

2022 - 2023 Plan Year



East Texas Employee Benefits Cooperative

BENEFIT GUIDE

EFFECTIVE: 09/01/2022 - 8/31/2023

WWW.ETXEBC.COM



Table of Contents

How to Enroll	4-5
Annual Benefit Enrollment	6-11
1. Benefit Updates	6
2. Section 125 Cafeteria Plan Guidelines	7
3. Annual Enrollment	8
4. Eligibility Requirements	9
5. Helpful Definitions	10
6. Health Savings Account (HSA) vs. Flexible Spending Account (FSA)	11
Medical - Region 4	12-19
Medical - Region 5	20-25
Medical - Region 6	26-33
Medical - Region 7	34-39
Medical - Region 8	40-45
Medical - Region 10	46-53
Medical - Region 11	54-61
Medical - Region 12	62-68
Hospital Indemnity	69
Telehealth	70
Dental	71
Vision	72
Disability	73
Critical Illness	74
Cancer	75
Accident	76-77
Life and AD&D	78
Identity Theft	79
Health Savings Account (HSA)	80
Flexible Spending Account (FSA)	81-82
Individual Life	83
Emergency Medical Transportation	84
FBS Benefits App Group # Index	85-86

FLIP TO...

PG. 4

HOW TO ENROLL

PG. 6

SUMMARY PAGES

PG. 12

YOUR BENEFITS



Benefit Contact Information

ETXBC BENEFITS

Financial Benefit Services
 (800) 583-6908
www.etxebc.com
 Benefits Care Line: (866) 914-5202

MEDICAL

BCBSTX
 (866) 355-5999
www.bcbstx.com/trsactivecare
 Scott & White HMO
 (844) 633-5325
www.trs.swhp.org

HOSPITAL INDEMNITY

Aetna
 Group #802468
 (800) 872-3862
www.aetna.com

TELEHEALTH

MDLIVE
 (888) 365-1663
www.mdlive.com/fbsbh

DENTAL

MetLife
 Group #5374366
 (800) 638-5433
www.metlife.com

VISION

MetLife
 Group #905080
 (800) 638-5433
www.metlife.com

DISABILITY

Cigna
 Group #SLH100001
 (800) 244-6224
www.cigna.com

CRITICAL ILLNESS

Aetna
 Group #802468
 (800) 872-3862
www.aetna.com

CANCER

American Public Life
 Group #24732
 (800) 256-8606
www.ampublic.com

ACCIDENT

UnitedHealthcare
 Group #304657
 (866) 414-1959
www.UHC.com

LIFE AND AD&D

Unum
 (866) 679-3054
www.unum.com

IDENTITY THEFT

ID Watchdog
 (800) 774-3772
www.idwatchdog.com

HEALTH SAVINGS ACCOUNT (HSA)

EECU
 (800) 333-9934
www.eecu.org

FLEXIBLE SPENDING ACCOUNT (FSA)

National Benefit Services
 (800) 274-0503
www.nbsbenefits.com

INDIVIDUAL LIFE

5Star Life Insurance
 (866) 863-9753
www.5starlifeinsurance.com

EMERGENCY MEDICAL TRANSPORT

MASA
 Group #ETEBC
 (800) 423-3226
www.masamts.com

All Your Benefits - One App

Employee benefits made easy
through the *FBS Benefits App!*

Text **“FBS ETX”**
to **(800) 583-6908**
and get access to everything
you need to complete your
benefits enrollment:

- Benefit Resources
- Online Enrollment
- Interactive Tools
- And more!

App Group #:
Go to PAGE 85 to find
your district’s group #

Text
“FBS ETX”
to
(800) 583-6908

OR SCAN



 SCAN ME

 Download on the
App Store

 GET IT ON
Google Play



How to Log In

1

www.etxebc.com

2

SELECT YOUR SCHOOL
FROM THE DROP DOWN LIST

3

CLICK LOGIN

4

ENTER USERNAME &
PASSWORD

Your Username Is:

Your email in THEbenefitsHUB. (Typically your work email)

Your Password Is:

Four (4) digits of your birth year followed by the last four (4) digits of your Social Security Number

If you have previously logged in, you will use the password that you created, NOT the password format listed above.

Benefit Updates - What's New:

NEW CARRIER FOR VISION

- Lower rates on Base Plan
- Added Enhanced Plan that provides allowance for both frames and contact lenses within same year (or double frame/contact lens allowance)

PET INSURANCE now offered through MetLife

NEW FSA FLEX Administration through Higginbotham. Be on the lookout for new Flex cards!

Don't Forget!

- Login and complete your benefit enrollment from 07/05/2022 - 08/18/2022
- Enrollment assistance is available by calling Financial Benefit Services at (866) 914-5202.
- Update your information: home address, phone numbers, email, and beneficiaries.
- **REQUIRED!!** Due to the Affordable Care Act (ACA) reporting requirements, you must add your dependent's **CORRECT** social security numbers in the online enrollment system. If you have questions, please contact your Benefits Administrator.



