



Teacher Retirement System of Texas

Frequently Asked Questions: TRS-Care Standard | 2025 Plan Year

A medical and pharmacy plan for TRS retirees and their family members under 65 who aren't eligible for Medicare

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General Questions

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

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

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

What are my TRS-Care premiums?

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

- If you're the TRS retiree and not eligible for Medicare and you cover your spouse who's eligible for Medicare, you pay the 2025 TRS-Care Standard premium of \$689 per month (for retiree + spouse). This is because you, as the retiree, aren't yet eligible for Medicare.
- If you're the TRS retiree and eligible for Medicare and you cover your spouse who isn't eligible for Medicare, you pay the 2025 TRS-Care Medicare Advantage premium of \$280 per month (for retiree + spouse). This is because you, as the retiree, are eligible for Medicare.

Visit [2025 TRS-Care Plan Highlights](#) to see all TRS-Care monthly premiums.

Who should I contact if I have questions?

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

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

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

Eligibility and Enrollment Questions: TRS Health

Which plan am I eligible for?

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

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

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

When can I enroll in TRS-Care?

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

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

- **If you have a special enrollment event.** Special enrollment events may arise from an involuntary loss of comprehensive coverage or when you get a new dependent by marriage, birth, adoption, or placement for adoption.
- **When you turn 65.**

Visit [TRS-Care Eligibility and Enrollment](#) and [2025 TRS-Care Standard Guide for Participants without Medicare](#) for more information.

How do I send my premium payments?

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

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

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

2025 TRS-Care Standard participants have a \$1,650 deductible and a \$5,650 maximum out of pocket per person (in-network). Deductibles and maximum-out-of-pocket amounts reset every Jan. 1.

What does and doesn't count toward my deductible?

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

What is coinsurance?

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

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

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

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

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

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

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

Which dependents are eligible to enroll in TRS-Care?

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

- Your spouse (including a common-law spouse — a common-law marriage isn't a special enrollment event unless a Declaration of Common Law Marriage is on file with an authorized government agency).
- A child under the age of 26 who is:

- a natural child;
- an adopted child, or one lawfully placed for adoption;
- a foster child;
- a stepchild;
- a grandchild who lives with the retiree or surviving spouse and depends on the retiree or surviving spouse for at least half of the child's support; or – any other child in a regular parent-child relationship with the retiree or surviving spouse as TRS determines.
- A child (regardless of age) who lives with or regularly gets care from the retiree or surviving spouse, if the child has a mental disability or physical incapacity to such an extent to depend on the retiree or surviving spouse for care and support, as TRS determines.

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

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

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

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

How do I completely terminate my TRS-Care coverage?

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

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

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

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

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

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

Who should I call about my COBRA options?

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

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

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

What is a Health Savings Account (HSA)?

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

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

Medical Questions: Blue Cross and Blue Shield of Texas (BCBSTX)

ID Cards

Will I get a new ID card for the 2025 plan year?

TRS-Care Standard participants will get a new ID card for the 2025 plan year.

How can I get another ID Card?

Use the BCBSTX App, go to [TRS-Care Standard by BCBSTX](#) and log in to BAM or call a Personal Health Guide at **1-866-355-5999** to ask for a new ID card.

Provider Finder and In-Network Providers

Will I benefit from using an in-network provider instead of an out-of-network provider?

An in-network doctor or health care provider is one who contracts with BCBSTX to provide services to TRS-Care participants. You pay your copay or coinsurance according to your TRS-Care Standard benefits. If you choose out-of-network providers, you may have higher out-of-pocket costs and benefits will be paid at the out-of-network benefits level. Your provider may require you to submit claims for the services provided, rather than bill BCBSTX directly. You may also be subject to balance billing from out-of-network providers.

Can I compare costs before getting care or services?

Yes. You can estimate costs for your care up front, so you aren't surprised with a bill later.

Use the BCBSTX [Cost Estimator Tool in Provider Finder®](#). This tool helps you make more informed health care choices by estimating the out-of-pocket costs before you head to the provider. That way, you know what to expect before your appointment.

You can also call a Personal Health Guide at **1-866-355-5999**, 24 hours a day, seven days a week, to help estimate the costs of specialist visits, X-rays or other diagnostic tests.

How can I find an in-network provider or hospital?

