

REVISED 6/19/2018	2018-2019 TRS-ActiveCare Plans			
	ActiveCare 1-HD (High Deductible)	Active Care 2 If you're currently enrolled in Act Care 2, you may remain in this plan. As of 9/1/18 this plan is closed to new enrollees.	Active Care Select Plan In-Network Providers Required	HMO Scott & White/ Shannon Hospital
In-Network Benefits				
Deductibles				
Individual	\$2,750	\$1,000	\$1,200	\$1,000
Family	\$5,500	\$3,000	\$3,600	\$3,000
Out of Pocket Maximum				
Individual	\$6,650	\$7,350	\$7,350	\$7,000
Family	\$13,300	\$14,700	\$14,700	\$14,000
	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 \$70 copay for specialist	\$30 copay for primary \$70 copay for specialist	\$15 copay for primary \$70 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 listed preventative services
Prescription Drug Benefits	If the cost of the drug is less than the minimum, you will pay the cost of the drug.			
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 (Does not apply to preferred generic drugs)
Retail Copays: Short Term up to 31 day supply				
Generic Tier 1	20% coinsurance	\$20	\$20	\$5 (no deduct)
Preferred Brand Tier 2	20% coinsurance	\$40	\$40	30% after deduct
Non-Preferred Brand Tier 3	50% coinsurance	50% coinsurance (Min \$65, Max \$130)	50% coinsurance	50% after deduct
Extended Day Supply at Mail Order or Retail-Plus Pharmacy (60-90 day supply)		Copay increases 3rd maintenance Rx	Copay increases 3rd maintenance Rx	
Generic Tier 1	20% coinsurance	\$45	\$45	\$10 copy
Preferred Brand Tier 2		\$105	\$105	30% after Rx deductible
Non-Preferred Brand Tier 3		50% coinsurance (Min \$180, Max \$900)	50% coinsurance	50% after Rx deductible
Specialty Medications	20% coinsurance	20% coinsurance (Min\$200,Max \$900)	20% coinsurance	Tier 1 & 2 - 15% after RX Deduct; Tier 3 -25% after RX Deduct
Short-Term Supply Maintenance Meds at Retail Location	The second time a participant fills a short-term supply of <u>maintenance medications</u> at a retail pharmacy, they will pay a convenience fee. They will be charged the coinsurance and copays in the row below the second time they fill a short-term supply of maintenance meds. Participants can avoid paying the convenience fee by filling a larger day supply of a maintenance medication through mail order or at a Retail-Plus location.			
Generic Tier 1		\$35 for 1-31-day supply	\$35 for 1-31-day supply	\$12.50 copay
Preferred Brand Tier 2	20% coinsurance	\$60 for 1-31-day supply	\$60 for 1-31-day supply	30% after deduct
Non-Preferred Brand Tier 3		50% coinsurance (Min \$90,Max \$180)	50% coinsurance (Min \$90,Max \$180)	50% after dededuct
Monthly Premiums	ActiveCare 1-HD (High Deductible)	Active Care 2 ONLY AVAILABLE TO PREVIOUS PARTICIPANTS	ActiveCare Select In-Network Providers Required	HMO Scott & White/ Shannon Hospital
Employee Share	SAISD contributes \$370 per employee per month - prices below are actual cost to employees			
Employee Only	\$0	\$412	\$170	\$208
Employee & Spouse	\$665	\$1,485	\$957	\$983
Employee & Child(ren)	\$331	\$793	\$506	\$538
Employee & Family	\$1,004	\$1,824	\$1,298	\$1,140