



Did you know?

Teacher Retirement System of Texas (TRS) was created November 1936. Voters approved an amendment to the Constitution of Texas, creating a statewide teacher retirement system.

In 1985, TRS was assigned responsibility for administering a health insurance program for public school retirees.



Got Part B?

To be eligible for the TRS-Care Medicare Advantage medical plan, you **MUST** obtain Medicare Part B.



ssa.gov/benefits/medicare



Questions about your health benefits?

**Call TRS Health and Insurance Benefits
at 1-888-237-6762.**

Monday – Friday,
7 a.m. – 6 p.m. CST

Our mission

To improve the retirement security
of our members by prudently investing
and managing the Trust assets
and delivering benefits that make a
positive difference in their lives.

COMMON TERMS



Deductibles

The amount of money you have to spend out of pocket before your health plan begins to pay.



Coinsurance

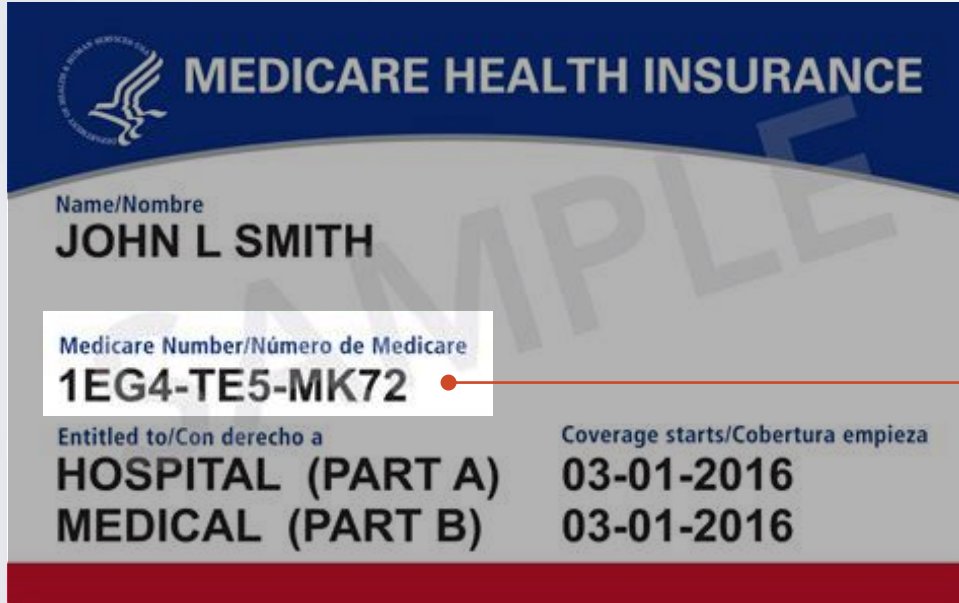
The percentage your health plan and you pay after you have paid or “met” your deductible.



Know where to go.

Choose a primary care physician (PCP) and a local, urgent care facility near you.

Keep these resources in a handy place.



Before you turn 65

**Remember to
give TRS your
Medicare number!**



CARE YOU CAN COUNT ON

TRS-Care Medicare & You

Agenda

1. What Medicare is
2. Costs for Medicare and TRS-Care
3. Enrolling in TRS-Care Medicare plans
4. Important concerns
5. TRS-Care Medicare Advantage (UnitedHealthcare)
6. TRS-Care Medicare Rx (SilverScript)
7. Closing Q&A

1

What Medicare is

- Medicare defined
- Parts of Medicare

Medicare is federal health insurance that you pay for out of your FICA tax.

IT'S FOR:



PEOPLE AGE
65 AND OLDER



PEOPLE WITH
A DISABILITY



PEOPLE WITH END-STAGE
RENAL DISEASE

MEDICARE
Part A



Hospitalization

MEDICARE
Part B



Doctors visits

MEDICARE
Part C



Medical Coverage -
Combines
Medicare with your
TRS medical plan to
make TRS-Care
Medicare Advantage.

MEDICARE
Part D



**Prescription
Coverage -**
Combines Medicare
with your TRS health
plan to make TRS-
Care Medicare Rx.



Costs for Medicare and TRS-Care

- Medicare Part A
- Medicare Part B
- Medicare Part C
- Medicare Part D

MEDICARE

Part A



No cost for most people.

If you are not eligible to receive “premium-free Part A,” TRS doesn’t require you to sign up for it.



In 2021, most people pay **\$144.60 per month**.

You may pay more if you're in a high tax bracket. Visit [medicare.gov](https://www.medicare.gov) for more info.



Everyone must purchase Medicare Part B in order to have coverage through TRS-Care.



The Part B premium is separate from what you pay for your TRS-Care premium.

MEDICARE
Part C



TRS-Care Medicare Advantage medical plan—you pay **\$135 per month** if you are a retiree or surviving spouse covering just yourself.

Monthly Premiums for TRS-Care Medicare Advantage & TRS-Care Medicare Rx

Retiree Only	\$135
Retiree + spouse	\$529
Retiree + child(ren)	\$468
Retiree + family	\$1,020

MEDICARE

Part C



**Your TRS-Care
Premium to TRS for
Medical and
Prescription Coverage**

\$135 for Retiree Only

**Your 2021 Medicare
Part B Premium to
Social Security**

\$144.60 per Medicare
participant

MEDICARE

Part D



TRS-Care Medicare Rx prescription drug plan—your payment for this is **included** in your TRS-Care premium.



Enrolling in TRS-Care Medicare plans

- Who should enroll
- Taking action
- Automatic enrollment
- Initial enrollment
- Retiring past age 65
- Age 65 packet

WHO SHOULD ENROLL

→ Current TRS-Care participants who are turning 65.

→ Current TRS-Care participants who are eligible for Medicare due to disability.

→ Retiring TRS members and their eligible dependents who are age 65 or over (initial enrollment period).

→ Eligible TRS members turning 65 who:

- Were eligible but didn't enroll at initial enrollment.
- Canceled TRS-Care coverage prior to turning 65.
- Experience a special enrollment event

