

Choose the Health Plan That's Right for You

Tips for choosing your health plan

Choosing the right health plan for you and your family is important. Answering a few simple questions and following these steps can help make the decision easier.

1. Review your health care needs to get an idea of how you'll use your health plan.
 - Are you and your family generally healthy and mainly need preventive care?
 - Are you or a family member managing an ongoing health condition?
 - Does an ongoing health condition require frequent doctor visits?
 - Are you or a family member taking expensive prescriptions or specialty drugs?
 - Are you planning to start a family?
 - Are your preferred doctors in network?
2. Compare the network features of each plan to see which one best fits your needs.

Health Plan	Do you have to have a PCP?	Do you have to get a referral to see a specialist?	Do you have out-of-network coverage?	Are specialty medications covered?	Does this plan work with a Health Savings Account?
TRS-ActiveCare Primary	Yes	Yes	No	Yes	No
TRS-ActiveCare Primary+	Yes	Yes	No	Yes	No
TRS-ActiveCare HD	No, but we recommend you have one.	No	Yes, but you'll pay more for out-of-network care.	Yes	Yes

3. Compare the costs of each plan, including premiums, deductibles, copays, and coinsurance.

Premiums are not the only cost to consider. A plan with lower premiums may have a higher deductible, which means you'll have to pay more out of pocket before your health plan starts to pay.

A plan with higher premiums may have a lower deductible and copays, which means your expenses may be more predictable.

Health Plan	Premiums	Deductible	Copays	Coinsurance	Network
TRS-ActiveCare Primary	Lowest	Mid-range	Yes, before deductible	After deductible	Statewide
TRS-ActiveCare Primary+	Highest	Lowest	Yes, before deductible	After deductible	Statewide
TRS-ActiveCare HD	Mid-range	Highest	No. You pay all costs until you meet your deductible.	After deductible	Nationwide

4. Compare the essential features of each plan to make sure you understand what it covers and how it works.



Prescription Drug Benefits Summary

BENEFIT	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD	TRS-ACTIVECARE 2
Drug Deductible (per person, per plan year)	\$0 generic non-specialty drugs, \$2,500 individual, \$5,000 family	\$0 for generics, \$200 brand only Rx	\$3,000 individual, \$6,000 family	\$200 brand only Rx
Maximum Out of Pocket	Medical + Pharmacy Combined \$8,150 individual, \$16,300 family	Medical + Pharmacy Combined \$6,900 individual, \$13,800 family	Medical + Pharmacy Combined \$7,050 individual, \$14,100 family	Medical + Pharmacy Combined \$7,900 individual, \$15,800 family
Short-term Supply at a Retail Location (up to a 31-day supply)				
Generic	\$15 copay, \$0 for certain generics	\$15 copay	20% coinsurance, \$0 for certain generics before the deductible	\$20 copay
Preferred Brand with Generic	30% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance (\$40 min/\$80 max)
Preferred Brand with no Generic	30% coinsurance	25% coinsurance (\$100 max)	25% coinsurance	25% coinsurance (\$40 min/\$80 max)
Non-Preferred Brand	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance (\$100 min/\$200 max)
Insulin Out-of-Pocket Cost	\$25 copay	\$25 copay	25% coinsurance	\$25 copay
Long-term Supply through Mail Order or a Retail-Plus Pharmacy Location (60- to 90-day supply)				
Generic	\$45 copay, \$0 for certain generics	\$45 copay	20% coinsurance, \$0 for certain generics before the deductible	\$45 copay
Preferred Brand with no Generic	30% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance (\$105 min/\$210 max)
Preferred Brand with Generic	30% coinsurance	25% coinsurance (\$265 max)	25% coinsurance	25% coinsurance (\$105 min/\$210 max)
Non-Preferred Brand	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance (\$215 min/\$430 max)
Formulary Insulin Out-of-Pocket Cost	\$75 copay	\$75 copay	25% coinsurance	\$75 copay
Specialty Medications through the CVS Caremark Specialty Pharmacy (up to a 31-day supply)				
Specialty Medications	30% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance (\$200 min/\$900 max)
Specialty Medications through PrudentRx				
Specialty Medications on the PrudentRx Drug List	\$0 copay	\$0 copay	N/A	\$0 copay

Coinsurance applies after deductible.

