

TRS-Care Standard

Frequently Asked Questions

ENROLLMENT

1. I am currently a TRS-Care Standard participant. Do I need to do anything to stay enrolled?

No, you don't need to do anything. You can go to www.bcbstx.com/trscarestandard to learn more about your benefits and check if your providers are in network. Everyone enrolled in the plan will get their own ID card in December. You should continue to use your Aetna ID card until Dec. 31, 2020. Beginning Jan. 1, 2021 you'll need to use your new BCBSTX ID card.

2. Who do I contact about Consolidated Omnibus Budget Reconciliation Act (COBRA) options?

Blue Cross and Blue Shield of Texas (BCBSTX) also administers COBRA. Call a Personal Health Guide at **1-866-355-5999** for assistance. You'll receive information from BCBSTX in late December about your plan. This will also include instructions on how to pay your premium for COBRA coverage.

3. How do I remove a dependent from my coverage?

You can call the Teacher Retirement System of Texas (TRS) Health and Insurance Benefits (HIB) department at **1-888-237-6762** to make this change. They will coordinate the change with BCBSTX.

ID CARDS

1. Why don't the BCBSTX ID cards list each family member?

If you are the only participant on your plan, you'll only receive one ID card. If you have a spouse or dependents on your plan, their name(s) will be listed on their ID card. Each person will receive their own ID card if they're enrolled in the plan.

2. How can I get another ID Card?

You can use the BCBSTX App, go online to www.bcbstx.com/trscarestandard and log in to Blue Access for MembersSM (BAMSM), or call a Personal Health Guide at **1-866-355-5999**.

3. When will I receive my ID Card?

You'll get your BCBSTX ID card by the end of December 2020.

BENEFITS

1. What is a Personal Health Guide?

A Personal Health Guide can help you make the most of your new benefits and answer questions about transition of care, claims, registering for BAM, scheduling appointments, cost estimates, preauthorization and more.

2. What does the phrase maximum out of pocket mean (MOOP)?

It is the maximum amount you could end up paying each year for medical costs. After reaching your MOOP, which is the total you pay for your deductible plus coinsurance, the plan will pay 100% of allowable charges for covered services. In-network providers have negotiated rates, or allowed amounts, in their contracts. The allowed amount is the maximum amount your TRS-Care Standard health plan will pay for a covered service.

3. What are the deductibles and MOOPs for the 2021 plan year?

In-network deductible = \$1,500 individual/\$3,000 family

In-network MOOP = \$5,650 individual/\$11,300 family

Out-of-network deductible = \$3,000 individual/\$6,000 family

Out-of-network MOOP = \$11,300 individual/\$22,600 family

4. How do individual and family deductibles work?

The individual deductible only applies to individual plans. The family deductible applies when more than 1 person is on the plan. Any family member or combination of family members can meet the family deductible.

5. What is the plan's coinsurance?

In-network coinsurance = 20%

Out-of-network coinsurance = 40%

6. Will my deductible or MOOP carry over from year to year?

No, the deductible and MOOP reset every year on Jan. 1.

7. Will deductibles from Aetna carry over to BCBSTX?

No, deductibles reset on Jan. 1, 2021.

8. How can I find out if an upcoming procedure is covered?

Call a Personal Health Guide at **1-866-355-5999** for answers to benefits questions.

9. Is the pharmacy deductible separate from the medical deductible?

No, the pharmacy and medical deductibles are combined.

10. I will retire in June, so I'm switching from my current insurance to TRS-Care Standard. Will I have to meet a new deductible when I change?

Yes, you will have to meet a new deductible.

11. What are my emergency benefits?

Emergency room services are covered and subject to the plan's deductible and coinsurance.

12. Does BCBSTX cover allergy serum?

Allergy serum is covered and subject to the plan's deductible and coinsurance.

13. Does coinsurance for chiropractic and massage therapy visits apply to my deductible?

Massage therapy is not a covered service unless billed as part of a treatment plan through a chiropractor or physical therapist. Chiropractic services are covered, subject to the plan's deductible and coinsurance, and are limited to 20 visits per calendar year.