Section 125 Cafeteria Plan Guidelines

A Cafeteria plan enables you to save money by using pre-tax dollars to pay for eligible group insurance premiums sponsored and offered by your employer. Enrollment is automatic unless you decline this benefit. Elections made during annual enrollment will become effective on the plan effective date and will remain in effect during the entire plan year.

Changes in benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefit Office within 30 days of your qualifying event and meet with your Benefit/HR Office to complete and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event.

CHANGES IN STATUS (CIS):	QUALIFYING EVENTS
Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in status event.
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.
Gain/Loss of Dependents' Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.
Judgment/Decree/Order	If a judgment, decree, or order from a divorce, annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
Eligibility for Government Programs	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.

Annual Enrollment

During your annual enrollment period, you have the opportunity to review, change or continue benefit elections each year. Changes are not permitted during the plan year (outside of annual enrollment) unless a Section 125 qualifying event occurs.

- Changes, additions or drops may be made only during the annual enrollment period without a qualifying event.
- Employees must review their personal information and verify that dependents they wish to provide coverage for are included in the dependent profile. Additionally, you must notify your employer of any discrepancy in personal and/or benefit information.
- Employees must confirm on each benefit screen (medical, dental, vision, etc.) that each dependent to be covered is selected in order to be included in the coverage for that particular benefit.

New Hire Enrollment

All new hire enrollment elections must be completed in the online enrollment system within the first 30 days of benefit eligible employment. Failure to complete elections during this timeframe will result in the forfeiture of coverage.

Q&A

Who do I contact with Questions?

For supplemental benefit questions, you can contact your Benefits/HR department or you can call Financial Benefit Services at 866-914-5202 for assistance.

Where can I find forms?

For benefit summaries and claim forms, go to your benefit website: www.etxebc.com. Click the benefit plan you need information on (i.e., Dental) and you can find the forms you need under the Benefits and Forms section.

How can I find a Network Provider?

For benefit summaries and claim forms, go to the ETXEBE benefit website: www.etxebc.com. Click on the benefit plan you need information on (i.e., Dental) and you can find provider search links under the Quick Links section.

When will I receive ID cards?

If the insurance carrier provides ID cards, you can expect to receive those 3-4 weeks after your effective date. For most dental and vision plans, you can login to the carrier website and print a temporary ID card or simply give your provider the insurance company's phone number and they can call and verify your coverage if you do not have an ID card at that time. If you do not receive your ID card, you can call the carrier's customer service number to request another card.

If the insurance carrier provides ID cards, but there are no changes to the plan, you typically will not receive a new ID card each year.

Employee Eligibility Requirements

Supplemental Benefits: Eligible employees must work 15 or more regularly scheduled hours each work week.

Eligible employees must be actively at work on the plan effective date for new benefits to be effective, meaning you are physically capable of performing the functions of your job on the first day of work concurrent with the plan effective date. For example, if your 2022 benefits become effective on September 1, 2022, you must be actively-at-work on September 1, 2022 to be eligible for your new benefits.

Dependent Eligibility Requirements

Dependent Eligibility: You can cover eligible dependent children under a benefit that offers dependent coverage, provided you participate in the same benefit, through the maximum age listed below. Dependents cannot be double covered by married spouses within the district as both employees and dependents.

PLAN	MAXIMUM AGE
Accident	Through 25
Cancer	Through 25
Critical Illness	Through 25
Dental	Through 25
Dependent Flex	12 or younger or qualified individual unable to care for themselves & claimed as a dependent on your taxes
Healthcare FSA	Through 25 or IRS Tax Dependent
Health Savings Account	IRS Tax Dependent
Hospital Indemnity	Through 25
Medical	Through 25
Telehealth	Through 25
Vision	Through 25
Life and AD&D	Through 25
Individual Life	Through 23

Please note, limits and exclusions may apply when obtaining coverage as a married couple or when obtaining coverage for dependents.

Potential Spouse Coverage Limitations: *When enrolling in coverage, please keep in mind that some benefits may not allow you to cover your spouse as a dependent if your spouse is enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Financial Benefit Services, or contact the insurance carrier for additional information on spouse eligibility.*

FSA/HSA Limitations: *Please note, in general, per IRS regulations, married couples may not enroll in both a Flexible Spending Account (FSA) and a Health Savings Account (HSA). If your spouse is covered under an FSA that reimburses for medical expenses then you and your spouse are not HSA eligible, even if you would not use your spouse's FSA to reimburse your expenses. However, there are some exceptions to the general limitation regarding specific types of FSAs. To obtain more information on whether you can enroll in a specific type of FSA or HSA as a married couple, please reach out to the FSA and/or HSA provider prior to enrolling or reach out to your tax advisor for further guidance.*

Potential Dependent Coverage Limitations: *When enrolling for dependent coverage, please keep in mind that some benefits may not allow you to cover your eligible dependents if they are enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Financial Benefit Services, or contact the insurance carrier for additional information on dependent eligibility.*

Disclaimer: *You acknowledge that you have read the limitations and exclusions that may apply to obtaining spouse and dependent coverage, including limitations and exclusions that may apply to enrollment in Flexible Spending Accounts and Health Savings Accounts as a married couple. You, the enrollee, shall hold harmless, defend, and indemnify Financial Benefit Services, LLC from any and all claims, actions, suits, charges, and judgments whatsoever that arise out of the enrollee's enrollment in spouse and/or dependent coverage, including enrollment in Flexible Spending Accounts and Health Savings Accounts.*

If your dependent is disabled, coverage may be able to continue past the maximum age under certain plans. If you have a disabled dependent who is reaching an ineligible age, you must provide a physician's statement confirming your dependent's disability. Contact your HR/Benefit Administrator to request a continuation of coverage.

Actively-at-Work

You are performing your regular occupation for the employer on a full-time basis, either at one of the employer's usual places of business or at some location to which the employer's business requires you to travel. If you will not be actively at work beginning 9/1/2022 please notify your benefits administrator.

Annual Enrollment

The period during which existing employees are given the opportunity to enroll in or change their current elections.

Annual Deductible

The amount you pay each plan year before the plan begins to pay covered expenses.

Calendar Year

January 1st through December 31st

Co-insurance

After any applicable deductible, your share of the cost of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service.

Guaranteed Coverage

The amount of coverage you can elect without answering any medical questions or taking a health exam. Guaranteed coverage is only available during initial eligibility period. Actively-at-work and/or pre-existing condition exclusion provisions do apply, as applicable by carrier.

In-Network

Doctors, hospitals, optometrists, dentists and other providers who have contracted with the plan as a network provider.

Out-of-Pocket Maximum

The most an eligible or insured person can pay in co-insurance for covered expenses.

Plan Year

September 1st through August 31st

Pre-Existing Conditions

Applies to any illness, injury or condition for which the participant has been under the care of a health care provider, taken prescription drugs or is under a health care provider's orders to take drugs, or received medical care or services (including diagnostic and/or consultation services).

	Health Savings Account (HSA) (IRC Sec. 223)	Flexible Spending Account (FSA) (IRC Sec. 125)
Description	Approved by Congress in 2003, HSAs are actual bank accounts in employee's names that allow employees to save and pay for unreimbursed qualified medical expenses tax-free.	Allows employees to pay out-of-pocket expenses for copays, deductibles and certain services not covered by medical plan, tax-free. This also allows employees to pay for qualifying dependent care tax-free.
Employer Eligibility	A qualified high deductible health plan.	All employers
Contribution Source	Employee and/or employer	Employee and/or employer
Account Owner	Individual	Employer
Underlying Insurance Requirement	High deductible health plan	None
Minimum Deductible	\$1,400 single (2022) \$2,800 family (2022)	N/A
Maximum Contribution	\$3,650 single (2022) \$7,300 family (2022)	\$2,850 (2022)
Permissible Use Of Funds	Employees may use funds any way they wish. If used for non-qualified medical expenses, subject to current tax rate plus 20% penalty.	Reimbursement for qualified medical expenses (as defined in Sec. 213(d) of IRC).
Cash-Outs of Unused Amounts (if no medical expenses)	Permitted, but subject to current tax rate plus 20% penalty (penalty waived after age 65).	Not permitted
Year-to-year rollover of account balance?	Yes, will roll over to use for subsequent year's health coverage.	No. Access to some funds may be extended if your employer's plan contains a 2 1/2-month grace period or \$500 rollover provision.
Does the account earn interest?	Yes	No
Portable?	Yes, portable year-to-year and between jobs.	No

FLIP TO
FOR HSA INFORMATION

PG. 80

FLIP TO
FOR FSA INFORMATION

PG. 81

ABOUT MEDICAL

Major medical insurance is a type of health care coverage that provides benefits for a broad range of medical expenses that may be incurred either on an inpatient or outpatient basis.

For full plan details, please visit your benefit website: www.etxebc.com



The below rates apply to the following districts:

Anahuac ISD
Damon ISD
Danbury ISD

Devers ISD
Hardin ISD
Hitchcock ISD

Needville ISD
Royal ISD
Tarkington ISD

REGION 4 MEDICAL

TRS ActiveCare HD

Employee Only	\$407.00
Employee & Spouse	\$1,145.00
Employee & Child(ren)	\$731.00
Employee & Family	\$1,370.00

TRS ActiveCare 2

Employee Only	\$1,013.00
Employee & Spouse	\$2,402.00
Employee & Child(ren)	\$1,507.00
Employee & Family	\$2,841.00

TRS ActiveCare Primary

Employee Only	\$395.00
Employee & Spouse	\$1,113.00
Employee & Child(ren)	\$709.00
Employee & Family	\$1,332.00

TRS ActiveCare Primary+

Employee Only	\$496.00
Employee & Spouse	\$1,212.00
Employee & Child(ren)	\$798.00
Employee & Family	\$1,523.00

LOCAL HEALTH CARE. TEXAS-SIZED BENEFITS.