ENROLLING IN TRS-CARE
MEDICARE PLANS

WHO SHOULD
ENROLL

TAKING
ACTION

AUTOMATIC
ENROLLMENT

INITIAL
ENROLLMENT

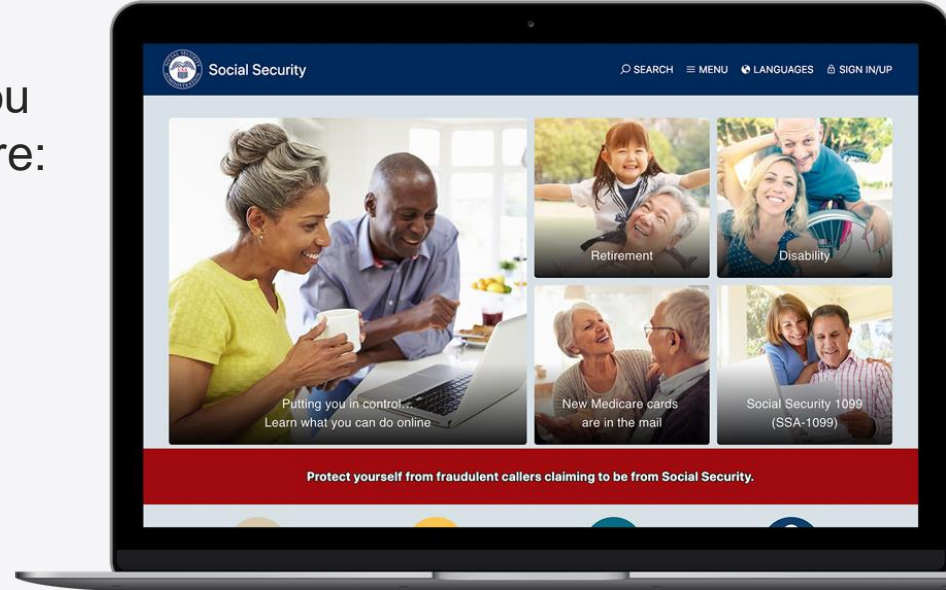
RETIRING
PAST AGE 65

TURNING 65
PACKET

TAKING ACTION

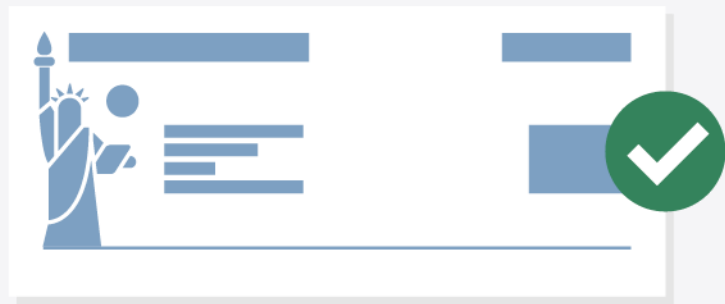
If you're not receiving SSA benefits, you need to take action to enroll in Medicare:

- SIGN UP ON [SSA.GOV](https://ssa.gov)
- CALL SSA AT 1-800-772-1213
- VISIT A LOCAL SSA OFFICE



AUTOMATIC ENROLLMENT

If you're already receiving SSA benefits, you will be **automatically enrolled** in Medicare. The premiums will come out of your SSA check.



INITIAL ENROLLMENT

Medicare gives you **seven months** to enroll—three months before your birthday month, your birthday month, and three months after your birthday month.



TRS recommends that you start the enrollment process **three months** before your 65th birthday month.

RETIRING PAST AGE 65

If you're still actively employed at age 65, you can delay Medicare Part B enrollment.

SSA will send you a form that your employer needs to complete—this way, you won't pay a late enrollment penalty when you do sign up.

When you decide to retire, you should contact SSA about three months prior to your retirement date to ensure your Medicare coverage takes effect the same day as your first day of TRS-Care coverage.



TURNING 65 PACKET

Every current TRS-Care participant will receive a packet from TRS, UnitedHealthcare & SilverScript prior to turning 65.

- Welcome Letter
- TRS-Care application (**only return to TRS if you're adding dependents**)
- TRS-Care Medicare Guide
- TRS-Care Medicare Rx Summary of Benefits
- Medicare Beneficiary Identifier Form (**fill out and return to TRS**)



4

Important concerns

- Penalties for missing the initial enrollment period
- Special situations
- Failure to enroll in Medicare

PENALTIES FOR MISSING THE MEDICARE INITIAL ENROLLMENT PERIOD

If you sign up for Medicare Part B too late, your Medicare monthly premium will go up **10%** for each full 12-month period that you could have had Part B but didn't purchase it.

The penalty is for life.



SPECIAL SITUATIONS (1 OF 3)

Return-to-work retirees

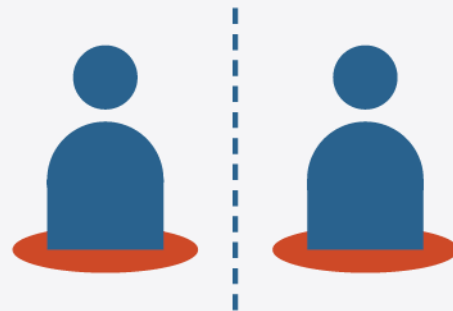
If you return to work at a TRS employer and elect coverage, you cannot stay enrolled in TRS-Care Medicare Advantage and TRS-Care Medicare Rx. You may terminate TRS-Care, enroll in coverage with that employer, and re-enroll in TRS-Care as a special enrollment event when you leave that job.



SPECIAL SITUATIONS (2 OF 3)

Split households

- If you or your covered dependent are on Medicare, you'll be enrolled on the TRS-Care Medicare Advantage and TRS-Care Medicare Rx plans.
- If you or your covered dependents are not eligible for coverage, you'll be enrolled in the TRS-Care Standard plans.




