

REVISED 6/17/2016	<b>2016-2017 TRS-ActiveCare Plans</b>			
	<b>ActiveCare 1-HD (High Deductible)</b>	<b>Active Care 2</b>	<b>Active Care Select Plan</b>	<b>HMO Scott &amp; White/ Shannon Hospital</b>
<b>In-Network Benefits</b>				
Deductibles				
Individual	\$2,500	\$1,000	\$1,200	\$1,000
Family	\$5,000	\$3,000	\$3,600	\$3,000
Out of Pocket Maximum				
Individual	\$6,550	\$6,850	\$6,850	\$5,000
Family	\$13,100	\$13,700	\$13,700	\$10,000
	Per Plan Year: INCLUDES medical and prescription copayments, coinsurance & deductibles			
Coinsurance (Plan pays after deductible)	80%	80%	80%	80%
Office Visit Copay	20% after deductible	\$30 copay for primary \$60 copay for specialist	\$30 copay for primary \$60 copay for specialist	\$20 copay for primary \$50 copay for specialist
Teladoc Physician Services	\$40 consultation fee - applies to deductible and Out of Pocket expenses	100% covered	100% covered	Not Applicable
Quest Lab Services	100% covered	100% covered	100% covered	Not Applicable
Preventative Care	100% (routine physicals, immunizations & other testing)			100% of A/B listed preventative services
<b>Prescription Drug Benefits</b>				
Deductible per individual/family		\$0 for generic; \$200 per person for brand name	\$0 for generic; \$200 per person for brand name drugs	\$100
Retail Copays: Short Term				
Tier 1	20% after deductible	\$20(no ded)	\$20	\$3 (no ded)
Tier 2		\$40	\$40	20% after ded
Tier 3		\$65	50% coinsurance	20% after ded
Retail Copays: Maintenance		Copay increases 3rd maintenance Rx	Copay increases 3rd maintenance Rx	
Tier 1	20% after deductible	\$35	\$35	
Tier 2		\$60	\$60	
Tier 3		\$90	50% coinsurance	
Mail Order				
Tier 1	Medical deductible & coinsurance (discount card)	\$45	\$45	\$6 (no ded)
Tier 2		\$105	\$105	20% after ded
Tier 3		\$180	50% coinsurance	20% after ded
<b>Monthly Premiums</b>	<b>ActiveCare  1-HD (High Deductible)</b>	<b>ActiveCare  2</b>	<b>ActiveCare Select</b>	<b>HMO  Scott &amp; White/ Shannon Hospital</b>
<b>Employee Share</b>	<b>SAISD contributes \$350 per employee per month - prices below are actual cost to employees</b>			
Employee Only	\$0	\$295	\$134	\$180
Employee & Spouse	\$564	\$1,202	\$797	\$843
Employee & Child(ren)	\$265	\$692	\$429	\$489
Employee & Family	\$881	\$1,247	\$1,011	\$973