14. How are laboratory services for doctor visits covered?

In-network laboratory services are covered at 80% after you meet the plan's deductible. BCBSTX covers out-of-network laboratory services at 60% after you reach the plan's deductible. The deductible amount depends on whether you have an individual or family health plan.

15. How are COVID-19 medical expenses covered?

TRS is monitoring the current pandemic and will decide how it will cover COVID-19 expenses in 2021. You can read The Pulse newsletter or visit www.trs.texas.gov for updates.

16. Is a continuous positive airway pressure (CPAP) device covered?

Yes, a CPAP is considered durable medical equipment. The plan's deductible and coinsurance apply.

17. Is physical therapy covered?

Physical therapy is covered, subject to the plan's deductible and coinsurance, and is limited to 25 visits per calendar year.

18. Is acupuncture covered?

Acupuncture is only covered when used as anesthesia during a procedure or if you are pregnant and have been diagnosed with nausea.

19. Are cosmetic procedures covered?

In general, cosmetic procedures aren't covered. For information about specific procedures, please call a Personal Health Guide at **1-866-355-5999**.

20. What are the plan's preferred labs?

CPL, LabCorp, and Quest Diagnostics are the preferred labs. You can also use another in-network lab to get your highest level of benefits.

21. Does lab work apply toward the deductible?

Yes, if your provider bills lab work with a medical diagnosis, it applies toward the deductible. Once the deductible is met, coinsurance will apply.

22. Is medically necessary weight loss surgery covered?

Yes, if you meet the medical requirements and have your surgery at a Blue Distinction® Center. Contact a Personal Health Guide at **1-866-355-5999** for more specific information.

23. What is my coverage for hospitalizations?

To get your highest level of benefits, you should use an in-network hospital. If you get non-emergency care at a hospital that's not in network, you'll pay more and have a lower level of benefits.

24. Are hearing aids covered?

Hearing aids are not covered for participants over age 19. Hearing aids and cochlear implants are covered with a maximum of \$1,000 per 36 months for dependents up to age 19.

25. Can I still use urgent care providers, or am I required to go to an emergency room for urgent care?

Your benefits cover services performed by urgent care providers and facilities. In-network benefits for these services are subject to your deductible and coinsurance. You can call a Personal Health Guide at **1-866-355-5999** to learn more about these benefits and to get assistance locating in-network urgent care facilities.

26. What durable medical equipment companies are in network?

Go to www.bcbstx.com/trscarestandard to find in-network providers in your area. You can also call a Personal Health Guide at **1-866-355-5999**.

27. Does the plan qualify as a high-deductible plan that is eligible for a Health Savings Account?

Yes, the TRS-Care Standard plan qualifies as a high-deductible plan and is eligible for a Health Savings Account.

PREVENTIVE CARE SERVICES

1. Are shingles and pneumonia shots covered?

Shingles and pneumonia shots are both covered as part of your preventive care benefits.

2. Is a noninvasive colorectal cancer screening such as Cologuard covered as a preventive care service?

Yes. The plan covers Cologuard once every 3 years for participants who are 50 or older.

3. How frequently is a colonoscopy covered at 100% as preventive care?

Colonoscopies are covered once every 10 years for members 50 or older.

4. If my doctor recommends that I have a colonoscopy every 4 years, is that covered?

If you have unique needs, contact a Personal Health Guide at **1-866-355-5999** to check your benefits.

5. Are 3D mammograms covered under preventive care services?

Yes, 3D imaging is covered as a routine mammogram.

6. What screenings, such as mammograms and colonoscopies, are covered at 100%?

- Colonoscopies are covered once every 10 years for members 50 or older.
- Routine mammograms are covered once per calendar year for members 40 or older.
- To learn about other preventive care services available at no cost, call a Personal Health Guide at **1-866-355-5999**. You can also visit www.trs.texas.gov, click the Retirees and Beneficiaries tab, then the Covered Preventive Care Services link to view a list of preventive care services.