TRS-ActiveCare Plan Highlights 2022-23



From the North Texas plains to the Gulf Coast, TRS-ActiveCare is where you live and work. We have more Texas doctors than any other plan and more ways to make your health plan *yours*.



Learn the terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2022-23 TRS-ActiveCare Plan Highlights Sept. 1, 2022 –

How to Calculate Your Monthly Premium

- Total Monthly Premium
- Your District and State Contributions
- **Your Premium**

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans.
See the benefits guide for more details.

Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Secondary
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than Primary • Copays for many services • Higher premium • Statewide network • PCP referrals required • Not compatible with HSA • No out-of-network coverage

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$395	\$	\$496
Employee and Spouse	\$1,113	\$	\$1,212
Employee and Children	\$709	\$	\$798
Employee and Family	\$1,332	\$	\$1,523

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	\$8,150/\$16,300
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

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

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% 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	Integrated with medical
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred Brand	You pay 30% after deductible	You pay 30% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

ActiveCare Primary+	TRRS-ActiveCare HD
<p>More than the HD and Primary plans for services and drugs</p> <p>Preferred to see specialists with a Health Savings Account (HSA) coverage</p>	<ul style="list-style-type: none"> Compatible with a Health Savings Account (HSA) Nationwide network with out-of-network coverage No requirement for PCPs or referrals Must meet your deductible before plan pays for non-preventive care

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRRS-ActiveCare 2, you can remain in this plan.

TRRS-ActiveCare 2
<ul style="list-style-type: none"> Closed to new enrollees Current enrollees can choose to stay in plan Lower deductible Copays for many services and drugs Nationwide network with out-of-network coverage No requirement for PCPs or referrals

Plan	Your Premium	Total Premium	Your Premium
	\$	\$407	\$
	\$	\$1,145	\$
	\$	\$731	\$
	\$	\$1,370	\$

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$3,600	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,050/\$14,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$30 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
\$1 per 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

What's New and What's Changing



This table shows you the changes between 2021-22 statewide premium price and this year's 2022-23 regional price for your Education Service Center.

		2021-22 Total Premium	New 2022-23 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	\$417	\$395	(\$22)	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc® rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,176	\$1,113	(\$63)	
	Employee and Children	\$751	\$709	(\$42)	
	Employee and Family	\$1,405	\$1,332	(\$73)	
TRS-ActiveCare HD	Employee Only	\$429	\$407	(\$22)	<ul style="list-style-type: none"> In-network maximum rose by \$50/individual; \$100/families The Member Rewards program is now available for HD participants <ul style="list-style-type: none"> Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses Consult fee for Teladoc rose from \$30 to \$42
	Employee and Spouse	\$1,209	\$1,145	(\$64)	
	Employee and Children	\$772	\$731	(\$41)	
	Employee and Family	\$1,445	\$1,370	(\$75)	
TRS-ActiveCare Primary+	Employee Only	\$542	\$496	(\$46)	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,334	\$1,212	(\$122)	
	Employee and Children	\$879	\$798	(\$81)	
	Employee and Family	\$1,675	\$1,523	(\$152)	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	\$0	<ul style="list-style-type: none"> Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply This plan is still closed to new enrollees
	Employee and Spouse	\$2,402	\$2,402	\$0	
	Employee and Children	\$1,507	\$1,507	\$0	
	Employee and Family	\$2,841	\$2,841	\$0	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2022

Compare Prices for Common Medical Services

REMEMBER:

Log into Blue Access for MembersSM at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices through different providers.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

*Pre-certification for genetic and specialty testing may apply. Contact a Personal Health Guide at 1-866-355-5999 with questions.


www.trs.texas.gov

2022-23 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

REMEMBER:

Remember that when you choose an HMO, you're choosing a regional network.

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas additional options. Not all HMOs are available in all regions. Please verify your eligibility.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO <i>Brought to you by TRS-ActiveCare</i>
	You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	You can choose this plan if you live in one of these counties: Cameron, Hidalgo, Starr, Willacy	You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$527.81	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,325.22	\$	N/A	\$	N/A	\$
Employee and Children	\$848.31	\$	N/A	\$	N/A	\$
Employee and Family	\$1,525.20	\$	N/A	\$	N/A	\$

Plan Features						
Type of Coverage	In-Network Coverage Only		N/A		N/A	
Individual/Family Deductible	\$1,900/\$4,750		N/A		N/A	
Coinsurance	You pay 20% after deductible		N/A		N/A	
Individual/Family Maximum Out of Pocket	\$8,000/\$15,000		N/A		N/A	

Doctor Visits						
Primary Care	\$15 copay		N/A		N/A	
Specialist	\$70 copay		N/A		N/A	

Immediate Care						
Urgent Care	\$45 copay		N/A		N/A	
Emergency Care	\$500 copay after deductible		N/A		N/A	

