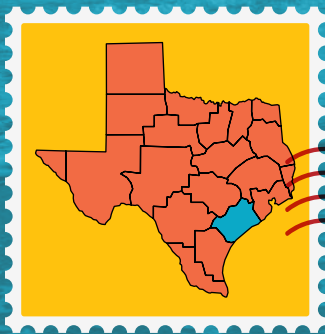


*The only thing more reliable than a Gulf Coast sunset is your TRS-ActiveCare network.*

# TRS-ActiveCare REGION 3



## TRS-ActiveCare Plan Highlights 2023-24



### Learn the Terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.



# What's New and What's Changing



This table shows you the changes between 2022-23 premium price and this year's 2023-24 regional price for your Education Service Center.

		2022-23 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	Key Plan Changes
<b>TRS-ActiveCare Primary</b>	Employee Only	\$167	\$197	<b>\$30</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500.</li> <li>Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000.</li> <li>Teladoc virtual mental health visit copay decreased from \$70 to \$0.</li> </ul>
	Employee and Spouse	\$926	\$957	<b>\$31</b>	
	Employee and Children	\$500	\$510	<b>\$10</b>	
	Employee and Family	\$1,155	\$1,270	<b>\$115</b>	
<b>TRS-ActiveCare HD</b>	Employee Only	\$177	\$206	<b>\$29</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500.</li> <li>Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000.</li> </ul> <p>These changes apply only to in-network amounts.</p>
	Employee and Spouse	\$952	\$982	<b>\$30</b>	
	Employee and Children	\$516	\$526	<b>\$10</b>	
	Employee and Family	\$1,187	\$1,301	<b>\$114</b>	
<b>TRS-ActiveCare Primary+</b>	Employee Only	\$274	\$274	<b>\$0</b>	<ul style="list-style-type: none"> <li>Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400.</li> <li>Primary care provider and mental health copays decreased from \$30 to \$15.</li> <li>Teladoc virtual mental health visit copay decreased from \$70 to \$0.</li> </ul>
	Employee and Spouse	\$1,030	\$1,113	<b>\$83</b>	
	Employee and Children	\$593	\$641	<b>\$48</b>	
	Employee and Family	\$1,360	\$1,480	<b>\$120</b>	
<b>TRS-ActiveCare 2 (closed to new enrollees)</b>	Employee Only	\$763	\$763	<b>\$0</b>	<ul style="list-style-type: none"> <li>No changes.</li> <li>This plan is still closed to new enrollees.</li> </ul>
	Employee and Spouse	\$2,152	\$2,152	<b>\$0</b>	
	Employee and Children	\$1,257	\$1,257	<b>\$0</b>	
	Employee and Family	\$2,591	\$2,591	<b>\$0</b>	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2023

## Compare Prices for Common Medical Services

### REMEMBER:

Call a Personal Health Guide (PHG) any time 24/7 to help you find the best price for a medical service. Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
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 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	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 Hospital Costs	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)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

*\*Pre-certification for genetic and specialty testing may apply. Contact a PHG at 1-866-355-5999 with questions.*

[www.trs.texas.gov](http://www.trs.texas.gov)