7. Is there a copay for annual wellness visits?

No, in-network wellness visits are covered at 100%.

8. Are flu shots covered?

Flu shots are covered at 100% when you use an in-network provider or pharmacy.

9. Is a well-woman exam considered preventive care?

In-network well-woman exams are covered at 100% once per calendar year as preventive care. To find out if a specific service is covered, call a Personal Health Guide at **1-866-355-5999**.

10. Why is diabetes not considered preventive care?

Diabetes is a diagnosed medical condition. Treatment and ongoing care for a diagnosed medical condition isn't preventive care, so it isn't covered at 100% by your plan under preventive care services.

11. Is prostate screening covered?

Yes. In-network prostate screening is covered at 100% once per calendar year for males 40 and over.

12. Are A1C, thyroid and vitamin D blood tests covered as preventive care?

They are covered at 100% only when ordered as part of your in-network annual wellness visit. If they're ordered to diagnose a health issue, they won't be covered under your preventive care benefits.

13. Is a bone density test covered as preventive care?

It's covered at 100% only when ordered as part of your in-network preventive screenings during your annual wellness visit. If it's ordered to diagnose a health issue, it won't be covered as preventive care and will be subject to your deductible and coinsurance.

14. If blood tests are done during an annual wellness visit, and another doctor wants to order blood work to evaluate a health issue, will the second set of blood tests be covered?

Yes, but they'll be covered according to your plan's deductible and coinsurance. That's because they're being done in order to diagnose a problem rather than as part of your preventive care screenings.

15. Are annual lung cancer screenings covered?

Lung cancer screenings are covered in-network at 100% once per calendar year for participants ages 55-79 who are smokers or who have recently quit smoking.

16. Does BCBSTX require annual wellness exams to be at least a year and a day after the previous exam?

No. Annual wellness exams are covered once per calendar year.

PRIMARY CARE PROVIDER (PCP) AND REFERRALS

1. Am I required to have a PCP?

No, you're not required to have a PCP. However, we recommend having a PCP to help manage your health care.

2. Are referrals for specialists required?

Referrals aren't required. Be sure to use in-network providers to ensure the highest level of benefits.

3. Can I choose a PCP now?

You don't need to have a PCP on file, but we highly encourage you to have one. You can check to see if your doctor is in network or find an in-network doctor by going to www.bcbstx.com/trscarestandard and using Provider Finder®. You can also call a Personal Health Guide at **1-866-355-5999** for help.

PROVIDER FINDER AND IN-NETWORK PROVIDERS

1. How can I find an in-network provider?

You can use the BCBSTX App, log into BAM and use Provider Finder, or call a Personal Health Guide at **1-866-355-5999**.

2. How can I find out if my doctors are in network?

You can use Provider Finder to see if your doctors are in network. Just go to www.bcbstx.com/trscarestandard and click on Doctors and Hospitals to search for providers. You can also log in to BAM for personalized Provider Finder results or call a Personal Health Guide at **1-866-355-5999**.

3. Do I need my member ID number to see if my doctor is in network?

No. You can check to see if your provider is in network by going to www.bcbstx.com/trscarestandard and using Provider Finder. You can also call a Personal Health Guide for help at **1-866-355-5999**.

4. After a provider is nominated for in-network contracting, will the participant be notified of the provider's status?

No. The participant will need to use Provider Finder or call a Personal Health Guide at **1-866-355-5999** to check the provider's status. This process could take 30 to 60 days.

5. How does BCBSTX ensure that if a hospital is in network, its doctors are also in network?

We strive to provide a large network of providers. In order to ensure your providers are in network and to see their hospital affiliations, please visit www.bcbstx.com/trscarestandard or call a Personal Health Guide at **1-866-355-5999**.

6. Is BCBSTX going to have any in-network retail clinics in the El Paso area soon?

Currently, BCBSTX is not in negotiations with any retail clinics in the El Paso area. However, there are several other kinds of in-network options in the area.

