

TRS-ActiveCare 2018-19 what's new & what's changing



Medical Coverage	TRS-ActiveCare-1HD		TRS-ActiveCare Select/ ActiveCare Select Whole Health		TRS-ActiveCare 2 <small>Note: This is a closed plan. Only participants presently enrolled in ActiveCare 2 are eligible to remain in this plan for 2018-19. No new enrollments will be allowed.</small>	
	2017 – 18 Plan Year	2018 – 19 Plan Year	2017 – 18 Plan Year	2018 – 19 Plan Year	2017 – 18 Plan Year	2018 – 19 Plan Year
In-network deductible Individual/Family	\$2,500/\$5,000	\$2,750/\$5,500	\$1,200/\$3,600	No change	\$1,000/\$3,000	No change
In-network out-of-pocket max Individual/Family	\$6,550/\$13,100	\$6,650/\$13,300	\$7,150/\$14,300	\$7,350/\$14,700	\$7,150/\$14,300	\$7,350/\$14,700
Out-of-network deductible Individual/Family	\$5,000/\$10,000	\$5,500/\$11,000	N/A	N/A	\$2,000/\$6,000	No change
Out-of-network out-of-pocket max Individual/Family	\$13,100/\$26,200	\$13,300/\$26,600	N/A	N/A	\$14,300/\$28,600	\$14,700/\$29,400
Specialist office visit	20% after deductible	No change	\$60 copay	\$70 copay	\$50 copay	\$70 copay
ER copay	20% after deductible	No change	\$200 copay plus 20% after deductible	\$250 copay plus 20% after deductible	\$200 copay plus 20% after deductible	\$250 copay plus 20% after deductible
NEW Freestanding ER	20% after deductible	\$500 copay plus 20% after deductible	\$200 copay plus 20% after deductible	\$500 copay plus 20% after deductible	\$200 copay plus 20% after deductible	\$500 copay plus 20% after deductible
Quest diagnostic lab	20% after deductible	No change	Plan pays 100%	20% after deductible	Plan pays 100%	20% after deductible

Prescription Coverage						
Retail (up to 31-days supply) No change to generic or preferred brand Non-preferred brand	20% after deductible	50% after deductible	50% after RX deductible	No change	\$65 copay	50% after RX deductible (min \$65*, max \$130)
Retail maintenance (after 1st fill; up to 31-days supply) No change to generic or preferred brand Non-preferred brand	20% after deductible	50% after deductible	50% after RX deductible	No change	\$90 copay	50% after RX deductible (min \$90*, max \$180)
Mail order & Retail-Plus (up to 90-days supply) No change to generic or preferred brand Non-preferred brand	20% after deductible	50% after deductible	50% after RX deductible	No change	\$180 copay	50% after RX deductible (min \$180*, max \$360)
Specialty prescription drug	20% after deductible	No change to coinsurance Limited to a 31-day supply per fill	20% after RX deductible	No change to coinsurance Limited to a 31-day supply per fill	\$200 (up to 31 day fill) \$450 (32-90 day fill)	20% after RX deductible (min \$200*, max \$900) Limited to a 31-day supply per fill

*If the cost of the drug is less than the minimum, you will pay the cost of the drug.

HMO Changes

Medical Coverage					Scott and White	
					2017 – 18 Plan Year	2018 – 19 Plan Year
Out-of-pocket maximum Individual/Family					\$6,550/\$13,100	\$7,000/\$14,000
PCP copay					\$20	\$15
Specialist copay					\$50	\$70
Urgent Care copay					\$55	\$50
ER copay					\$150 copay plus 20% after deductible	\$250 copay plus 20% after deductible
Prescription Coverage						
Specialty prescription drug					20% after RX deductible	Tier 1 and 2–15% after RX deductible Tier 3–25% after RX deductible

