



2016-2017 TRS-ActiveCare POS II Rates and Benefit Changes Changes Effective September 1, 2016

TRRS-ActiveCare 1-HD Premium Changes *SAISD contributes \$350 per employee per month – prices below are actual cost to employees*

Coverage Tier	2015-2016 Premiums	2016-2017 Premiums
Employee Only	\$0.00	\$0.00
Employee & Spouse	\$564.00	\$564.00
Employee & Child(ren)	\$265.00	\$265.00
Employee & Family	\$881.00	\$881.00

TRRS-ActiveCare 1-HD Benefit Changes

Benefit	2015-2016 Plan Year	2016-2017 Plan Year
Deductible	Individual - \$2,500 Family - \$5,000	No changes
Out-of-Pocket Maximum	Individual - \$6,450 Family - \$12,900	Individual - \$6,550 Family - \$13,100

TRRS-ActiveCare Select Premium Changes *SAISD contributes \$350 per employee per month – prices below are actual cost to employees*

Coverage Tier	2015-2016 Premiums	2016-2017 Premiums
Employee Only	\$123.00	\$134.00
Employee & Spouse	\$772.00	\$797.00
Employee & Child(ren)	\$412.00	\$429.00
Employee & Family	\$981.00	\$1,011.00

TRS-ActiveCare Select Benefit Changes

Benefit	2015-2016 Plan Year	2016-2017 Plan Year
Deductible	Individual - \$1,200 Family - \$3,600	No changes
Out-of-Pocket Maximum	Individual - \$6,600 Family - \$13,200	Individual - \$6,850 Family - \$13,700
Retail Maintenance (after 1st fill, up to 31-day supply)		
Generic	\$25 copay	\$35 copay
Preferred Brand	\$50 copay	\$60 copay
Non-Preferred Brand	50% coinsurance	50% coinsurance

TRS-ActiveCare 2 Premium Changes

SAISD contributes \$350 per employee per month – prices below are actual cost to employees

Coverage Tier	2015-2016 Premiums	2016-2017 Premiums
Employee Only	\$265.00	\$295.00
Employee & Spouse	\$1,128.00	\$1,202.00
Employee & Child(ren)	\$642.00	\$692.00
Employee & Family	\$1,171.00	\$1,247.00

TRS-ActiveCare 2 Benefit Changes

Benefit	2015-2016 Plan Year	2016-2017 Plan Year
Deductible	Individual - \$1,000 Family - \$3,000	No changes
Out-of-Pocket Maximum	Individual - \$6,600 Family - \$13,200	Individual - \$6,850 Family - \$13,700
Retail Maintenance (after 1st fill, up to 31-day supply)		
Generic	\$25 copay	\$35 copay
Preferred Brand	\$50 copay	\$60 copay
Non-Preferred Brand	\$80 copay	\$90 copay

