

2024/2025 MEDICAL PLAN OPTIONS Effective Sept. 1, 2024	TRS-ActiveCare Primary (BCBS of TX Network) HMO	TRS-ActiveCare Primary+ (BCBS of TX Network) HMO	TRS-ActiveCare HD (BCBS of TX Network) PPO	
Plan Features	<ul style="list-style-type: none"> • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not eligible for a Health Savings Account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Copays for many services and drugs • Higher premium • Statewide network • PCP referrals required to see specialists • Not eligible for Health Savings Account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Compatible with a Health Savings Account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet your deductible before plan pays for non-preventive care 	
Monthly Employee Premium Portion				
Employee only	\$79	\$149	\$95	
Employee and Spouse	\$759	\$901	\$803	
Employee and Child(ren)	\$359	\$478	\$387	
Employee and Family	\$1,039	\$1,230	\$1,094	
Plan Summary				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,200/\$6,400	\$6,400/\$12,800
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Max Out of Pocket	\$8,050/\$16,100	\$6,900/\$13,800	\$8,050/\$16,100	\$20,250/\$40,500
Network	Statewide Only Network	Statewide Only Network	Nationwide Network	
Primary Care Provider (PCP) Required	Yes	Yes	No	
PCP Referral to Specialist Required	Yes	Yes	No	
Doctor Visits				
Preventive Care	\$0 Copay	\$0 Copay	\$0 Copay	
Primary Care	\$30 Copay	\$15 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	\$70 Copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible
Immediate Care Facilities				
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
Hospital Services	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
RediMD - Virtual Health	\$0 per consultation	\$0 per consultation	\$30 per consultation	
Teladoc - Virtual Health	\$12 per consultation	\$12 per consultation	\$42 per consultation	
Prescription Drug Benefits (Express Scripts)				
Rx Drug Deductible	Integrated with medical	\$200 brand deductible	Integrated with medical	
Generics	30 day \$15/90 day \$45 copay; \$0 Copay for certain generics	30 day \$15/90 day \$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics	
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	
Non-Preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	
Specialty	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible	
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible	