

### Plan 3—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>
<b>Annual Deductible</b>	None	\$500 Individual \$1,500 Family
<b>Out-of-Pocket Maximum</b> (per plan year; does not include deductible, co-pays, or any charges exceeding the allowable amount)	\$1,000 Individual N/A Family	\$3,000 N/A Family
<b>Preventive Care</b>		
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"> <li>• Office visits (including lab, X-rays, immunizations)</li> <li>• Routine eye exam (one per plan year)</li> <li>• Hearing exams</li> </ul>	\$20 copay for primary \$30 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"> <li>• Diagnostic x-rays and lab tests</li> <li>• Immunizations and routine mammograms</li> </ul>	Plan pays 80%, you pay 20%	
<b>Doctor and Lab Services</b>		
Doctor office visits (includes most injections, diagnostic X-rays and lab tests when performed during an office visit)	\$20 copay for primary \$30 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"> <li>• Diagnostic x-rays and lab tests</li> <li>• Allergy injections and contraceptive devices</li> <li>• Office and outpatient surgery</li> </ul>	Plan pays 80%, you pay 20%	
Maternity Care (doctor charges only; see Hospital/Facility for inpatient charges)	\$20 copay for primary \$30 copay for specialist (for initial visit only; for delivery, plan pays 80%, you pay 20%)	

## Plan 3—TRS ActiveCare Plan Overview—Continued

	Network	Non-Network
<b>Prescription Drug Deductible</b> (per person, per plan year)	\$50	
<b>Retail Pharmacy</b> (up to a 30-day supply) <ul style="list-style-type: none"> <li>• Generic</li> <li>• Preferred brand</li> <li>• Non-preferred brand</li> </ul>	\$10 copay \$25 copay \$45 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)
<b>Retail Pharmacy—Maintenance</b> (after second fill; up to a 30-day supply) <ul style="list-style-type: none"> <li>• Generic</li> <li>• Preferred brand</li> <li>• Non-preferred brand</li> </ul>	\$15 copay \$35 copay \$55 copay	
<b>Mail Order Pharmacy</b> (up to a 90-day supply) <ul style="list-style-type: none"> <li>• Generic</li> <li>• Preferred brand</li> <li>• Non-preferred brand</li> </ul>	\$20 copay \$62.50 copay \$100 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>		
<b>Hospital/Facility Services</b>		
<ul style="list-style-type: none"> <li>• Inpatient hospital (semi-private room and board or ICU; pre-authorization required; \$1500 max copay per plan year for network and non-network benefits combined)</li> </ul>	After \$100 copay per day (\$500 max copay per stay), plan pays 80%, you pay 20%	After \$100 copay per day (\$500 max copay per stay), plan pays 60%; you pay 40% of the allowable amount after deductible
<ul style="list-style-type: none"> <li>• Outpatient surgery</li> </ul>	After \$100 copay, plan pays 80%, you pay 20%	After \$100 copay per day (\$500 max copay per stay), plan pays 60%; you pay 40% of the allowable amount after deductible
<ul style="list-style-type: none"> <li>• Outpatient hospitals/facilities</li> </ul>	Plan pays 80%, you pay 20%	After deductible, plan pays 60%; you pay 40% of the allowable amount
<ul style="list-style-type: none"> <li>• Emergency room care within 48 hours of accident or medical emergency</li> </ul>	After \$100 copay, plan pays 80%, you pay 20% (copay waived if admitted)	
<ul style="list-style-type: none"> <li>• Emergency room care for all other conditions</li> </ul>	After \$100 copay, plan pays 80%; you pay 20% of the allowable amount (copay waived if admitted)	After deductible, plan pays 60%; you pay 40% of the allowable amount
<b>Behavioral Health (Mental Health and Chemical Dependency)</b>		
<b>Mental Health/Chemical Dependency</b> (Pre-authorization required; maximum of two separate series per lifetime for chemical dependency treatment) <ul style="list-style-type: none"> <li>• Inpatient facility (up to 30 days per plan year; \$1500 max copay per plan year for network and non-network benefits combined)</li> </ul>	After \$100 copay per day (\$500 max copay per admission), plan pays 80%, you pay 20%	After \$100 copay per day (\$500 max copay per admission), plan pays 60%, you pay 40% of the allowable amount after deductible
<ul style="list-style-type: none"> <li>• Inpatient physician charges (up to 30 visits per plan year)</li> <li>• Outpatient/office visit (up to 30 visits per plan year; non-network limited to \$60 allowable per visit)</li> </ul>	Plan pays 80%, you pay 20%	After deductible, plan pays 60%, you pay 40% of the allowable amount
<ul style="list-style-type: none"> <li>• Office Visit</li> </ul>	\$20 copay for primary \$30 copay for specialist	After deductible, plan pays 60%, you pay 40% of the allowable amount