SPECIAL SITUATIONS (3 OF 3)

Enrolling in Medicare Advantage or Part D plans outside of TRS-Care

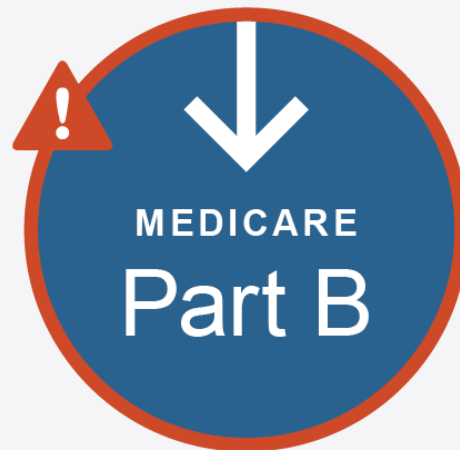
- If you enroll in a Medicare Advantage plan outside of TRS-Care, you will be terminated from TRS-Care medical and prescription coverage.
- If you enroll in an individual Part D plan, you'll be terminated from all TRS-Care coverage.
- If you enroll in a group Part D plan (which is rare), you may opt out of the TRS-Care Medicare Rx plan only.



 **The Centers for Medicare and Medicaid Services (CMS) prohibits people enrolled in a Medicare Advantage plan through their group retiree benefits from joining an individual Medicare prescription drug plan.**

FAILURE TO ENROLL IN MEDICARE (1 OF 3)

- ➔ If you do not buy and maintain Medicare Part B, you risk losing all TRS-Care coverage for you and your covered dependents.



FAILURE TO ENROLL IN MEDICARE (2 OF 3)

- ➔ If TRS or UHC can't verify that you have Medicare Part A and Part B, you won't be enrolled in TRS-Care Medicare Advantage or TRS-Care Medicare Rx. **You will lose all TRS-Care coverage.**





TRS-Care Medicare Advantage

Insured by UnitedHealthcare® (UHC)

TRS-Care Medicare Advantage PPO plan

- No need for supplemental coverage
- One card for all medical services
- Provides dedicated TRS Customer Service phone number
- Copayments conveniently listed

First, you must enroll in Medicare Part B and provide your Medicare ID to TRS in order to enroll in TRS-Care Medicare Advantage and TRS-Care Medicare Rx®.

With your TRS-Care Medicare Advantage plan, you can see any provider of your choice, with no change in your benefits, as long as the provider accepts Medicare and is willing to bill UnitedHealthcare.

What does my ID card look like?



What to expect after you enroll



**UnitedHealthcare
TRS-Care Medicare
Advantage
Welcome Kit**



**UnitedHealthcare
TRS-Care Medicare
Advantage ID Card**



Welcome Call



**Evidence of
Coverage (EOC)**



Building healthy provider relationships

Benefits of having a Primary Care Provider (PCP)

- Your PCP can get to know your overall health history
- You can build a trusting, long-term relationship
- Your plan doesn't require referrals to see other providers
- Your PCP will help take care of you when you're sick and help you stay healthy with preventive care

Finding a doctor is easy



If you need help finding a doctor or a specialist, just give UnitedHealthcare a call. We can even help schedule that first appointment. To see if your provider is part of the UnitedHealthcare network, go to **www.UHCRetiree.com/TRS-CareMA** and click on “Look up a provider now”.

Do you know your vocabulary terms?



Deductible

Coinsurance

Maximum
out-of-pocket

TRS-Care Medicare Advantage plan



Your deductible*

You will pay a \$500 deductible up front.



Your copay or coinsurance

Once you have paid your \$500 deductible, you may pay a copay or coinsurance depending on the service provided.



Your Out of Pocket Maximum

Your deductible, copy and coinsurance accumulate to your out of pocket maximum of \$3,500.

*All preventive services have a \$0 copay and DO NOT apply to the deductible.

If you are transferring from the TRS-Care Standard plan in 2021, you will have no deductible through the rest of the plan year – Dec. 31, 2020. Your \$500 deductible will begin Jan. 1, 2022.



Pop quiz

You go to the doctor for your scheduled colon cancer screening and your doctor finds a polyp during the exam. This changes the exam from a preventive to a diagnostic.

True False



Pop quiz

If a polyp is found during the exam the exam then becomes diagnostic. All future colonoscopies will also be considered diagnostic.

