

## TRS-ActiveCare Updates Begin Sept. 1, 2017

Rhonda Price: Hello, and welcome to TRS Today. I'm your host, Rhonda Price, and our guest today is Katrina Daniel, TRS' Chief Health Care Officer. And Katrina, thanks so much for being with us today.

Katrina Daniel: Thanks for having me.

RP: Katrina, the TRS Board recently met to determine the 2017, '18 TRS-ActiveCare Health Plan benefits. So, can you give us some of the highlights of that plan?

KD: Sure. I'll start with the good news, we were able to make very modest changes to plan benefits and premiums. We were able to maintain all of the same plan offerings that we offered last year, and we'll have the same Pharmacy Benefit Administrator, CVS Caremark. As always, the cost of health care is a key driver of plan changes. To keep up with rising costs, we've had to increase out-of-pocket maximums for the ActiveCare Select and ActiveCare Select Whole Health Plan, as well as ActiveCare 2. Emergency room copays will increase as well. As we all know, the ER is a very costly place to get care, and getting more expensive every year. The higher copay recognizes this fact, and we hope will encourage people to save the emergency room for true emergencies, whenever possible. The plan has some great alternatives to the emergency room, so we hope participants will take advantage of these ways to save.

One example is the Teladoc service, which allows members to access doctors via phone or video chat. It's a convenient option for participants because they don't have to make an appointment to see a physician for a minor health issue, and at \$40 it's more affordable than a standard office visit. We'll also be increasing the amount of the out-of-pocket maximums for both the ActiveCare Select, ActiveCare Select Whole Health, and the ActiveCare 2 plans. But the biggest change will be to out-of-network benefits. We'll be adding a new, separate out-of-network deductible and out-of-pocket maximum to ActiveCare 1 and ActiveCare 2. ActiveCare members will still have access to the same, broad network of providers, so should rarely encounter out-of-network cost. Emergency services will still be covered under the in-network benefit.

RP: Katrina, can you talk a little bit more about these out-of-network changes? Why are they so important?

KD: Gladly. Using an in-network provider saves everyone on health care cost. Here's why: In-network providers are high-quality providers who agree to lower, negotiated rates. So going to an in-network provider saves both the member money and the health plan money. And, with Aetna's large network, it's more than likely people can use the doctors and the hospitals they want and still be in-network.

RP: And if a participant wants to see an out-of-network provider?

KD: They absolutely can, just as they can now. But, if they choose to see an out-of-network provider, they'll have to pay more out-of-pocket, starting in September.

RP: That's a great point, Katrina. It's important for all of our participants to know that about out-of-network care.

KD: That's right. It's a balancing act. So, we're trying to keep the program healthy going forward, while maintaining the maximum amount of choice and flexibility. This is a real challenge as health care costs continue to rise year over year. When our health care costs go up, the cost to TRS-ActiveCare goes up. TRS-ActiveCare is a self-funded plan. That means an insurance company isn't paying the claims, we're paying for the health care costs out of the TRS-ActiveCare fund. To do this, we use premiums that we collect from ActiveCare Plan participants, along with contributions from the state and schools districts.

RP: So what can participants do?

KD: Well, first of all, understanding how to use your benefits is important- is very important. Access the right care, at the right time, at the right place. For example, use your preventive care benefits to stay healthy. Second, TRS can make benefit and premium adjustments, such as the out-of-network benefits that we were just discussing. These changes help sustain TRS-ActiveCare for current ActiveCare participants and future participants.

RP: You've mentioned flexibility and choice. How will program changes affect people's choice of doctors?

KD: It absolutely won't. In ActiveCare, participants will still have access to the same broad network of Aetna physicians that they had previously.

RP: Well, that's good news. Anything new about prescription drugs?

KD: No. TRS-ActiveCare will still have CVS Caremark as our Pharmacy Benefit Administrator, with the same access to pharmacy networks they currently have. We were able to save the plan money, while also maintaining the same customer service.

RP: Where can participants go to find out more?

KD: The TRS website is always the place to find the best and most up-to-date information, and we've completely revamped our health care website recently. Our team has spent a lot of time improving the web experience for participants, so that's a great place to start for more information. I also highly recommend ALEX, the interactive, decision support tool on the TRS website. ALEX is an easy-to-use tool that can help participants learn more about their options and choose the plan that's best for them. Another great resource is TRS' new monthly health care email newsletter, *The Pulse*. We just launched it in May. Participants can sign up for the latest information on their benefits program.

RP: Well, unfortunately, that's our time for now, but thank you so much for being here with us, Katrina.

KD: Thank you for covering this important information.

RP: And thank you for joining us. Please stay tuned for our next edition of TRS Today.