

**TRS-ActiveCare Premiums:**

		Total Premium <u>Before</u> Employer Contribution			Employee Premium after <u>Minimum State</u> and Employer Contribution*	Median Employee Premium**
		Current 2019-20 Total Premium	New 2020-21 Total Premium			
<b>TRS-ActiveCare Primary</b>  (new)	Employee Only	n/a	\$386.00		<b>\$161.00</b>	\$69.00
	Employee and Spouse	n/a	\$1,089.00		<b>\$864.00</b>	\$772.00
	Employee and Children	n/a	\$695.00		<b>\$470.00</b>	\$370.00
	Employee and Family	n/a	\$1,301.00		<b>\$1,076.00</b>	\$976.00
<b>TRS-ActiveCare HD</b>  (formerly 1-HD)	Employee Only	\$378.00	\$397.00		<b>\$172.00</b>	\$80.00
	Employee and Spouse	\$1,066.00	\$1,120.00		<b>\$895.00</b>	\$803.00
	Employee and Children	\$722.00	\$715.00		<b>\$490.00</b>	\$390.00
	Employee and Family	\$1,415.00	\$1,338.00		<b>\$1,113.00</b>	\$1,013.00
<b>TRS-ActiveCare Primary +</b>  (formerly Select)	Employee Only	\$556.00	\$514.00		<b>\$289.00</b>	\$197.00
	Employee and Spouse	\$1,367.00	\$1,264.00		<b>\$1,039.00</b>	\$947.00
	Employee and Children	\$902.00	\$834.00		<b>\$609.00</b>	\$509.00
	Employee and Family	\$1,718.00	\$1,588.00		<b>\$1,363.00</b>	\$1,263.00
<b>TRS-ActiveCare 2</b>  (closed to new enrollees since 2018)	Employee Only	\$852.00	\$937.00		<b>\$712.00</b>	\$620.00
	Employee and Spouse	\$2,020.00	\$2,222.00		<b>\$1,997.00</b>	\$1,905.00
	Employee and Children	\$1,267.00	\$1,393.00		<b>\$1,168.00</b>	\$1,068.00
	Employee and Family	\$2,389.00	\$2,627.00		<b>\$2,402.00</b>	\$2,302.00

\*Per state law, the minimum state contribution is \$75 and the minimum employer contribution is \$150. This has not changed since the program was created in 2001.

\*\*Based on median district contribution received by employees in 2019-20 plan year. This was \$317 for employee only and employee-child tiers and \$325 for others

**TRS-ActiveCare Plan Design:**

	<b>TRS-ActiveCare Primary (new)</b>	<b>TRS-ActiveCare HD (formerly 1-HD)</b>		<b>TRS-ActiveCare Primary + (formerly Select)</b>	<b>TRS-ActiveCare 2 (no changes)</b>	
Plan Summary	<ul style="list-style-type: none"> <li>Copays for doctor visits before you meet deductible</li> <li>Statewide network with no out-of-network coverage</li> <li>PCP referrals required to see specialists</li> <li>Not compatible with health savings account (HSA)</li> </ul>	<ul style="list-style-type: none"> <li>Must meet deductible before plan pays for non-preventive care</li> <li>Nationwide network with out-of-network coverage</li> <li>No requirement for PCPs or referrals</li> <li>Compatible with health savings account (HSA)</li> </ul>		<ul style="list-style-type: none"> <li>Copays for doctor visits before you meet deductible</li> <li>Statewide network with no out-of-network coverage</li> <li>PCP referrals required to see specialists</li> <li>Not compatible with health savings account (HSA)</li> <li>Lower deductible than Primary and HD plans</li> </ul>	<p><b>Closed to new enrollees, current enrollees can choose to stay in plan</b></p> <ul style="list-style-type: none"> <li>Copays for doctor visits after you meet deductible</li> <li>Nationwide network with out-of-network coverage</li> <li>No requirement for PCPs or referrals</li> <li>Not compatible with health savings account (HSA)</li> </ul>	
Employee Only* Premium	<b>\$161.00</b>	<b>\$172.00</b>		<b>\$289.00</b>	<b>\$712.00</b>	
Individual / Family Deductible	<b>In-Network Coverage Only</b> \$2,500 / \$5,000	<b>In-Network</b> \$2,800/\$5,600	<b>Out-of- Network</b> \$5,500/\$11,000	<b>In-Network Coverage Only</b> \$1,200/\$3,600	<b>In-Network</b> \$1,000/\$3,000	<b>Out-of- Network</b> \$2,000/\$6,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible
Primary Care Visits	\$30 copay	You pay 20% after deductible	You pay 40% after deductible	\$30 copay	You pay \$30 copay after deductible	You pay 40% after deductible
Specialist	\$70 copay	You pay 20% after deductible	You pay 40% after deductible	\$70 copay	You pay \$70 copay after deductible	You pay 40% after deductible
Virtual Health	\$0 per consultation	\$30 per consultation		\$0 per consultation	\$0 per consultation	
RX	Drug Deductible	Integrated with medical		\$200 brand deductible	\$200 brand deductible	
	Generics (30 day / 90 day supply)	You pay 20% after deductible		\$15/\$45 copay	\$20/\$45 copay	
	Preferred Brand	You pay 25% after deductible		You pay 25% after deductible	You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)	
	Non-Preferred	You pay 50% after deductible		You pay 50% after deductible	You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)	
	Specialty	You pay 20% after deductible		You pay 20% after deductible	You pay 20% after deductible (\$200 min/\$900 max)/ No 90-Day Supply of Specialty Medications	