

Plan 1—TRS ActiveCare Plan Overview

<u>Benefit Description</u>	Network	Non-Network <i>Payment for non-network services is limited to the allowable amount as determined by Blue Cross Blue Shield of Texas. You are responsible for all charges billed by non-network providers which exceed the allowable amount</i>
Annual Deductible	\$1,150 Individual \$3,000 Family (Plan year deductible is for all medical and prescription benefits)	
Out-of-Pocket Maximum (per plan year; does not include deductible, co-pays, or any charges exceeding the allowable amount)	\$2,000 Individual \$6,000 Family	
Preventive Care		
When using network physicians, benefits are paid at 100% up to the first \$500 per individual, per plan year; remaining charges will be subject to deductible and coinsurance. No copayment is required for preventive care, but covered services under this benefit must be billed by the doctor as “preventive care.” Preventive care visits—network or non-network— are limited to one physical exam per plan year for age two and over; one OB/GYN well-woman exam per plan year; and one routine mammogram per plan year.		
<ul style="list-style-type: none"> • Office visits (including lab, X-rays, immunizations) • Routine eye exam (one per plan year) • Hearing exam 	First \$500: Plan pays 100% Remaining charges: After deductible, plan pays 80%; you pay 20%	After deductible, plan pays 60%; you pay 40% of the allowable amount
Doctor and Lab Services		
Doctor office visits (includes most injections, diagnostic X-rays and lab tests)	After deductible, plan pays 80%; you pay 20%	After deductible, plan pays 60%; you pay 40% of the allowable amount
Prescription Drugs		
Retail Pharmacy (up to a 30-day supply) <ul style="list-style-type: none"> • Generic • Preferred brand • Non-preferred brand 	You pay 100% of the discounted cost at the time of purchase, and after the deductible is met, you will be reimbursed 80% by Blue Cross and Blue Shield of Texas (Must submit claim to be reimbursed)	
Mail Order Pharmacy (up to a 90-day supply) <ul style="list-style-type: none"> • Generic • Preferred brand • Non-preferred brand 	You pay 100% of the discounted cost at the time of purchase, and after the deductible is met, you will be reimbursed 80% by Blue Cross and Blue Shield of Texas (Must submit claim to be reimbursed)	N/A
Hospital/Facility Services		
<ul style="list-style-type: none"> • Inpatient hospital (semi-private room and board or ICU; pre-authorization required) • Outpatient surgery 	After deductible, plan pays 80%; you pay 20%	After deductible, plan pays 60%; you pay 40% of the allowable amount
Emergency room care within 48 hours of accident or medical emergency	After deductible, plan pays 80%; you pay 20%	
Emergency room care for all other conditions	After deductible, plan pays 80%; you pay 20%	After deductible, plan pays 60%; you pay 40% of the allowable amount
Behavioral Health (Mental Health and Chemical Dependency)		
Mental Health (Pre-authorization Required) Chemical Dependency (Pre-authorization Required, Maximum of two separate series per lifetime)	After deductible, plan pays 80%; you pay 20%	After deductible, plan pays 80%; you pay 20%