TRS-ActiveCare Plan Summaries and Rates

TRS-ActiveCare Plans	ActiveCare 1-HD	ActiveCare Select or ActiveCare Select Whole Health	ActiveCare 2
Deductible (per plan year) In-Network Out-of-Network	\$2,500 employee only/\$5,000 family \$5,000 employee only/\$10,000 family	\$1,200 individual/\$3,600 family N/A. This plan does not cover out-of-network services, except for emergencies.	\$1,000 individual/\$3,000 family \$2,000 individual/\$6,000 family
Out-of-Pocket Maximum (per plan year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum) In-Network Out-of-Network	Only includes covered expenses incurred by that individual \$6,550 individual/\$13,100 family \$13,100 individual/\$26,200 family	\$7,150 individual/\$14,300 family N/A. This plan does not cover out-of-network services, except for emergencies.	\$7,150 individual/\$14,300 family \$14,300 individual/\$28,600 family
Coinsurance In-Network Out-of-Network	20% 40% allowed amount	20% N/A. This plan does not cover out-of-network services, except for emergencies.	20% 40% of allowed amount
Employee Only Premium	\$351	\$514	\$714
+Spouse	\$991	\$1,264	\$1,694
+Children	\$671	\$834	\$1,062
+Family	\$1,316	\$1,589	\$2,004

Regional HMO Options	FirstCare	Scott & White Health Plan	Blue Essentials Access
Deductible (per plan year)	\$750 individual/\$2,250 family	\$1,000 individual/\$3,000 family	\$500 individual/\$1,000 family
Out-of-Pocket Maximum (per plan year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum)	\$6,000 individual/\$12,000 family	\$6,550 individual/\$13,100 family	\$4,500 individual/\$9,000 family
PCP (Primary Care Physician)	\$0 copayment PCP Office Visit-Dependents, through age 19	\$20 copayment First Primary Care Visit for illness - \$0 copayment	\$25 copayment
Employee Only Premium	\$514.82	\$561.04	\$460.50
+Spouse	\$1,287.60	\$1,263.08	\$1,113.72
+Children	\$816.07	\$888.42	\$720.86
+Family	\$1,298.52	\$1,400.98	\$1,181.28