Prescription Drugs						
Drug Deductible	\$200 (excl. generics)		N/A		N/A	
Days Supply	30-day supply/90-day supply		N/A		N/A	
Generics	\$12/\$30 copay		N/A		N/A	
Preferred Brand	You pay 30% after deductible		N/A		N/A	
Non-preferred Brand	You pay 50% after deductible		N/A		N/A	
Specialty	You pay 25%/35% after deductible (perferred/non-preferred)		N/A		N/A	

www.trs.texas.gov



The below rates apply to the following districts:

Bridge City ISD	Evadale ISD	Lumberton ISD	Vidor ISD
Buna ISD	Hardin Jefferson ISD	Orangefield ISD	Warren ISD
Burkeville ISD	High Island ISD	Sabine Pass ISD	West Hardin ISD
Chester ISD	Hull-Daisetta ISD	Silsbee ISD	
Deweyville ISD	Kirbyville CISD	The Bob Hope School	
East Chambers ISD	Kountze ISD	The Ehrhart School	

REGION 5 MEDICAL

TRS ActiveCare HD	
Employee Only	\$429.00
Employee & Spouse	\$1,209.00
Employee & Child(ren)	\$1,209.00
Employee & Family	\$1,209.00
TRS ActiveCare 2	
Employee Only	\$1,013.00
Employee & Spouse	\$2,402.00
Employee & Child(ren)	\$1,507.00
Employee & Family	\$2,841.00
TRS ActiveCare Primary	
Employee Only	\$417.00
Employee & Spouse	\$1,176.00
Employee & Child(ren)	\$751.00
Employee & Family	\$1,405.00
TRS ActiveCare Primary+	
Employee Only	\$527.00
Employee & Spouse	\$1,290.00
Employee & Child(ren)	\$849.00
Employee & Family	\$1,622.00

LOCAL HEALTH CARE. TEXAS-SIZED BENEFITS.

TRS-ActiveCare Plan Highlights 2022-23



From the North Texas plains to the Gulf Coast, TRS-ActiveCare is where you live and work. We have more Texas doctors than any other plan and more ways to make your health plan *yours*.



Learn the terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2022-23 TRS-ActiveCare Plan Highlights Sept. 1, 2022 –

How to Calculate Your Monthly Premium

- Total Monthly Premium
- Your District and State Contributions

- = **Your Premium**

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans.
See the benefits guide for more details.

Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Secondary
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than Primary • Copays for many services • Higher premium • Statewide network • PCP referrals required • Not compatible with HSA • No out-of-network coverage

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$417	\$	\$527
Employee and Spouse	\$1,176	\$	\$1,290
Employee and Children	\$751	\$	\$849
Employee and Family	\$1,405	\$	\$1,622

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	\$8,150/\$16,300
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

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

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% 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	Integrated with medical
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred Brand	You pay 30% after deductible	You pay 30% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

ActiveCare Primary+	TRRS-ActiveCare HD
<p>More than the HD and Primary plans for services and drugs</p> <p>Preferred to see specialists with a Health Savings Account (HSA) coverage</p>	<ul style="list-style-type: none"> Compatible with a Health Savings Account (HSA) Nationwide network with out-of-network coverage No requirement for PCPs or referrals Must meet your deductible before plan pays for non-preventive care

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRRS-ActiveCare 2, you can remain in this plan.

TRRS-ActiveCare 2
<ul style="list-style-type: none"> Closed to new enrollees Current enrollees can choose to stay in plan Lower deductible Copays for many services and drugs Nationwide network with out-of-network coverage No requirement for PCPs or referrals

Plan	Your Premium	Total Premium	Your Premium
	\$	\$429	\$
	\$	\$1,209	\$
	\$	\$772	\$
	\$	\$1,445	\$

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$3,600	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,050/\$14,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$30 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
\$1 per 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

What's New and What's Changing



This table shows you the changes between 2021-22 statewide premium price and this year's 2022-23 regional price for your Education Service Center.

		2021-22 Total Premium	New 2022-23 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	\$417	\$417	\$0	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc® rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,176	\$1,176	\$0	
	Employee and Children	\$751	\$751	\$0	
	Employee and Family	\$1,405	\$1,405	\$0	
TRS-ActiveCare HD	Employee Only	\$429	\$429	\$0	<ul style="list-style-type: none"> In-network maximum rose by \$50/individual; \$100/families The Member Rewards program is now available for HD participants <ul style="list-style-type: none"> Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses Consult fee for Teladoc rose from \$30 to \$42
	Employee and Spouse	\$1,209	\$1,209	\$0	
	Employee and Children	\$772	\$772	\$0	
	Employee and Family	\$1,445	\$1,445	\$0	
TRS-ActiveCare Primary+	Employee Only	\$542	\$527	(\$15)	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,334	\$1,290	(\$44)	
	Employee and Children	\$879	\$849	(\$30)	
	Employee and Family	\$1,675	\$1,622	(\$53)	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	\$0	<ul style="list-style-type: none"> Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply This plan is still closed to new enrollees
	Employee and Spouse	\$2,402	\$2,402	\$0	
	Employee and Children	\$1,507	\$1,507	\$0	
	Employee and Family	\$2,841	\$2,841	\$0	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2022

Compare Prices for Common Medical Services

REMEMBER:

Log into Blue Access for MembersSM at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices through different providers.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

*Pre-certification for genetic and specialty testing may apply. Contact a Personal Health Guide at 1-866-355-5999 with questions.

