



2017-2018 TRS-ActiveCare POS II Rates and Benefit Changes Changes Effective September 1, 2017

TRS-ActiveCare 1-HD Premium Changes *SAISD contributes \$355 per employee per month – prices below are actual cost to employees*

Coverage Tier	2016-2017 Premiums	2017-2018 Premiums
Employee Only	\$0.00	\$0.00
Employee & Spouse	\$564.00	\$636.00
Employee & Child(ren)	\$265.00	\$316.00
Employee & Family	\$881.00	\$961.00

TRS-ActiveCare 1-HD Benefit Changes

Benefit	2016-2017 Plan Year	2017-2018 Plan Year
Deductible	Individual - \$2,500 Family - \$5,000	No changes
Out-of-Pocket Maximum	Individual - \$6,550 Family - \$13,100	No changes

TRS-ActiveCare Select Premium Changes *SAISD contributes \$355 per employee per month – prices below are actual cost to employees*

Coverage Tier	2016-2017 Premiums	2017-2018 Premiums
Employee Only	\$134.00	\$159.00
Employee & Spouse	\$797.00	\$909.00
Employee & Child(ren)	\$429.00	\$479.00
Employee & Family	\$1,011.00	\$1,234.00

TRS-ActiveCare Select Benefit Changes

Benefit	2016-2017 Plan Year	2017-2018 Plan Year
Deductible	Individual - \$1,200 Family - \$3,600	No changes
Out-of-Pocket Maximum	Individual - \$6,850 Family - \$13,700	Individual - \$7,150 Family - \$14,300
Retail Maintenance (after 1st fill, up to 31-day supply)		
Generic	\$35 copay	\$45 copay
Preferred Brand	\$60 copay	\$105 copay
Non-Preferred Brand	50% coinsurance	50% coinsurance

TRS-ActiveCare 2 Premium Changes

SAISD contributes \$355 per employee per month – prices below are actual cost to employees

Coverage Tier	2016-2017 Premiums	2017-2018 Premiums
Employee Only	\$295.00	\$359.00
Employee & Spouse	\$1,202.00	\$1,339.00
Employee & Child(ren)	\$692.00	\$707.00
Employee & Family	\$1,247.00	\$1,649.00

TRS-ActiveCare 2 Benefit Changes

Benefit	2016-2017 Plan Year	2017-2018 Plan Year
Deductible	Individual - \$1,000 Family - \$3,000	No changes
Out-of-Pocket Maximum	Individual - \$6,850 Family - \$13,700	Individual - \$7,150 Family - \$14,300
Retail Maintenance (after 1st fill, up to 31-day supply)		
Generic	\$35 copay	\$45 copay
Preferred Brand	\$60 copay	\$105 copay
Non-Preferred Brand	\$90 copay	\$180 copay



2017-2018 TRS-ActiveCare HMO Rates and Benefit Changes Changes Effective September 1, 2017

Scott & White Premium Changes

SAISD contributes \$355 per employee per month – prices below are actual cost to employees

Coverage Tier	2016-2017 Premiums	2017-2018 Premiums
Employee Only	\$180.00	\$206.00
Employee & Spouse	\$843.00	\$908.00
Employee & Child(ren)	\$489.00	\$533.00
Employee & Family	\$973.00	\$1046.00

Scott & White Benefit Changes

Benefit	2016-2017 Plan Year	2017-2018 Plan Year
Deductible	Individual - \$1000 Family - \$3,000	No change
Out-of-Pocket Maximum	Individual - \$5,000 Family - \$10,000	Individual - \$6,500 Family - \$13,100
Primary Care Office Visit Copay	\$20; copay for the first visit for illness waived, does not apply to wellness or preventive visits	No change
Durable Medical Equipment Coinsurance	20% after deductible	No change
Manipulative Therapy	20% without office visit \$40 plus 20% with office visit (5 visits max per month, 35 max visit per year)	No change
Prescription Drugs - Specialty Medications	20% after deductible	No change