True

TRS-Care Medicare Advantage benefits

Benefit Coverage	In-Network	Out-of-Network	Must Meet Deductible?
Primary care provider (PCP) sick visit	\$5 copay	\$5 copay	No
Specialist office visit	\$10 copay	\$10 copay	Yes
Urgent care	\$35 copay	\$35 copay	No
Emergency room	\$65 copay	\$65 copay	No
Inpatient hospitalization Unlimited number of days	\$500 per stay	\$500 per stay	Yes

TRS-Care Medicare Advantage benefits

Benefit Coverage	In-Network	Out-of-Network	Must Meet Deductible?
Outpatient surgery	\$250 copay	\$250 copay	Yes
Outpatient Laboratory Services	\$0 copay	\$0 copay	Yes
Physical Therapy	\$5 copay	\$5 copay	Yes
Outpatient Radiology Services (CT scans MRI)	5% coinsurance	5% coinsurance	Yes
Durable Medical Equipment	5% coinsurance	5% coinsurance	Yes

Explanation of Benefits (EOB)

- Stay informed
- Clear and detailed financials
- Information you can share with your provider
- High-level claims overview such as Dates of Service, rendering provider and services provided

Remember that all services received and billed to your TRS-Care Medicare Advantage plan process with the same In-Network & Out-of-Network benefits

TOTALS for medical and hospital claims		Amount providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
Maria Sanchez, M.D.					
Claim Number: 1234567 (in-network provider)	Date of service	Amount providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share

Preventive* vs. Diagnostic

What is a preventive service?

Diabetic eye exam

Screening colonoscopy

Screening mammogram

Pap test

Bone density test

Annual Wellness Visit

*All preventive services have a \$0 copay and **DO NOT** apply to the deductible.

What is a diagnostic service?

X-ray

MRI

Mental health

Rehabilitation

CT scan

Sick visits



Pop quiz

All of the items below are preventive services except:

Flu Shot

Blood Pressure Check

Sick Visit

Head-to-toe examination



Pop quiz

All of the items below are preventive services except:

Flu Shot

Blood Pressure Check

Sick Visit

Head-to-toe examination



Pop quiz

Where do you go for care?

You wake up at 2 a.m. Sunday with a headache from sinus pressure and a sore throat. You are miserable and cannot go back to sleep.

You know your doctor's office is not open on weekends. Although you don't feel it's an emergency, you know you will worsen if you wait until Monday for treatment.

- A. You go to the emergency room.
- B. You try and find an urgent care center open on Sundays.
- C. You can go to www.uhcretiree.com/TRS-CareMA and pay \$0 copay for a virtual visit through AmWell or Doctors on demand



Pop quiz

Where do you go for care?

You wake up at 2am Sunday morning with a headache from sinus pressure and a sore throat. You are miserable and cannot go back to sleep.

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PHYSICIAN FINDER

1

How do I find a provider?

Get information on how to receive medical services from your provider based on your plan type.

[Find a provider - English »](#)

[Find a provider - Spanish »](#)

Find a provider who fits your needs

www.UHCRetiree.com/TRS-CareMA

Under How to Find a Provider click on Find a Provider

PHYSICIAN FINDER

2

Leaving UHCRetiree.com

You are leaving the Medicare plan information website.

[Proceed](#)

[Cancel](#)


Leaving UHCRetiree.com

Click Proceed and you will be redirected to our provider look up portal

PHYSICIAN FINDER

3

What type of Medical care can we help you find

 **United Healthcare**

FIND CARE

SAVED

UNITEDHEALTHCARE GROUP MEDICARE ADVANTAGE (PPO)

What type of Medical Care
can we help you find near:


Austin, TX

CHANGE LOCATION


Search by provider, service, or condition

SEARCH


FIND HEALTH CARE BY CATEGORY




People
Doctors, medical groups, and
other professionals by
specialty



Places
Hospitals, clinics, labs,
imaging centers, medical
suppliers



**Services and
Treatments**
Providers for office visits,
tests, treatments, surgeries



Care by Condition
Find care for common
concerns

You will automatically be directed to view doctors, hospitals, and services with in your TRS-Care Medicare Advantage PPO Network. Search by provider, service or condition

Virtual Visits

With Virtual Visits, you're able to live video chat with a doctor or behavioral health specialist from your computer, tablet or smartphone anytime, day or night.¹



Virtual Doctor Visits

You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection. Virtual Doctor Visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachaches

Virtual Behavioral Health Visits

Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety

You can find a list of participating Virtual Visit providers by logging into your member website at **www.UHCRetiree.com/TRS-CareMA**

Additional benefits and resources



A total health and physical activity program included in your plan at no extra cost.²

www.silversneakers.com



Rally Wellness Coaching

Rally Wellness Coaching provides personal coaching, online learning, and support for a variety of topics that promote whole person health. Wellness Coaching offers a comprehensive solution to address your physical, mental, social and emotional needs.