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The below rates apply to the following districts:

Anderson-Shiro CISD	Calvert ISD	Groveton ISD	Normangee ISD
Arrow Academy	Centerville ISD	Leon ISD	North Zulch ISD
Big Sandy ISD	Covenant Christian School	Madisonville ISD	Richards ISD
Brazos ISD	Franklin ISD	Milano ISD	Sealy ISD
Bremond ISD	Gause ISD	Montgomery ISD	Snook ISD
Burton ISD	Goodrich ISD	Mumford ISD	Somerville ISD

REGION 6

TRIS ActiveCare HD	
Employee Only	\$415.00
Employee & Spouse	\$1,166.00
Employee & Child(ren)	\$744.00
Employee & Family	\$1,394.00
TRIS ActiveCare 2	
Employee Only	\$1,013.00
Employee & Spouse	\$2,402.00
Employee & Child(ren)	\$1,507.00
Employee & Family	\$2,841.00
TRIS ActiveCare Primary	
Employee Only	\$402.00
Employee & Spouse	\$1,133.00
Employee & Child(ren)	\$723.00
Employee & Family	\$1,356.00
TRIS ActiveCare Primary+	
Employee Only	\$505.00
Employee & Spouse	\$1,234.00
Employee & Child(ren)	\$812.00
Employee & Family	\$1,552.00

LOCAL HEALTH CARE. TEXAS-SIZED BENEFITS.

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- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2022-23 TRS-ActiveCare Plan Highlights Sept. 1, 2022 –

How to Calculate Your Monthly Premium

- Total Monthly Premium
- Your District and State Contributions

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- Weight loss programs
- Nutrition programs
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- TRS Virtual Health
- Mental health benefits
- And much more!

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- Specialty drug insurance means you're covered, no matter what life throws at you.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Secondary
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than Primary • Copays for many services • Higher premium • Statewide network • PCP referrals required • Not compatible with HSA • No out-of-network coverage

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$402	\$	\$505
Employee and Spouse	\$1,133	\$	\$1,234
Employee and Children	\$723	\$	\$812
Employee and Family	\$1,356	\$	\$1,552

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	\$8,150/\$16,300
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

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

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% 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	Integrated with medical
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred Brand	You pay 30% after deductible	You pay 30% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

ActiveCare Primary+	TRRS-ActiveCare HD
<p>More than the HD and Primary plans for services and drugs</p> <p>Preferred to see specialists with a Health Savings Account (HSA) coverage</p>	<ul style="list-style-type: none"> Compatible with a Health Savings Account (HSA) Nationwide network with out-of-network coverage No requirement for PCPs or referrals Must meet your deductible before plan pays for non-preventive care

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRRS-ActiveCare 2, you can remain in this plan.

TRRS-ActiveCare 2
<ul style="list-style-type: none"> Closed to new enrollees Current enrollees can choose to stay in plan Lower deductible Copays for many services and drugs Nationwide network with out-of-network coverage No requirement for PCPs or referrals

Plan	Your Premium	Total Premium	Your Premium
	\$	\$415	\$
	\$	\$1,166	\$
	\$	\$744	\$
	\$	\$1,394	\$

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$3,600	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,050/\$14,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$30 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
\$1 per 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

What's New and What's Changing



This table shows you the changes between 2021-22 statewide premium price and this year's 2022-23 regional price for your Education Service Center.

		2021-22 Total Premium	New 2022-23 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	\$417	\$402	(\$15)	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc® rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,176	\$1,133	(\$43)	
	Employee and Children	\$751	\$723	(\$28)	
	Employee and Family	\$1,405	\$1,356	(\$49)	
TRS-ActiveCare HD	Employee Only	\$429	\$415	(\$14)	<ul style="list-style-type: none"> In-network maximum rose by \$50/individual; \$100/families The Member Rewards program is now available for HD participants <ul style="list-style-type: none"> Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses Consult fee for Teladoc rose from \$30 to \$42
	Employee and Spouse	\$1,209	\$1,166	(\$43)	
	Employee and Children	\$772	\$744	(\$28)	
	Employee and Family	\$1,445	\$1,394	(\$51)	
TRS-ActiveCare Primary+	Employee Only	\$542	\$505	(\$37)	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,334	\$1,234	(\$100)	
	Employee and Children	\$879	\$812	(\$67)	
	Employee and Family	\$1,675	\$1,552	(\$123)	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	\$0	<ul style="list-style-type: none"> Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply This plan is still closed to new enrollees
	Employee and Spouse	\$2,402	\$2,402	\$0	
	Employee and Children	\$1,507	\$1,507	\$0	
	Employee and Family	\$2,841	\$2,841	\$0	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2022

Compare Prices for Common Medical Services

REMEMBER:

Log into Blue Access for MembersSM at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices through different providers.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

*Pre-certification for genetic and specialty testing may apply. Contact a Personal Health Guide at 1-866-355-5999 with questions.


www.trs.texas.gov

2022-23 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

REMEMBER:

Remember that when you choose an HMO, you're choosing a regional network.