7. With the Aetna plan, participants had to use Quest Diagnostics for their annual labs to be covered at 100%. Are participants required to use Quest Diagnostics with BCBSTX?

You'll be able to use labs within your doctor's office if the lab your doctor uses is in network. Verify if the lab your doctor uses is in network at www.bcbstx.com/trscarestandard or by calling a Personal Health Guide at **1-866-355-5999**.

8. Is there anyone to help me ensure the doctors and facilities I use are in network?

Yes, Personal Health Guides can help. Just call **1-866-355-5999**. You can also go to www.bcbstx.com/trscarestandard and click on Doctors and Hospitals to search for in-network providers in your area.

9. Can I search online for in-network doctors before Jan. 1, 2021?

Yes. You can look for in-network providers by going to www.bcbstx.com/trscarestandard and clicking on Doctors and Hospitals. You can also call a Personal Health Guide at **1-866-355-5999**.

10. What is the name of my health plan's network?

Your health plan's network is Blue Choice PPO. When checking if your provider is in network, ask if they're a PPO contracting provider with BCBSTX rather than if they accept BCBSTX.

11. How can I apply for my current doctor to become an in-network provider?

You can nominate a provider for BCBSTX's network by visiting www.bcbstx.com/trscarestandard, clicking on Doctors and Hospitals, and then on Nominate a Provider. You don't need to wait until Jan. 1, 2021 to nominate a provider.

BCBSTX APP/TRS-CARE STANDARD WEBSITE

1. I already have the BCBSTX App. Do I need to reinstall it?

If you already have the BCBSTX App, you don't need to reinstall it.

2. What is Blue Access for Members (BAM)?

BAM is a secure website for TRS-Care Standard participants. You can use it to view claims, download an explanation of benefits statement, look for providers, chat with Personal Health Guides, and more.

3. Can I log in to BAM now, or do I have to wait for my ID card?

You can visit www.bcbstx.com/trscarestandard now, but you won't be able to log in to BAM until Jan. 1. You'll need your group number and identification number from your ID card to create a username and password.

4. Several years ago, the TRS had BCBSTX as its health plan administrator. I had a BAM account then. Can I use that account?

No, you'll need to register for BAM again with your new group and ID numbers.

5. What's the name of the app?

It's the BCBSTX App. To get the BCBSTX App, just text BCBSTXAPP to 33633.

6. Can I view and download an explanation of benefits (EOB) statement online?

Yes, you can log in to BAM to view and download statements.

7. How long will I have access to Aetna EOBs?

Aetna EOBs will be available until Dec. 31, 2021 on the Aetna website or the Aetna app.

8. I'm having trouble printing the Plan Highlights. Can I get a printed copy?

Call the HIB department at **1-888-237-6762** and choose option 6 to request a copy by mail.

9. Do I need to enter any information from my current Aetna card when registering for BAM?

No. You only need your BCBSTX ID card to register to BAM.

TRAVEL

1. Do I have coverage outside of Texas?

Yes, you have nationwide coverage.

2. What happens if my dependent lives out of state?

If you or your dependents are out of state for any length of time, you can continue to use BCBSTX's extensive nationwide network of providers. Go to www.bcbstx.com/trscarestandard or call a Personal Health Guide at **1-866-355-5999** for help finding an in-network provider.

3. Is my TRS-Care Standard coverage affected if I move out of state?

No, the BCBSTX network is nationwide. Please visit www.bcbstx.com/trscarestandard to find an in-network provider near you.

4. Does the health plan cover participants while they are traveling outside of the country?

Yes, emergency care is available when participants travel internationally. Reach out to a Personal Health Guide at **1-866-355-5999** for more information.