Wellness Coaching includes the option to select a program topic of interest, work with a coach, set an action plan and engage with online learning modules and digital tools at your own pace all at a \$0 Copay.

Diabetes testing and monitoring supplies

When you use one of the approved meters and corresponding strips, your cost-share for diabetes testing and monitoring supplies is a **\$0 copay**.

These supplies also include any brand of lancets, lancing device, glucose control solution (to test the accuracy of your meter), and replacement batteries for your meter.

To switch to one of the preferred brands, you may be required to get a new prescription from your doctor. A temporary supply of your current brand can be requested.



Your plan provides coverage for many of the OneTouch® and ACCU-CHEK® blood glucose testing strips and meters



UnitedHealthcare[®] HouseCalls

Yearly check-ups at home to help stay up-to-date on your health between regular doctor's visits at a \$0 Copay.

What to expect from a HouseCalls visit:

- A knowledgeable health care practitioner will perform a head to toe exam, health screenings, review your health history and current medications, help identify health risks and provide health education
- You can talk about health concerns and ask questions that you haven't had time to ask before
- You'll get a personalized checklist of topics to discuss at your next doctor's visit
- HouseCalls will send a summary of your visit to you and your primary care provider



Enjoy a preventive
care visit in the
privacy of your
own home*

*HouseCalls may not be available in all areas

UnitedHealthcare Hearing

Hear the moments that matter most



With UnitedHealthcare Hearing, you can receive a hearing exam and have access to a wide selection of name-brand and private-labeled custom-programmed hearing aids at significant savings. Plus, you'll receive personalized care and follow-up support from experienced hearing providers, helping you to hear better and live life to the fullest.

- \$500 allowance for hearing aids every 3 years.
- Get access to the largest nationwide accredited network of more than 5,500 hearing providers*
- Choose latest technology hearing aids from major manufacturers, including Phonak, Starkey®, Oticon, Signia, ReSound, Widex® and Unitron™
- Order hearing aids in-person or through home delivery
- Receive exclusive pricing, helping you save thousands of dollars

Trusted care at home when you need it



You are eligible for in-home non-medical care through our national provider CareLinx.

This may include grocery shopping, meal preparation, light housekeeping, personal care, medication reminders and more.

- \$0 Copay
- Coverage includes 8 hours of in-home, non-medical care per month through provider CareLinx; Unused hours do not roll over.
- Some restrictions and limitations apply.

Personal Emergency Response System (PERS)



With the Personal Emergency Response System, help is a button push away.

- \$0 Copay
- Quick access to help in any situation whether an emergency or just need helping hand
- Helps give member confidence and independence

Routine Transportation program

Get to health-related appointments easier at no additional cost



If you don't have a way to get to your health care appointments, our transportation program can help — at no extra cost to you.

- \$0 Copay
- Up to 24, non-emergency, one-way trips annually
- Transportation provided to and from approved locations and must be medically-related such as doctors' appointments and pharmacy trips
- Transportation cannot be used for emergency-related situations

Health Products Benefit FirstLine Essentials+

Over-the-Counter care at no cost to you



FirstLine Essentials+ is an over-the-counter benefit that gives you credits to spend on over-the-counter care. Shop toothpaste, pain relief, vitamins, cough drops and more. It's all included with your health plan.

\$40 is added to your account every three months for a total of (\$160 annually). Credits may be carried over month to month, but expire at the end of the plan year. You can use it to buy health and wellness products. Shop different ways:

Catalog: You'll receive a catalog in the mail 4 to 6 weeks after enrollment. A new catalog will be sent every three months. Fill out an order form and mail it in. Or call to order by phone.