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas additional options. Not all HMOs are available in all regions. Please verify your eligibility.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO <i>Brought to you by TRS-ActiveCare</i>
	You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	You can choose this plan if you live in one of these counties: Cameron, Hidalgo, Starr, Willacy	You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$527.81	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,325.22	\$	N/A	\$	N/A	\$
Employee and Children	\$848.31	\$	N/A	\$	N/A	\$
Employee and Family	\$1,525.20	\$	N/A	\$	N/A	\$

Plan Features						
Type of Coverage	In-Network Coverage Only		N/A		N/A	
Individual/Family Deductible	\$1,900/\$4,750		N/A		N/A	
Coinsurance	You pay 20% after deductible		N/A		N/A	
Individual/Family Maximum Out of Pocket	\$8,000/\$15,000		N/A		N/A	

Doctor Visits						
Primary Care	\$15 copay		N/A		N/A	
Specialist	\$70 copay		N/A		N/A	

Immediate Care						
Urgent Care	\$45 copay		N/A		N/A	
Emergency Care	\$500 copay after deductible		N/A		N/A	

Prescription Drugs						
Drug Deductible	\$200 (excl. generics)		N/A		N/A	
Days Supply	30-day supply/90-day supply		N/A		N/A	
Generics	\$12/\$30 copay		N/A		N/A	
Preferred Brand	You pay 30% after deductible		N/A		N/A	
Non-preferred Brand	You pay 50% after deductible		N/A		N/A	
Specialty	You pay 25%/35% after deductible (perferred/non-preferred)		N/A		N/A	

www.trs.texas.gov



The below rates apply to the following districts:

Arp ISD
Elkhart ISD

Whitehouse ISD
Winona ISD

REGION 7

TRS ActiveCare HD

Employee Only	\$423.00
Employee & Spouse	\$1,189.00
Employee & Child(ren)	\$759.00
Employee & Family	\$1,422.00

TRS ActiveCare 2

Employee Only	\$1,013.00
Employee & Spouse	\$2,402.00
Employee & Child(ren)	\$1,507.00
Employee & Family	\$2,841.00

TRS ActiveCare Primary

Employee Only	\$408.00
Employee & Spouse	\$1,151.00
Employee & Child(ren)	\$734.00
Employee & Family	\$1,378.00

TRS ActiveCare Primary+

Employee Only	\$513.00
Employee & Spouse	\$1,254.00
Employee & Child(ren)	\$825.00
Employee & Family	\$1,577.00

LOCAL HEALTH CARE. TEXAS-SIZED BENEFITS.

TRS-ActiveCare Plan Highlights 2022-23



From the North Texas plains to the Gulf Coast, TRS-ActiveCare is where you live and work. We have more Texas doctors than any other plan and more ways to make your health plan *yours*.



Learn the terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2022-23 TRS-ActiveCare Plan Highlights Sept. 1, 2022 –

How to Calculate Your Monthly Premium

- Total Monthly Premium
- Your District and State Contributions

- = **Your Premium**

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans.
See the benefits guide for more details.

Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible t • Copays for many s • Higher premium • Statewide network • PCP referrals requ • Not compatible wit • No out-of-network

Monthly Premiums	Total Premium	Your Premium	Total Premi
Employee Only	\$408	\$	\$513
Employee and Spouse	\$1,151	\$	\$1,254
Employee and Children	\$734	\$	\$825
Employee and Family	\$1,378	\$	\$1,577

Plan Features		
Type of Coverage	In-Network Coverage Only	In
Individual/Family Deductible	\$2,500/\$5,000	
Coinsurance	You pay 30% after deductible	Yo
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	
Network	Statewide Network	
PCP Required	Yes	

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

Immediate Care		
Urgent Care	\$50 copay	
Emergency Care	You pay 30% after deductible	Yo
TRS Virtual Health-RediMD (™)	\$0 per medical consultation	\$
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$1

Prescription Drugs		
Drug Deductible	Integrated with medical	
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	
Preferred Brand	You pay 30% after deductible	Yo
Non-preferred Brand	You pay 50% after deductible	Yo
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible	Yo
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 3

Each includes a wide range of wellness benefits.

ActiveCare Primary+	TRRS-ActiveCare HD
<p>More than the HD and Primary plans for services and drugs</p> <p>Preferred to see specialists with a Health Savings Account (HSA) coverage</p>	<ul style="list-style-type: none"> Compatible with a Health Savings Account (HSA) Nationwide network with out-of-network coverage No requirement for PCPs or referrals Must meet your deductible before plan pays for non-preventive care

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRRS-ActiveCare 2, you can remain in this plan.