TRS VIRTUAL HEALTH ANDTELEMEDICINE

1. What are the plan's virtual health benefits through Teladoc®?

- Medical consultations = \$30 before deductible/\$6 after deductible
- Psychiatrist (initial consultation) = \$185 before deductible/\$37 after deductible
- Psychiatrist (ongoing consultations) = \$95 before deductible/\$19 after deductible
- Psychologist or licensed clinical social worker consultations = \$85 before deductible/\$17 after deductible

2. Does BCBSTX cover telemedicine?

Yes. Telemedicine, which is visiting with your usual doctors online or by phone, is covered the same as in-person visits.

3. How can a medical diagnosis be made online or over the phone?

If a doctor cannot make a diagnosis online or over the phone, they'll encourage you to see them in person.

4. If I already have the Teladoc app, do I need to download it again?

No, you can continue to use your current Teladoc app. However, you'll need to re-register and provide your new group and identification number located on your BCBSTX ID card.

5. Does Teladoc offer mental health services?

Yes, Teladoc offers confidential mental health services for adults 18 and older from a licensed therapist, psychologist, psychiatrist, or certified drug and alcohol abuse counselor.

6. Do I need to re-register for Teladoc?

Yes, you'll need to re-register with Teladoc after Jan. 1, 2021, with your new group and ID numbers so BCBSTX can process your claims.

7. I no longer live in Texas. Can a Teladoc provider write me a prescription that is valid where I live?

Teladoc has providers throughout the United States. The provider you see can send the prescription to your preferred pharmacy.

8. Can my dependent, who is 26 and a student, use Teladoc?

You'll need to fill out the caregiver information on the Teladoc app, and then Teladoc will decide.

BLUE POINTSSM AND THE FITNESS PROGRAM

1. Are Blue Points available for dependents?

Blue Points are available for dependents 18 and older. Dependents need to create a BAM account to earn Blue Points.

2. Are gym memberships discounted?

Discounted gym and fitness memberships are available through the Fitness Program. With affordable, no-contract memberships, you can go to any participating gym facility in the program's nationwide network. You can exercise even when you're traveling. Plus, save on wellbeing services like acupuncture, massage, and personal training. Individuals must be at least 18 years old to purchase a membership. You can sign up for the Fitness Program by calling **1-888-762-BLUE (2583)** Monday through Friday, between 7 a.m. and 7 p.m.

3. How can I find if a gym near me is in the Fitness Program?

You can call **1-888-762-2583** Monday through Friday from 7 a.m. to 7 p.m.

4. How much does the Fitness Program cost?

There is an initiation fee of \$19. The monthly fees range from \$19 to \$99, depending on the size of the gym network you choose. It's easy to sign up. Beginning Jan. 1, 2021:

1. Go to **www.bcbstx.com/trscarestandard** and log in to BAM.
2. Under Quick Links, choose Fitness Program. You can enroll, search for nearby fitness locations, and learn more about the program on this page.
3. Click Enroll Now. Then search and select the fitness location that's best for you. Remember, you can visit any participating fitness location in your plan after you sign up.
4. Verify your personal information and method of payment. Print or download your Fitness Program ID card. You may also request to receive the ID card in the mail.
5. Visit a fitness location today!

5. Are there ways to earn Blue Points by tracking my activity without joining a gym?

With the Blue Points program, you can earn points for regularly participating in many different healthy activities like taking a health assessment twice a year, linking a fitness device, completing a wellness program, working with a health coach and more. It's easy to get started with Blue Points. Go to www.bcbstx.com/trscarestandard. Log in to your BAM account. Go to the Quick Links and select Well onTarget®.

VISION AND DENTAL BENEFITS

1. Does this plan offer vision or dental benefits?

- Routine vision and dental benefits are not provided through the TRS-Care Standard plan.
- Routine eye exams are covered if you have diabetes and are subject to the deductible and coinsurance.
- Glasses are covered within 12 months after intraocular surgery or accidental injury. The plan covers 80% of your first pair of glasses, frames, and lenses, or contact lenses, after you meet your deductible, up to the allowed amount.
- Dental services may be covered if they are considered a medical service.
- Call a Personal Health Guide at **1-866-355-5999** for any additional benefit questions.

