year; includes medical deductible/any medical copays/coinsurance/any prescription drug deductible and applicable copays/coinsurance)	\$7,350 individual \$14,700 family	Not applicable; no coverage for out-of-network services
Doctor Office Visits	\$30 copay for primary \$70 copay for specialist	Not covered
Preventive Care (see the Benefits Booklet at www.tractivecareetna.com for a list of preventive services)	Plan pays 100% (deductible waived)	Not covered
Teladoc Physician Services	Plan pays 100% (deductible waived)	Not applicable
Diagnostic Lab	20% after deductible (Kelsey Select – plan pays 100%)	Not covered
High-Tech Radiology (CT scan, MRI, nuclear medicine)	\$100 copay per service plus 20% after deductible	Not covered
Inpatient Hospital (facility charges)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; preauthorization required)	Not covered
Inpatient Hospital (physician/surgeon fees)	20% after deductible	Not covered
Outpatient Surgery	\$150 copay per visit plus 20% after deductible	Not covered
Bariatric Surgery (physician charges; only covered if performed at an Institutes of Quality® facility)	Not covered	Not covered
Ambulance (true emergency use)	20% after deductible	Same as network
Emergency Room (true emergency use)	\$250 copay per visit plus 20% after deductible (copay waived if admitted)	Same as network
Freestanding Emergency Room (true emergency use)	\$500 copay per visit plus 20% after deductible	Same as network



TYPE OF SERVICE	NETWORK (YOU PAY)	NON-NETWORK (YOU PAY)
Urgent Care	\$50 copay per visit	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 \$30 copay Routine Prenatal Care Plan pays 100% (deductible waived) Delivery/Postnatal Care 20% after deductible	Not covered
Mental Health/Behavioral Health/Substance Abuse Disorders	Outpatient Services \$70 copay Inpatient Services \$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; preauthorization required)	Outpatient Services Not covered Inpatient Services Not covered
Prescription Drugs Drug deductible (per plan year)	\$0 generic; \$200 brand	Same as network
Retail Short Term (up to a 31-day supply) Tier 1 – Generic Tier 2 – Preferred Brand Tier 3 – Non-Preferred Brand	\$20 for a 1- to 31-day supply \$40 for a 1- to 31-day supply ¹ 50% coinsurance for a 1- to 31-day supply ¹	You will be reimbursed the amount that would have been charged by a network pharmacy, less the required deductible, copay and coinsurance.
Extended-Day Supply at Mail Order or Retail-Plus Pharmacy Location (60- to 90-day supply) ² Tier 1 – Generic Tier 2 – Preferred Brand Tier 3 – Non-Preferred Brand	\$45 for a 60- to 90-day supply \$105 for a 60- to 90-day supply ¹ 50% coinsurance for a 60- to 90-day supply ¹	Not applicable
Specialty Drugs (up to a 31-day supply)	20% coinsurance per fill	Not applicable
Short-Term Supply of a Maintenance Medication at Retail Location (up to a 31-day supply) The second time a participant fills a short-term supply of a maintenance medication at a retail pharmacy, they will pay a convenience fee. They will be charged the copays and coinsurance in the row below the second time they fill a short-term supply of a maintenance medication. Participants can avoid paying the convenience fee by filling a larger day supply of a maintenance medication through mail order or at a Retail-Plus location.		
Tier 1 – Generic Tier 2 – Preferred Brand Tier 3 – Non-Preferred Brand	\$35 for a 1- to 31-day supply \$60 for a 1- to 31-day supply ¹ 50% coinsurance for a 1- to 31-day supply ¹	You will be reimbursed the amount that would have been charged by a network pharmacy, less the required deductible, copay and coinsurance.

¹If a participant obtains a brand-name drug when a generic equivalent is available, they are responsible for the generic copay plus the cost difference between the brand-name drug and the generic drug.

²Participants can fill 32- to 90-day supply through mail order.



Contacts for help
and information





CONTACT/RESOURCE	TELEPHONE/WEB	DESCRIPTION
TRS-ActiveCare Customer Service	1-800-222-9205 (TTY) 1-800-628-3323	For answers and information about your TRS-ActiveCare plan benefits, providers, ID cards and other plan-related needs
Aetna Navigator® (secure member website)	www.trsactivecare.aetna.com	Tools, information and other online resources to help you manage your benefits, health and health care
Aetna Health Concierge	1-800-222-9205	Personal help with your plan's benefits and services
Aetna Care Advocate Team (CAT)	1-800-222-9205	Expert help to navigate health care and the health care system
Caremark	1-800-222-9205 (select Option 2) www.caremark.com/trsactivecare	Prescription drug benefits and services
CaremarkConnect	1-800-237-2767	Call to enroll in the benefits and services of CVS Caremark Specialty Pharmacy
Teladoc	1-855-TELADOC (1-855-835-2362)	Telephone consultations with board-certified doctors
24-Hour Nurse Information Line	1-800-556-1555	Answers, advice and information from registered nurses on health care questions, problems and needs
Aetna Maternity Program	1-800-272-3531	One-on-one support for a healthier pregnancy, healthier baby
Quest Diagnostics®	www.questdiagnostics.com	Schedule lab appointments online 24/7, find nearby locations



NOTICE OF NON-DISCRIMINATION AND AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES

DISCRIMINATION IS AGAINST THE LAW

The Teacher Retirement System of Texas (TRS) complies with applicable Federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex. TRS provides free aids and services, such as: written information in other formats (large print, audio, accessible electronic formats, other formats), qualified interpreters (including sign language interpreters), and written information in other languages.

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

If you believe that TRS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email:

MAIL: Section 1557 Coordinator
1000 Red River Street, Austin, Texas, 78701
FAX: 512-542-6575
EMAIL: section1557coordinator@trs.texas.gov

You can also file a civil rights complaint with the U.S. Department of Health and Human Services online, by mail, or by phone at:

ONLINE: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
MAIL: U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201
PHONE: 1-800-368-1019, 800-537-7697 (TDD)



ATTENTION: If you speak English, language assistance services, free of charge, are available to you.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

यान दः यदद आप ह दी बोलते ह तो आपके ललए मु त म भाषा सहायता सेवाएं उपल ध ह।

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

સચુ ના: જો તમે ગજુ રાતી બોલતા હો, તો નન:શુ ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલ ધ છે.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

ໂປດລູາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການລູກວຍ ເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.



This guide provides an overview of the tools and resources available under the TRS-ActiveCare Select Whole Health Plan. For a detailed description of your program, see your TRS-ActiveCare Benefits Booklet. The Benefits Booklet is available online at www.trsactivecareaetna.com and is the official TRS-ActiveCare statement on benefits. TRS-ActiveCare benefits will be paid according to the Benefits Booklet and other legal documents governing the program.

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