

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	• Lowest premium of the three available plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Highest premium of the three available plans • Copays for many services and drugs • Lower deductible than the HD and Primary plans • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Higher premium of the three available plans • Must meet your deductible before plan pays for non-preventive care • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Compatible with a Health Savings Account

	Total Premium	Employer Contribution	Employee Premium	Total Premium	Employer Contribution	Employee Premium	Total Premium	Employer Contribution	Employee Premium
Employee Only	\$ 499.00	\$ 400.00	\$ 99.00	\$ 586.00	\$ 400.00	\$ 186.00	\$ 515.00	\$ 400.00	\$ 115.00
Employee and Spouse	\$ 1,348.00	\$ 400.00	\$ 948.00	\$ 1,524.00	\$ 400.00	\$ 1,124.00	\$ 1,391.00	\$ 400.00	\$ 991.00
Employee and Children	\$ 849.00	\$ 400.00	\$ 449.00	\$ 997.00	\$ 400.00	\$ 597.00	\$ 876.00	\$ 400.00	\$ 476.00
Employee and Family	\$ 1,697.00	\$ 400.00	\$ 1,297.00	\$ 1,934.00	\$ 400.00	\$ 1,534.00	\$ 1,751.00	\$ 400.00	\$ 1,351.00

Plan Features				
Type of Coverage	In-Network Coverage Only		In-Network Coverage Only	
Individual/Family Deductible	\$2,500/\$5,000		\$1,200/\$2,400	
Coinsurance	You pay 30% after deductible		You pay 20% after deductible	
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100		\$6,900/\$13,800	
PCP Required	Yes		Yes	
			No	

Doctor Visits				
Primary Care	\$30 copay		\$15 copay	
Specialist	\$70 copay		\$70 copay	

Immediate Care				
Urgent Care	\$50 copay		\$50 copay	
Emergency Care	You pay 30% after deductible		You pay 20% after deductible	
TRS Virtual Health-RediMD™	\$0 per medical consultation		\$0 per medical consultation	
TRS Virtual Health-Teladoc®	\$12 per medical consultation		\$12 per medical consultation	

Prescription Drugs			
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics		\$15/\$45 copay
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible		You pay 20% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max)
Non-preferred	You pay 50% after deductible		You pay 25% after deductible
Specialty (31-Day Max) Call 1-844-367-6108 to see if your specialty medication is covered by SaveOnSP.	You pay 30% after deductible; \$0 if SaveOnSP eligible		You pay 50% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply		You pay 20% after deductible (\$500 max); \$0 if SaveOnSP eligible
			You pay 25% after deductible