Online: Use your digital account on the FirstLine Essentials website

Real Appeal[®]



Real Appeal is a simple, step-by-step online program that helps make losing weight fun. The program offers tools that may help you lose weight, reduce your risk of developing serious health conditions, gain energy and achieve your long-term health goals, all at a \$0 copay.

When you enroll in Real Appeal you receive:

- A Transformation Coach who leads weekly online group sessions
- Online tools to help you track your food, activity and weight loss progress
- A Success Kit with food and weight scales, recipes, workout DVDs and more — shipped directly to your door

Post-Discharge Meal Delivery Benefit



Our post-discharge meal delivery program provides freshly-made meals to your home after you have been discharged from the hospital or skilled nursing facility, at no additional cost.

The program provides up to 84 meals immediately following an inpatient hospital discharge or skilled nursing facility stay when referred by a UnitedHealthcare clinical advocate. Meals are available to support^[9] different health conditions.

Visit your Virtual Education Center[®] today to explore your TRS-Care Medicare Advantage plan and learn more about the additional programs available to you



- Learn more about the additional programs offered to TRS-Care Medicare Advantage participants
- Watch video's from real life UnitedHealthcare Medicare Advantage members
- Print additional plan program information
- Access via any tablet, computer or smartphone

uhcvirtualretiree.com/TRS-CareMA/



Stay connected with UnitedHealthcare

You will have a dedicated customer care team to help you with anything related to TRS-Care Medicare Advantage Plan

Call Us:

Toll-free **1-866-347-9507**, TTY **711**

7 a.m. – 6 p.m. CT, Monday – Friday

Or visit

www.UHCRetiree.com/TRS-CareMA

Thank you

Understanding Original Medicare's rules

- To join this plan, you must be entitled to Medicare Part A, stay enrolled and continue to pay your Medicare Part B premiums
- You can only be in one Medicare Advantage plan at a time. Enrolling in another plan will automatically terminate you from any other Medicare Advantage or prescription drug plan.
- Medicare allows you to have different plans for medical (Medicare Advantage) and prescription drug coverage (Part D), but they both must be group-sponsored retiree health coverage. If you are enrolled in a group Medicare Advantage plan without prescription drug coverage and need Part D coverage, you can not enroll in an individual Part D plan. You must enroll in a group sponsored Part D prescription drug plan.
- When you are a member, you are encouraged to read the plan's Evidence of Coverage (EOC), including appeals and grievance rights which can be found at www.UHCRetiree.com/TRS-CareMA
- The EOC also covers specific plan benefits, copays, exclusions, limitations and other terms.
- Please review the full text of the Statement of Understanding in your 2021 enrollment kit.

Additional information

This information is not a complete description of benefits. Call 1-866-347-9507, TTY 711 for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

This document is available in alternative formats. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage Plans: A Medicare Advantage organization with a Medicare contract. Enrollment in these plans depends on the plan's contract renewal with Medicare.

¹Benefits and availability may vary by plan and location.

²Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. SilverSneakers is a registered trademark of Tivity Health, Inc. SilverSneakers GO and SilverSneakers On-Demand are trademarks of Tivity Health, Inc. © 2020 Tivity Health, Inc. All rights reserved.

This information is available for free in other languages. Please call our customer service number located on the back of your member ID card.

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Do you know your vocabulary terms?



Deductible

- A. What you pay up front
- B. What TRS-Care pays
- C. What the doctor charges

Do you know your vocabulary terms?



Deductible

- A. What you pay up front
- B. What TRS-Care pays
- C. What the doctor charges

Do you know your vocabulary terms?



Coinsurance

- A. TRS-Care's share
- B. Your premium
- C. Your share of the cost after deductible

Do you know your vocabulary terms?



Coinsurance

- A. TRS-Care's share
- B. Your premium
- C. Your share of the cost after deductible

Do you know your vocabulary terms?



Maximum out-of-pocket

- A. The most TRS-Care pays
- B. The most you'll spend before your plan pays 100% of the cost for covered services

Do you know your vocabulary terms?