Use Provider Finder to see providers and hospitals in the nationwide network. Go to [TRS-Care Standard by BCBSTX](#) and select **Doctors and Hospitals** to search. Or log in to BAM for personalized Provider Finder results or call a Personal Health Guide at **1-866-355-5999**.

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

Your health plan's network is Blue Choice PPO. **To check if your provider is in-network**, ask if they're a *PPO contracting provider with BCBSTX's Blue Choice PPO* **instead** of asking if they accept BCBSTX.

Can my current doctor become an in-network provider?

Nominate a provider for the BCBSTX network at [TRS-Care Standard by BCBSTX](#). Select **Doctors and Hospitals** and then **Nominate a Provider**. Check Provider Finder or call a Personal Health Guide at **1-866-355-5999** after 30 to 60 days to check the provider's status.

If my doctor is listed in Provider Finder, does that mean they are in network?

Yes. Your doctor is in-network if they're listed in Provider Finder.

Benefits

What are my TRS-Care Standard plan benefits?

Find more information about benefits at [TRS-Care Standard by BCBSTX](#).

When I retire, I'll switch from my current insurance to TRS-Care Standard. Will I have to meet a new deductible when I change?

Yes. You'll have to meet a new deductible under TRS-Care Standard.

How can I find out what services, procedures and equipment TRS-Care Standard covers?

Visit the www.bcbstx.com/trscarestandard/coverage [TRS-Care Standard coverage and benefits page](#), and select the Summary of Benefits and Coverage and the Benefits Booklet. You can also call a Personal Health Guide at **1-866-355-5999**.

What is the difference between preventive and diagnostic services at a doctor's visit?

The purpose of a preventive care service is to prevent certain illnesses and diseases. The purpose of a diagnostic service is to find the nature and cause of an illness or other medical concern, along with the method of treatment.

Are treatments for preexisting conditions covered as preventive?

No. If you're getting care for a known medical condition, that care is diagnostic.

What mental health resources are available?

You can get help with your mental health in many ways.

- Use [Provider Finder](#) to find an in-network therapist, psychiatrist or other mental health specialist.
- Use [Teladoc](#) to schedule a virtual mental health appointment.
- Use [Headway](#) to find a mental health provider based off location, concern and your insurance.
- Use [Learn to Live](#) to see how much better life can feel with digital mental health programs.

Find out more from the [TRS-Care Standard mental health page](#).

Are colonoscopies preventive?

TRS-Care Standard covers screening colonoscopies as preventive service with a \$0 copay. If you have a history of colon cancer or had polyps removed in a past colonoscopy, all future colonoscopies are diagnostic and covered as an outpatient surgery. Call a Personal Health Guide at **1-866-355-5999** to find out if your colonoscopy is routine or diagnostic.

[Do I need a doctor's order to schedule my annual mammogram?](#)

No. Your annual screening mammogram doesn't require a written order. As with colonoscopy, screening mammograms are covered as a preventive service with \$0 copay. But if a previous screening mammogram resulted in additional diagnostic studies, future mammograms may have out-of-pocket cost.

[Can I get a list of preventive care services that are covered including immunizations?](#)

Call a Personal Health Guide at **1-866-355-5999**. They can provide information on all preventive services available to you.

[Is there a difference between a wellness visit and annual checkup?](#)

There can be a difference in patient responsibility for your annual checkups, depending on how your doctor bills the service. Call a Personal Health Guide at **1-866-355-5999** if you have questions on billing. Personal Health Guides can reach out to your doctor if you feel your bill has errors.

[Do I have to use a specific lab for lab work?](#)

We recommend calling a Personal Health Guide at **1-866-355-5999** before getting labs so you can verify that the lab you want to use is in-network.

[Does BCBSTX offer transportation to and from medical appointments?](#)

No. BCBSTX doesn't provide transportation services for plan participants.

[How should I determine where to go for care?](#)

Call the 24/7 Nurseline at no cost to you at **1-833-968-1770**. A registered nurse can help you decide if you should go to an emergency room, urgent care center or make an appointment with your doctor.

Primary Care Physician (PCP) and Referrals

[What is a PCP?](#)

A primary care provider is a health care professional who is your main point of contact for nonemergency care. With a PCP, you'll have somebody in your corner ensuring you get the care you need.

[Am I required to have a PCP?](#)

No. TRS-Care Standard doesn't require a PCP. But we recommend having a PCP to help manage your health care needs.

How can I find a PCP?

Use the [BCBSTX Provider Finder](#) to find a provider near you. You can search by location, specialty and more. You can also call a Personal Health Guide at **1-866-355-5999** for help.

Do I need a referral to see a specialist?

You don't need a referral to see a specialist. But be sure to use in-network providers to ensure the highest level of benefits.

BCBSTX App

What is BAM?

Blue Access for Members is a secure website for TRS-Care Standard participants. You can view claims, download an explanation of benefits statement, look for providers, chat with a Personal Health Guide and more. To get the BCBSTX App, text **BCBSTXAPP to 33633** or search BCBSTX in the Apple App Store or Google Play Store.

Out-of-State Coverage

Do I have coverage outside of Texas?

Yes. You have nationwide coverage, so TRS-Care Standard covers you if you move or travel out of state. You also have emergency care when you travel internationally.

What happens if my dependent lives out of state?

If your covered dependents are out of state for any length of time, they can continue to use BCBSTX's extensive nationwide network of providers. Call a Personal Health Guide at **1-866-355-5999** for help finding an in-network provider.

TRS Virtual Health

Do I have a virtual health option?

Yes. You have low cost virtual care options through Teladoc and RediMD for medical and mental health.* You can see a doctor 24/7 or make an appointment with a mental health specialist, whether you're traveling, taking a lunch break or want care from the comfort of home. Teladoc providers will send your prescription to your preferred pharmacy in any state.

RediMD charges a \$30 copay per visit. Teladoc charges a \$42 copay per visit. Both copays apply to your deductible. When you meet your deductible, the plan pays 80% and you pay 20%.

Immediate family members who don't have a TRS-ActiveCare health plan can also use TRS Virtual Health at a fixed rate. RediMD = \$35 per visit. Use code TRS35 when registering a family member.

*RediMD doesn't provide mental health care.

How do I access Teladoc?

- Go to www.teladoc.com/trscarestandard and follow the instructions to set up your account.
- Download the Teladoc mobile app from the [Apple App Store](#) or [Google Play Store](#).
- Call **1-855-Teladoc** (1-855-835-2362) to speak to a representative.

**If the patient is 17 or younger, a parent or guardian must be present during the virtual visit.*

How do I access RediMD?

- Go to www.redimd.com/trscarestandard and follow the instructions to register. Enter the code **trscarestandard** when prompted. If you're registering a family member who isn't a TRS-Care Standard participant, use code **TRS35**.
- Download the RediMD mobile app from the [Apple App Store](#) or [Google Play Store](#).
- You can also call **1-855-942-4900** to speak to RediMD customer service.

**If the patient is 17 or younger, a parent or guardian must be present during the virtual visit.*

What are my virtual mental health benefits through TRS?

Teladoc also offers confidential mental health services from licensed therapists, psychologists, psychiatrists, or certified drug and alcohol abuse counselors for participants 13 and older. **Parents don't need to be present during mental health appointments for patients aged 13 to 17.**

- Psychiatrist (initial consultation) = \$185 before deductible
- Psychiatrist (ongoing consultations) = \$95 before deductible
- Psychologist or licensed clinical social worker consultations = \$85 before deductible

Can a Teladoc or RediMD provider write me a prescription from anywhere?

Teladoc and RediMD have providers throughout the United States. The provider you see can send a prescription to a pharmacy near you, if necessary, but they can't fill ongoing prescriptions. The provider may be able to fill a prescription if they feel it's medically necessary until you can see your physician in person. They also can't prescribe controlled substances.

Health and Wellness

What is Well OnTarget?

Well onTarget® offers personalized tools and resources to help all members — no matter where you may be on the path to health and wellness.

Find out how your health measures up by taking a Health Assessment. Answer a few questions about your health and lifestyle. Then, get a personal report that suggests programs that can help you improve your health.

You can even enroll in one-on-one [Wellness Coaching](#). To get started:

1. Log in to BAM by selecting **Log In** at the top of the webpage.
2. Select the **Wellness** tab then select **Well onTarget**.
3. You can also download the AlwaysOn® wellness app.

What is the Fitness Program?

