



SOUTHWEST I.S.D.
INSURANCE PLANS 2019-2020



TRS ActiveCare

www.trs.state.tx.us/trs-activecare
Effective: September 1, 2019

TRS-ActiveCare Medical Plans	ActiveCare I - HD		ActiveCare Select Plan	ActiveCare II		
	Network	Non-Network	**In-Network Only**	Network	Non-Network	
Deductible (per plan year; individual/family)	\$2,750 emp / \$5,500 fam		\$1,200 emp / \$3,600 fam	\$1,000 emp / \$3,000 fam		
Out-of-Pocket Maximum (per plan year; individual/family; includes deductible and copays for all plans)	\$6,750 emp / \$13,500 fam		\$7,900 emp / \$15,800 fam	\$7,900 emp / \$15,800 fam		
Coinsurance Plan pays (up to allowable amount)	80%	60%	80%	80%	60%	
Participant pays (after deductible)	20%	40%	20%	20%	40%	
Office Visit Copay			\$30 primary	\$30 primary	40% after deductible	
Participant pays	20% after deductible	40% after deductible	\$70 specialist	\$70 specialist		
Teledoc Physician Service (24 hrs. call service)	\$40 consultation fee		Covered 100%	Covered 100%		
Diagnostic Lab	20% after deductible		20% after deductible	20% after deductible		
Preventive Care	100% for all Affordable Care Act (ACA) services		100% for all Affordable Care Act (ACA) services	100% for all Affordable Care Act (ACA) services		
Emergency Room (participant pays)	Participant pays 20% after deductible		\$250 copay plus 20% after deductible	\$250 copay plus 20% after deductible		
Freestanding Emergency Room	\$500 copay per visit plus 20% after deductible		\$500 copay per visit plus 20% after deductible	\$500 copay per visit plus 20% after deductible		
Prescription Drug Deductible (per individual per plan yr)	Subject to plan year deductible		\$0 generic \$200 brand per person	\$0 generic \$200 brand per person		
Retail Short-Term (up to 31-day supply)	Participant pays:		Participant pays:	Participant pays:		
• Generic Copay	20% after deductible		\$15	\$20		
• Brand Copay (preferred list)	25% after deductible		25% coinsurance (Min \$40, Max \$80)	25% coinsurance (Min \$40, Max \$80)		
• Brand Copay (non-preferred list)	50% after deductible		50% coinsurance	50% coinsurance (Min \$100, Max \$200)		
Retail Maintenance (after 1st fill; up to 31-day supply)	Participant pays:		Participant pays:	Participant pays:		
• Generic Copay	20% after deductible		\$30	\$35		
• Brand Copay (preferred list)	25% after deductible		25% coinsurance (Min \$60, Max \$120)	25% coinsurance (Min \$60, Max \$120)		
• Brand Copay (non-preferred list)	50% after deductible		50% coinsurance	50% coinsurance (Min \$105, Max \$210)		
Mail Order or Retail Maintenance-Plus Pharmacy Location (60-90 day supply)	Participant pays:		Participant pays:	Participant pays:		
• Generic Copay	20% after deductible		\$45	\$45		
• Brand Copay (preferred list)	25% after deductible		25% coinsurance (Min \$105, Max \$210)	25% coinsurance (Min \$105, Max \$210)		
• Brand Copay (non-preferred list)	50% after deductible		50% coinsurance	50% coinsurance (Min \$215, Max \$430)		
Speciality Medications (31 day supply limit per fill)	Participant pays: 20% after deductible		Participant pays: 20% after deductible	Participant pays: 20% after deductible (Min \$200, Max \$900)		
Monthly Premium Cost	Total	Emp. Pays	Total	Emp.Pays	Total	Emp. Pays
Employee Only	\$ 378.00	\$ 3.00	\$ 556.00	\$ 181.00	\$ 852.00	\$ 477.00
Employee and Spouse	\$ 1,066.00	\$ 691.00	\$ 1,367.00	\$ 992.00	\$ 2,020.00	\$ 1,645.00
Employee and Child(ren)	\$ 722.00	\$ 347.00	\$ 902.00	\$ 527.00	\$ 1,267.00	\$ 892.00
Employee and Family	\$ 1,415.00	\$ 1,040.00	\$ 1,718.00	\$ 1,343.00	\$ 2,389.00	\$ 2,014.00
CONTRIBUTION: DISTRICT:	(Up to)	\$300.00	(Up to)	\$300.00	(Up to)	\$300.00
STATE:		\$75.00		\$75.00		\$75.00

**** TRS-ActiveCare Select is a network-only plan similar to an HMO. This plan utilizes Aetna's Whole Health network and only covers care you receive from a in-network provider****