

Plan 2—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	\$500 Individual \$1,500 Family	
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		
Office visit copay includes all preventive care services billed with an office visit by a network doctor. Network services billed without an office visit will be paid at 80%. 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 exams 	\$25 copay for primary \$35 copay for specialist	After deductible, plan pays 60%; you pay 40% of the allowable amount
When no office visit is billed or the following services are performed outside the office: <ul style="list-style-type: none"> • Diagnostic x-rays and lab tests • Immunizations • Routine mammograms 	Plan pays 80%, you pay 20% (deductible waived)	
Doctor and Lab Services		
Doctor office visits (includes most injections, diagnostic X-rays and lab tests when performed during an office visit)	\$25 copay for primary \$35 copay for specialist	After deductible, plan pays 60%; you pay 40% of the allowable amount
When no office visit is billed or the following services are performed outside the office: <ul style="list-style-type: none"> • Diagnostic x-rays and lab tests • Allergy injections and contraceptive devices • Office Surgery • Inpatient doctor visits 	After deductible, plan pays 80%, you pay 20%	
Outpatient Surgery	\$100 copay; then after deductible, plan pays 80%, you pay 20%	
Maternity Care (doctor charges only; see Hospital/Facility for inpatient charges)	\$25 copay for primary \$35 copay for specialist (for initial visit only; for delivery, after deductible, plan pays 80%, you pay 20%)	

Plan 2—TRS ActiveCare Plan Overview—Continued

	Network	Non-Network
Prescription Drug Deductible (per person, per plan year)	\$50	
Retail Pharmacy (up to a 30-day supply) <ul style="list-style-type: none"> Generic Preferred brand Non-preferred brand 	\$10 copay \$25 copay \$45 copay	
Retail Pharmacy—Maintenance (after second fill; up to a 30-day supply) <ul style="list-style-type: none"> Generic Preferred brand Non-preferred brand 	\$15 copay \$35 copay \$60 copay	You will be reimbursed by Medco for the amount that would have been charged by a network pharmacy less the required copay (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 	\$20 copay \$62.50 copay \$112.50 copay	N/A
<i>If you obtain a brand-name drug when a generic equivalent is available, you are responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug. This amount does not count toward the \$50 drug deductible.</i>		
Hospital/Facility Services		
<ul style="list-style-type: none"> Inpatient hospital (semi-private room and board or ICU; pre-authorization required) 	\$100 per day copay (\$500 max copay per stay; \$1500 max copay per year); then after deductible, plan pays 80%, you pay 20%	After deductible, plan pays 60%; you pay 40% of the allowable amount
<ul style="list-style-type: none"> Outpatient surgery Outpatient hospitals/facilities 	\$100 copay, then after deductible, plan pays 80%, you pay 20%	After deductible, plan pays 60%; you pay 40% of the allowable amount
<ul style="list-style-type: none"> Emergency room care within 48 hours of accident or medical emergency 	\$100 copay then after deductible plan pays 80%, you pay 20%	
<ul style="list-style-type: none"> Emergency room care for all other conditions 	\$100 copay, then after deductible, plan pays 80%; you pay 20% of the allowable	After deductible, plan pays 60%; you pay 40% of the allowable amount
Behavioral Health (Mental Health and Chemical Dependency)		
Mental Health/Chemical Dependency (Pre-authorization required; maximum of two separate series per lifetime for chemical dependency treatment)		
<ul style="list-style-type: none"> Inpatient facility and physician charges 	After deductible, plan pays 80%; you pay 20%	After deductible, plan pays 60%; you pay 40% of the allowable amount
<ul style="list-style-type: none"> Office Visit 	\$25 copay for primary \$35 copay for specialist	