

TRS-ACTIVECARE PLAN HIGHLIGHTS* (effective Sept. 1, 2020-Aug. 31, 2021)

SERVICE	PRIMARY	HD	PRIMARY+	2 (no new enrollees)
Deductible In-Network	\$2,500 individual \$5,000 family	\$2,800 individual \$5,600 family	\$1,200 individual \$3,600 family	\$1,000 individual \$3,000 family
Deductible Out-of-Network	No out-of-network coverage with this plan.	\$5,500 individual \$11,000 family	No out-of-network coverage with this plan.	\$2,000 individual \$6,000 family
Out-of-Pocket Max In-Network	\$8,150 individual \$16,300 family	\$6,900 individual \$13,800 family	\$6,900 individual \$13,800 family	\$7,900 individual \$15,800 family
Out-of-Pocket Max Out-of-Network	No out-of-network coverage with this plan.	\$20,250 individual \$40,500 family	No out-of-network coverage with this plan.	\$23,700 individual \$47,400 family
Coinsurance	30% after deductible	20% after deductible for in-network provider 40% after deductible for out-of-network provider	20% after deductible	20% after deductible for in-network provider 40% after deductible for out-of-network provider
Office Visit	\$30 copay/primary care \$70 copay/specialist	20% after deductible for primary/specialist for in-network provider 40% after deductible for primary/specialist for out-of-network provider	\$30 copay/primary care \$70 copay/specialist	\$30 copay/primary care \$70 copay/specialist 40% after deductible for any out-of-network provider
Diagnostic Lab	Office/Independent Lab: You pay \$0. Outpatient: 30% after deductible	20% after deductible for in-network provider 40% after deductible for out-of-network provider	Office/Independent Lab: You pay \$0. Outpatient: 20% after deductible	Office/Independent Lab: You pay \$0. Outpatient: 20%/40% after deductible
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Urgent Care	\$50 copay	20% after deductible for in-network provider 40% after deductible for out-of-network provider	\$50 copay	\$50 copay for in-network provider 40% after deductible for out-of-network provider
Emergency Care	30% after deductible	20% after deductible	20% after deductible	\$250 copay + 20%
Outpatient Costs	30% after deductible	20% after deductible for in-network provider 40% after deductible for out-of-network provider	20% after deductible	\$150 copay + 20% after deductible in-network \$150 copay + 40% after deductible out-of-network
Inpatient Hospital	30% after deductible	20% after deductible for in-network provider 40% after deductible for out-of-network	20% after deductible	\$150/day + 20% after deductible in-network \$500/day + 40% after deductible out-of-network
Freestanding ER	\$500 copay plus 30% after deductible	\$500 copay plus 20%/40% after deductible	\$500 copay plus 20% after deductible	\$500 copay plus 20%/40% after deductible
TRS Virtual Health	\$0 per consultation	\$30 per consultation	\$0 per consultation	\$0 per consultation
Prescription Drugs Deductible	Integrated with medical deductible	Integrated with medical deductible	\$200 brand deductible	\$200 brand deductible
Generic Drugs (30-day / 90-day supply)	\$15 / \$45 copay \$0 for certain generics	20% after deductible \$0 for certain generics	\$15 / \$45 copay	\$20 / \$45 copay
Preferred Brand	30% after deductible	25% after deductible	25% after deductible	25% after deductible*
Non-preferred Brand	50% after deductible	50% after deductible	50% after deductible	50% after deductible*
Specialty Drugs	30% after deductible	20% after deductible	20% after deductible	20% after deductible*

*NOTE: For complete plan details and to find the HMO provider benefits, go to trs.texas.gov.