Maximum out-of-pocket

- A. The most TRS-Care pays
- B. The most you'll spend before your plan pays 100% of the cost for covered services



TRS-Care Medicare Rx

SilverScript



Enrollment and Eligibility

- ➔ Once you enroll in Medicare, give TRS your Medicare ID number. TRS will then initiate your enrollment and send you welcome materials.
- ➔ You may opt out of TRS-Care Medicare Rx®, but you won't have any prescription coverage through TRS-Care and won't see a reduction in monthly premiums.
- ➔ Once you're eligible for Medicare, you must have Medicare Part D coverage or you will incur a Late Enrollment Penalty.



TRS-Care Medicare Rx[®] Benefits

- Richer benefits than individual Part D plans
- No “donut hole” or coverage gap
- No large out-of-pocket costs for brand or specialty drugs
- Access to a broad network of pharmacies
- 90-day supply option through CVS Caremark Mail Service Pharmacy[™] or Retail-*Plus* pharmacies
- No requirement to use CVS pharmacies
- Predictable Copays



Copays – Up to a 31-Day Supply at Retail

Drug Tier	Copayment
Generic	\$5
Preferred Brand Drugs	\$25
Non-Preferred Drugs	\$50
Specialty/High Cost Tier (Limited to a 31-Day Supply)	\$50



Copays

For a 32-to-90 day supply at a Retail-*Plus* pharmacy or up to a 90-day supply through CVS Mail Service Pharmacy.

Drug Tier	Copayment
Generic	\$15
Preferred Brand Drugs	\$70
Non-Preferred Drugs	\$125
Specialty/High Cost Tier*	Limited to a 31-Day Supply

Medicare Part D Drug Payment Stages

Participant: You pay copays or less through all stages in 2021.

1

Deductible Stage
(\$445 for 2021)

**No deductible,
you pay your copay**

2

Initial Coverage Limit
Stage (\$4,130)

You pay your copay

3

Coverage Gap (Donut
Hole: \$4,130-\$6,550)

You pay your copay

4

Catastrophic Stage
(over \$6,550)

**You pay your
copay or less**

Medicare Drug Stage Example

Ronald takes Humira (Non-Preferred Brand) at a 31-day supply. The cost of this medication is \$5,718. Here's what would happen with a “marketplace” plan vs. TRS-Care Medicare Rx®.

Phase	Marketplace Plan	TRS-Medicare Rx®	Savings with TRS
Deductible	\$1,755.75	\$50.00	\$1,705.75
Initial Coverage Limit	\$1,429.00	\$50.00	\$1,379.00
Gap “Donut Hole”	\$1,429.00	\$50.00	\$1,379.00
Catastrophic Phase	\$285.90	\$50.00	\$235.90

Diabetic Supply Coverage



Meters, Lancets and Test Strips – Present your TRS-Care Medicare Advantage (UHC) card at the pharmacy when filling these supplies to receive them at no cost to you.

Needles and Syringes – Fill a 90-day supply through SilverScript to obtain needles or syringes at no cost to you. If you fill a prescription for less than 90 days, you'll pay a copay.



Prior Authorizations (PAs)

- ➔ PAs won't automatically transfer from your non-Medicare prescription coverage. Call 844-345-4577 to ask about getting a new PA.
- ➔ If you take drug that has a change in usage restriction (Quantity Limits, Prior Authorization), you will be granted a Transition Fill by CMS to allow for the Prior Authorization or other documentation to be submitted to SilverScript.

CMS Required Communications

1

Pre-notification Letter sent from TRS-Care – approximately 90 days before you join

- Includes a Benefit Summary to advise participants of their 2021 cost-sharing amounts
- If you choose to opt out of this prescription drug coverage, you will lose your retiree prescription drug coverage from TRS-Care

2

You will receive your Welcome Kit – approximately 30 days before plan becomes effective

- Includes ID card, Abridged Formulary, Evidence of Coverage, Pharmacy Directory and a mail order form

3

Participants who utilize their prescription drug benefit will receive a monthly Explanation of Benefits (EOB) that summarizes all of the medication they filled the previous month



Thank You



Visit info.Caremark.com/trscaremedicarerx or call SilverScript Customer Care at 1-844-345-4577, 24 hours a day, 7 days a week. TTY users call 711.



Up next: Closing Q&A

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Closing Q&A