TRS-ActiveCare Plan Comparison Chart

	TRS- ACTIVECARE PRIMARY	TRS- ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD		TRS-ACTIVECARE 2 NOTE: CLOSED PLAN; NO NEW ENROLLMENTS.	
PLAN FEATURES						
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage	Out-of-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Individual/ Family Deductible	\$2,500/ \$5,000	\$1,200/ \$3,600	\$3,000/ \$6,000	\$5,500/ \$11,000	\$1,000/ \$3,000	\$2,000/ \$6,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual/ Family Maximum Out-of-Pocket	\$8,150/ \$16,300	\$6,900/ \$13,800	\$7,050/ \$14,100	\$20,250/ \$40,500	\$7,900/ \$15,800	\$23,700/ \$47,400
Network	Statewide	Statewide	Nationwide		Nationwide	
Primary Care Provider (PCP) Required	Yes	Yes	No		No	
DOCTOR VISITS						
Primary Care	\$30 copay	\$30 copay	You pay 30% after deductible	You pay 50% after deductible	\$30 copay	You pay 40% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible	\$70 copay	You pay 40% after deductible
Mental Health	\$30 copay	\$30 copay	You pay 30% after deductible		\$30 copay	
TRS Virtual Health Teladoc Medical Mental Health	\$12 copay Psychiatrist (initial visit) \$70 (ongoing visit) \$70 Psychologist, Licensed Clinical Social Worker \$70	\$12 copay Psychiatrist (initial visit) \$70 (ongoing visit) \$70 Psychologist, Licensed Clinical Social Worker \$70	\$42 consultation fee Psychiatrist (initial visit) You pay 30% after deductible (ongoing visit) You pay 30% after deductible Psychologist, Licensed Clinical Social Worker You pay 30% after deductible		\$12 copay Psychiatrist (initial visit) \$70 (ongoing visit) \$70 Psychologist, Licensed Clinical Social Worker \$70	
RediMD	\$0	\$0	\$30		\$0	
IMMEDIATE CARE						
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible	\$50 copay	You pay 40% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible		You pay a \$250 copay + 20% after deductible	
Freestanding Emergency Room	You pay a \$500 copay + 30% after deductible	You pay a \$500 copay + 20% after deductible	You pay a \$500 copay + 30% after deductible	You pay a \$500 copay + 50% after deductible	You pay a \$500 copay + 20% after deductible	You pay a \$500 copay + 40% after deductible
OTHER SERVICES						
Diagnostic labs	Office/Independent lab: You pay \$0	Office/Independent lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 per procedure copay	You pay 40% after deductible + \$100 per procedure copay
Outpatient costs (Professional and facility)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient costs (Professional and facility)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)



TRS- ACTIVECARE PRIMARY	TRS- ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD	TRS-ACTIVECARE 2 NOTE: CLOSED PLAN; NO NEW ENROLLMENTS.
-------------------------------	--------------------------------	-------------------	---

OTHER SERVICES (CONTINUED)

Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage	Out-of-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Bariatric Surgery	Facility – You pay 30% after deductible Professional – You pay \$5,000 copay + 30% after deductible (Only covered if rendered at a BDC+ facility by an in-network physician)	Facility – You pay 20% after deductible Professional – You pay \$5,000 copay + 20% after deductible (Only covered if rendered at a BDC+ facility by an in-network physician)	Not Covered	Not Covered	Facility – You pay 20% after deductible (\$150 facility copay per day) Professional – You pay \$5,000 copay + 20% after deductible (Only covered if rendered at a BDC+ facility by an in-network physician)	Not Covered
Annual Vision Examination (<i>one per plan year; performed by an ophthalmologist or optometrist</i>)	PCP \$30 copay Specialist \$70 copay	PCP \$30 copay Specialist \$70 copay	You pay 30% after deductible	You pay 50% after deductible	PCP \$30 copay Specialist \$70 copay	You pay 40% after deductible
Annual Hearing Exam (<i>one per plan year</i>)	PCP \$30 copay Specialist \$70 copay	PCP \$30 copay Specialist \$70 copay	You pay 30% after deductible	You pay 50% after deductible	PCP \$30 copay Specialist \$70 copay	You pay 40% after deductible

AT A GLANCE

	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD
Premiums	Lowest	Higher	Mid-range
Deductible	Mid-Range	Lower	Higher
Copays	Yes	Yes	No
Network	Statewide	Statewide	Nationwide
PCP Required	Yes	Yes	No
HSA-eligible	No	No	Yes

Blue Distinction® Centers

Blue Distinction® Centers+ (BDC+) are designated specialty care facilities that meet national measures for quality and cost-efficient care. When you use a BDC+, you'll receive the most from your benefits and know the facility has a record of providing quality care, expert treatment and better overall patient results. To find a BDC+ go to www.bcbstx.com/trsactivecare, then **Doctors and Hospitals**. Click on your health care plan from the list. Choose **Hospital** in the **Common Searches** section. From the blue bar at the top of the page, make a selection from the **All Blue Distinction Programs** menu to filter search results.

Note: Designation as BDC + facility means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at any facilities, please call a Personal Health Guide. Call your provider before making an appointment to verify the most current information on their network participation status. Neither Blue Cross and Blue Shield Association nor any of its licensees are responsible for any damages, losses or noncovered charges that may result from receiving care from a provider designated as a Blue Distinction Center.