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 well-being services like acupuncture, massage and personal training. You must be age 18 or older to buy a membership.

How much does the Fitness Program cost?

The Fitness Program has an initiation fee of \$19. Monthly fees range from \$19 to \$129, depending on the size of the gym network you choose. It's easy to sign up.

1. Log in to BAM at [TRS-Care Standard by BCBSTX](#).
2. Select **Wellness** and then **Fitness Program**. On this page, you can enroll, search for nearby fitness locations and learn more about the program.
3. Select **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 ask to get your ID card in the mail.
5. Visit a fitness location today!

What are Blue Points and how do they work?

Blue Points is a rewards program that lets you earn points to redeem for gift cards. You earn Blue Points when you:

- take a health assessment
- link a fitness device
- exercise
- complete an online, self-directed course

It's easy to get started with Blue Points:

1. Log in to your BAM account on [TRS-Care Standard by BCBSTX](#).
2. Go to the **Wellness** tab and select **Well onTarget**.

Are Blue Points available for dependents?

Blue Points are available for dependents 18 and older with a BAM account.

Vision and Dental Benefits

Does TRS-Care Standard offer vision and dental benefits?

- No. TRS-Care Standard does not offer routine vision and dental benefits.
- TRS-Care Standard covers routine eye exams if you have diabetes. Exams are subject to the deductible and coinsurance.
- TRS-Care Standard covers glasses within 12 months after intraocular surgery or accidental injury. The plan covers 80% of your first pair of glasses, frames, lenses or contact lenses, after you meet your deductible, up to the allowed amount.
- TRS-Care Standard may cover dental services if they are a medical service.
- Call a Personal Health Guide at **1-866-355-5999** for more benefit questions.

Does TRS offer vision and dental benefits?

Yes. Starting Jan. 1, 2025, TRS has new optional dental and vision plans for TRS retirees and their eligible dependents. Visit [TRS-Care Vision and TRS-Care Dental](#) to learn more. These are separate plans, each with their own premium. MetLife administers both plans.

Claims and Billing

I paid out of pocket for a doctor's appointment. How do I submit that information?

Call a Personal Health Guide at **1-866-355-5999** for a medical claim form. The medical claim form is also at [TRS-Care Standard by BCBSTX](#) under **Tools and Resources**.

Are treatments for preexisting conditions covered as preventive?

If you're getting care for a known medical condition, it's considered diagnostic.

What is the allowed amount?

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

The allowed amount is 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, determined by claims from the same types of providers in a geographic region.

Can an out-of-network provider balance bill me?

[Balance billing](#) is when a medical provider or facility bills patients the difference between provider charges and insurance company allowed amounts. In-network providers may not balance bill for covered services. To prevent balance billing, be sure to use in-network doctors and providers.

Prescription Drug Questions: Express Scripts (ESI)

Who is the pharmacy benefit manager (PBM) for TRS-Care Standard?

Express Scripts is the pharmacy benefit manager for the TRS-Care Standard prescription drug plan.

If you have questions or need an ID card, call Express Scripts TRS-Care Standard Customer Support at **1-855-778-1459**, 24 hours a day, seven days a week or visit [TRS-Care Standard by Express Scripts](#).

What benefits do I have under the TRS-Care Standard prescription drug plan?

Participants enjoy:

- No convenience fees on maintenance medications with less than a 90-day supply
- Lower copays

Find more information at [TRS-Care Standard by Express Scripts](#).

Is my local pharmacy in the network?

You may use any pharmacy in the Express Scripts retail network. You can fill long-term supplies (up to a 90-day supply) of maintenance medications at Retail-Maintenance pharmacies.

I lost my Prescription ID card. How can I order a new one?

If you need a replacement ID card, ask for one from Express Scripts at **1-855-778-1459**. They'll mail it to you.

How can I find a Retail-Maintenance Network Pharmacy?

Call Express Scripts at **1-855-778-1459** to find a Retail-Maintenance Network Pharmacy near you — or visit us online to find a list of network pharmacies:

1. Go to [TRS-Care Standard by Express Scripts](#).
2. Select **Explore your Plan**.
3. Select **Find a Pharmacy**.
4. Enter your zip code and select **Search**.
5. Review the list of pharmacies in your network.
6. Select your preferred in-network pharmacies for details.

