

# TRS-ActiveCare 2019–20 what's new & what's changing



## TRS-ActiveCare Changes

Medical Coverage	TRS-ActiveCare 1-HD		TRS-ActiveCare Select		TRS-ActiveCare 2	
	2018 – 19 Plan Year	2019 – 20 Plan Year	2018 – 19 Plan Year	2019 – 20 Plan Year	2018 – 19 Plan Year	2019 – 20 Plan Year
<b>In-network out-of-pocket max</b> Individual/Family	\$6,650/\$13,300	\$6,750/\$13,500	\$7,350/\$14,700	\$7,900/\$15,800	\$7,350/\$14,700	\$7,900/\$15,800
<b>Out-of-network out-of-pocket max</b> Individual/Family	\$13,300/\$26,600	\$20,250/\$40,500	N/A	N/A	\$14,700/\$29,400	\$23,700/\$47,400
<b>Out-of-network inpatient hospital</b>	You pay 40% after deductible	Plan pays up to \$500 per day cap of covered charges after deductible; you pay the excess over the \$500 per day cap	N/A	N/A	You pay \$150 copay per day plus 40% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)	Plan pays up to \$500 per day cap of covered charges after deductible; you pay the excess over the \$500 per day cap
<b>Prescription Coverage   Generic drugs</b>						
<b>Retail copay/coinsurance</b> (up to 31-days supply)	You pay 20% after deductible, except for certain generic preventive drugs that are covered at 100%	No change	You pay \$20, no deductible	You pay \$15, no deductible	You pay \$20, no deductible	No change
<b>Retail maintenance copay/coinsurance</b> (after 1 <sup>st</sup> fill; up to 31-day supply)	You pay 20% after deductible	No change	You pay \$35, no deductible	You pay \$30, no deductible	You pay \$35, no deductible	No change
<b>Prescription Coverage   Preferred brand drugs</b>						
<b>Retail copay/coinsurance</b> (up to 31-days supply)	You pay 20% after deductible	You pay 25% after deductible	You pay \$40 after drug deductible	You pay 25% after drug deductible (min. \$40*; max. \$80)	You pay \$40 after drug deductible	You pay 25% after drug deductible (min. \$40*; max. \$80)
<b>Retail maintenance copay/coinsurance</b> (after 1 <sup>st</sup> fill; up to 31-day supply)	You pay 20% after deductible	You pay 25% after deductible	You pay \$60 after drug deductible	You pay 25% after drug deductible (min. \$60*; max. \$120)	You pay \$60 after drug deductible	You pay 25% after drug deductible (min. \$60*; max. \$120)
<b>Mail order &amp; Retail Plus copay/coinsurance</b> (60 to 90-day supply)	You pay 20% after deductible	You pay 25% after deductible	You pay \$105 after drug deductible	You pay 25% after drug deductible (min. \$105*; max. \$210)	You pay \$105 after drug deductible	You pay 25% after drug deductible (min. \$105*; max. \$210)
<b>Prescription Coverage   Non-preferred brand drugs</b>						
<b>Retail copay/coinsurance</b> (up to 31-days supply)	You pay 50% after deductible	No change	You pay 50% after drug deductible	No change	You pay 50% after drug deductible (min. \$65*; max. \$130)	You pay 50% after drug deductible (min. \$100*; max. \$200)
<b>Retail maintenance copay/coinsurance</b> (after 1 <sup>st</sup> fill; up to 31-day supply)	You pay 50% after deductible	No change	You pay 50% after drug deductible	No change	You pay 50% after drug deductible (min. \$90*; max. \$180)	You pay 50% after drug deductible (min. \$105*; max. \$210)
<b>Mail order &amp; Retail Plus copay/coinsurance</b> (60 to 90-day supply)	You pay 50% after deductible	No change	You pay 50% after drug deductible	No change	You pay 50% after drug deductible (min. \$180*; max. \$360)	You pay 50% after drug deductible (min. \$215*; max. \$430)

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

# TRS-ActiveCare 2019–20 what's new & what's changing

## TRS-ActiveCare Premium Changes

### New 2019–20 Premiums

TRS-ActiveCare Semi-Monthly Premium	TRS-ActiveCare 1-HD	TRS-ActiveCare Select	TRS-ActiveCare 2
Individual	\$26.50	\$115.50	\$263.50
+Spouse	\$343.00	\$493.50	\$820.00
+Children	\$190.00	\$280.00	\$462.50
+Family	\$517.50	\$669.00	\$1,004.50

### Current 2018–19 Premiums

TRS-ActiveCare Semi-Monthly Premium	TRS-ActiveCare 1-HD	TRS-ActiveCare Select	TRS-ActiveCare 2
Individual	\$46.00	\$132.50	\$253.50
+Spouse	\$352.50	\$498.50	\$762.50
+Children	\$204.50	\$292.00	\$435.50
+Family	\$522.00	\$669.00	\$932.00

If you are not eligible for the state/district subsidy, you will pay the full semi-monthly premium. Contact your Benefits Administrator for your monthly premium.

**The cost after the state contribution of \$75 and the district's contribution is the maximum you may pay per pay period.  
(This is the amount you will owe each pay period after all available subsidies are applied to your premium.)**



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