2. Are glaucoma eye exams and treatment covered?

Glaucoma eye exams and treatment are covered based on medical necessity. The services are subject to your plan's deductible and coinsurance.

CLAIMS AND BILLING

1. If my doctor finds something during a preventive screening, is the screening considered diagnostic?

If health screenings are part of your routine preventive care during an annual wellness exam, they're covered at 100% at an in-network provider. If your doctor discovers a health issue as a result of the screenings, that shouldn't change the billing code. It's always a good idea to talk to your doctor before any lab work is done to make sure you understand why it's being done and how it's being coded.

2. If a doctor finds something during my preventive colonoscopy, will my next colonoscopy not be fully covered as preventive care?

It depends on how your doctor and the facility bill BCBSTX. If your doctor finds something during a routine colonoscopy, your doctor may classify it as diagnostic. If this happens, please call a Personal Health Guide at **1-866-355-5999** for a claims review.

3. Are ambulatory services considered in network?

Ambulance providers generally don't contract with health insurance carriers, but claims for their services are paid at the in-network rates.

4. Are treatments for pre-existing conditions covered as preventive?

If you are getting care for a known medical condition, this care is not considered preventive. It is deemed to be diagnostic. There are no penalties through the TRS-Care Standard plans for pre-existing conditions.

5. What does balance billing mean?

Balance billing is when a medical provider or facility bills patients the difference between the providers' charges and the insurance companies' allowed amounts.

6. What is the allowed amount?

In-network providers have negotiated rates, or allowed amounts, in their contracts. The allowed amount is the maximum amount your TRS-Care Standard health plan will pay for a covered service.

The allowed amount will be lower for out-of-network providers, so always see in-network providers to avoid balance billing. In areas where there is no network, your plan covers medical expenses based on reasonable and customary charges, which are determined by claims from the same types of providers within a geographic region.

7. Who can I contact for help if I am balance billed by an in-network provider?

In-network providers are not allowed to balance bill for covered services. Call a Personal Health Guide at **1-866-355-5999**. To prevent balance billing, be sure to use in-network doctors and providers.

TRANSITION OF CARE (TOC)

1. Who do I contact about TOC benefits?

If you or a covered dependent is getting care from a doctor or other provider who is not in BCBSTX's networks, you can apply to keep seeing that provider temporarily. If you are approved, benefits will be paid at the in-network rates for a certain time. Contact a Personal Health Guide at **1-866-355-5999**, beginning Jan. 2, 2021. Personal Health Guides are available 24 hours a day, seven days a week.

2. Does BCBSTX help coordinate in-network care if I need hospitalization?

Yes. Contact a Personal Health Guide at **1-866-355-5999**.

3. I currently have a condition that requires ongoing care. Can BCBSTX help me transition my treatment?

Yes, call a Personal Health Guide at **1-866-355-5999** to get help transitioning your care.

Teladoc and the Teladoc logo are trademarks of Teladoc, Inc. and may not be used without written permission. Teladoc is being provided to TRS-ActiveCare members and members of plans administered by TRS-ActiveCare. Teladoc and Teladoc physicians are independent contractors and are neither agents nor employees of TRS-

ActiveCare or plans administered by TRS-ActiveCare. Teladoc is not available in all states. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. Teladoc is an independent company that operates and administers the virtual visits program for Blue Cross and Blue Shield of Texas. Teladoc is solely responsible for its operations and for those of its contracted providers. BCBSTX makes no endorsement, representations or warranties regarding third-party vendors such as Teladoc. Members should contact the vendor directly with questions about the products or services offered by third parties.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Blue Points Program Rules are subject to change without prior notice. See the Program

Rules on the Well onTarget Member Wellness Portal at www.wellontarget.com for further information.

Individuals must be at least 18 years old to purchase a membership. The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

The Well onTarget program is offered to you as a part of your employer-sponsored benefits. Participation in the Well onTarget program, including the completion of a Health Assessment, is voluntary and you are not required to participate. Visit Well onTarget for complete details and terms and conditions.