

REVISED 6/082017	<b>2017-2018 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	\$7,150	\$7,150	\$6,550
Family	\$13,100	\$14,300	\$14,300	\$13,100
	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 \$50 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
Preventative Care	100% (routine physicals, immunizations & other testing)			100% of A/B listed preventative services
<b>Prescription Drug Benefits</b>				
Deductible per individual/family	Must meet plan-year deductible before plan pays	\$0 for generic; \$200 per person for brand name	\$0 for generic; \$200 per person for brand name drugs	\$150
Retail Copays: Short Term				
Tier 1	20% after deductible	\$20(no ded)	\$20	\$5 (no ded)
Tier 2	certain preventative generic may be covered	\$40	\$40	30% after ded
Tier 3	100%	\$65	50% coinsurance	50% after ded
Retail Copays: Maintenance		Copay increases 3rd maintenance Rx	Copay increases 3rd maintenance Rx	
Tier 1	20% after deductible	\$45	\$45	\$10 copy
Tier 2		\$105	\$105	30% after Rx deductible
Tier 3		\$180	50% coinsurance	50% after Rx deductible
Mail Order				
Tier 1	20% coinsurance	\$45	\$45	\$6 (no ded)
Tier 2	after deductible	\$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 \$355 per employee per month - prices below are actual cost to employees</b>			
Employee Only	\$0	\$359	\$159	\$206
Employee & Spouse	\$636	\$1,339	\$909	\$908
Employee & Child(ren)	\$316	\$707	\$479	\$533
Employee & Family	\$961	\$1,649	\$1,234	\$1,046