How can I save money on prescription drugs or check if a drug is covered?

You can get certain preventive generic drugs at no added cost through TRS-Care Standard by Express Scripts. We encourage you to ask your doctor about switching to a generic. Check our prescription drug list (formulary) to see if your plan covers your medication at no added cost:

1. Go to [TRS-Care Standard by Express Scripts](#).
2. Select **Explore your Plan**.
3. Select the PDF links to download copies:
 - [2025 TRS-Care Standard Prescription Drug Benefits Overview](#)
 - [2025 TRS-Care Standard Preferred Drug List](#)
 - [2025 TRS-Care Standard Preventive Drug List](#)

If you get your medications from the Express Scripts Mail Order Pharmacy, you can split the payments for a 90-day supply into three payments over three months. Call Express Scripts at **1-855-778-1459** for more information.

What is a formulary?

A formulary is a list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. It is also called a drug list.

Where can I see the TRS-Care Standard drug formulary?

View your drug formulary (list of drugs) and search your medication cost at [TRS-Care Standard by Express Scripts](#). Select **Explore Your Plan** and **Price a Medication**. You can also select the PDF links to download copies:

- [2025 TRS-Care Standard Prescription Drug Benefits Overview](#)
- [2025 TRS-Care Standard Preferred Drug List](#)
- [2025 TRS-Care Standard Preventive Drug List](#)

What is my cost for the copay and coinsurance?

1. Go to [TRS-Care Standard by Express Scripts](#).
2. Select **Explore your Plan**.
3. Select **Price a Medication**.
4. Enter your medication name and zip code.
5. Select **Get Prices**.
6. Review your medication cost.

You can also call Express Scripts at **1-855-778-1459** to get the price of a medication.

Are there medications Express Scripts does not cover?

Yes. Medications not listed on the formulary are "non-formulary drugs." If you learn that Express Scripts does not cover your drug, Express Scripts can help you find a generic or lower cost equivalent.

Will I need a prior authorization for my medication?

For some medications, you must get approval through a coverage review process before the plan will cover the medication. The coverage review process allows Express Scripts to get more information about your specific course of treatment, including information that is not available on your original prescription.

This process helps Express Scripts determine if the medication qualifies for coverage under TRS-Care Standard. If you have questions about our coverage management programs, please call Express Scripts at **1-855-778-1459** to ask if your medication requires a prior authorization.

How much will I pay for insulin?

The 87th Texas Legislature passed State Bill 827, which lowers the cost of insulin for people on TRS-Care Standard. This change started Jan. 1, 2022.

TRS-Care Standard caps formulary insulins at \$25 for a 31-day supply and \$75 for a 60- to 90-day supply. You don't have to meet your deductible to get this price. You pay only a copay for covered insulin, which does not apply toward your deductible. Your copay does apply toward your maximum out-of-pocket costs.

Which insulins does TRS-Care Standard cover?

For a list of the covered formulary insulins, visit [TRS-Care Standard by Express Scripts](#) to view the Express Scripts® Formulary.

For diabetic supplies, you can get preferred test strips, lancets, alcohol prep pads, and needles at \$0 for a 90-day supply at Retail-Maintenance pharmacies or Express Scripts Mail Order Pharmacy.

What specialty pharmacy can I use?

Accredo, an Express Scripts specialty pharmacy, is your exclusive specialty pharmacy. For more information, call Accredo at **1-800-596-7701**.

What is the SaveOnSP Copay Assistance Program?

Express Scripts offers SaveOnSP, a copay assistance program. The program helps TRS-Care Standard participants save money while eliminating member cost share for specialty medications.

SaveOnSP helps TRS-Care Standard participants use manufacturer copay assistance to help them get lower drug prices. Formulary and prior authorization requirements still apply.

The SaveOnSP Copay Assistance Program lets you get select specialty medication at no added cost. That means \$0 out-of-pocket for any drug on your plan's exclusive SaveOnSP Specialty Drug list when you fill your prescription with Accredo Specialty Pharmacy. Call SaveOnSP at **1-800-683-1074** to learn more.

What are nonpreferred drugs?

Nonpreferred drugs have an alternative brand (or generic version) that costs less to you. These alternative drugs are in the same class and approved by FDA to work the same as the nonpreferred drugs.