TRRS-ActiveCare 2
<ul style="list-style-type: none"> Closed to new enrollees Current enrollees can choose to stay in plan Lower deductible Copays for many services and drugs Nationwide network with out-of-network coverage No requirement for PCPs or referrals

Plan	Your Premium	Total Premium	Your Premium
	\$	\$423	\$
	\$	\$1,189	\$
	\$	\$759	\$
	\$	\$1,422	\$

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$3,600	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,050/\$14,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$30 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
\$11 per 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

What's New and What's Changing



This table shows you the changes between 2021-22 statewide premium price and this year's 2022-23 regional price for your Education Service Center.

		2021-22 Total Premium	New 2022-23 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	\$417	\$408	(\$9)	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc® rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,176	\$1,151	(\$25)	
	Employee and Children	\$751	\$734	(\$17)	
	Employee and Family	\$1,405	\$1,378	(\$27)	
TRS-ActiveCare HD	Employee Only	\$429	\$423	(\$6)	<ul style="list-style-type: none"> In-network maximum rose by \$50/individual; \$100/families The Member Rewards program is now available for HD participants <ul style="list-style-type: none"> Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses Consult fee for Teladoc rose from \$30 to \$42
	Employee and Spouse	\$1,209	\$1,189	(\$20)	
	Employee and Children	\$772	\$759	(\$13)	
	Employee and Family	\$1,445	\$1,422	(\$23)	
TRS-ActiveCare Primary+	Employee Only	\$542	\$513	(\$29)	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,334	\$1,254	(\$80)	
	Employee and Children	\$879	\$825	(\$54)	
	Employee and Family	\$1,675	\$1,577	(\$98)	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	\$0	<ul style="list-style-type: none"> Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply This plan is still closed to new enrollees
	Employee and Spouse	\$2,402	\$2,402	\$0	
	Employee and Children	\$1,507	\$1,507	\$0	
	Employee and Family	\$2,841	\$2,841	\$0	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2022

Compare Prices for Common Medical Services

REMEMBER:

Log into Blue Access for MembersSM at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices through different providers.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

*Pre-certification for genetic and specialty testing may apply. Contact a Personal Health Guide at 1-866-355-5999 with questions.

www.trs.texas.gov



The below rates apply to the following districts:

Avery ISD
Clarksville ISD

Jefferson ISD
Maud ISD

McLeod ISD
New Boston ISD

Queen City ISD

REGION 8

TRS ActiveCare HD

Employee Only	\$418.00
Employee & Spouse	\$1,176.00
Employee & Child(ren)	\$750.00
Employee & Family	\$1,407.00

TRS ActiveCare 2

Employee Only	\$1,013.00
Employee & Spouse	\$2,402.00
Employee & Child(ren)	\$1,507.00
Employee & Family	\$2,841.00

TRS ActiveCare Primary

Employee Only	\$406.00
Employee & Spouse	\$1,144.00
Employee & Child(ren)	\$730.00
Employee & Family	\$1,370.00

TRS ActiveCare Primary+

Employee Only	\$510.00
Employee & Spouse	\$1,246.00
Employee & Child(ren)	\$820.00
Employee & Family	\$1,567.00

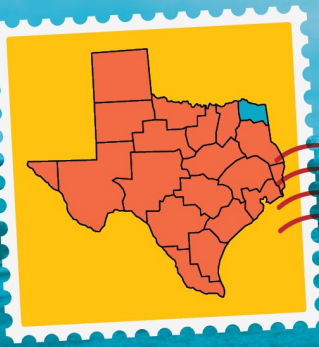
LOCAL HEALTH CARE. TEXAS-SIZED BENEFITS.

TRS-ActiveCare Plan Highlights 2022-23



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TRS-ActiveCare REGION 8



Learn the terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2022-23 TRS-ActiveCare Plan Highlights Sept. 1, 2022 –

How to Calculate Your Monthly Premium

- Total Monthly Premium
- Your District and State Contributions
- **Your Premium**

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans.
See the benefits guide for more details.

Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible t • Copays for many s • Higher premium • Statewide network • PCP referrals requ • Not compatible wit • No out-of-network

Monthly Premiums	Total Premium	Your Premium	Total Premi
Employee Only	\$406	\$	\$510
Employee and Spouse	\$1,144	\$	\$1,246
Employee and Children	\$730	\$	\$820
Employee and Family	\$1,370	\$	\$1,567

Plan Features		
Type of Coverage	In-Network Coverage Only	In
Individual/Family Deductible	\$2,500/\$5,000	
Coinsurance	You pay 30% after deductible	Yo
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	
Network	Statewide Network	
PCP Required	Yes	

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

Immediate Care		
Urgent Care	\$50 copay	
Emergency Care	You pay 30% after deductible	Yo
TRS Virtual Health-RediMD (™)	\$0 per medical consultation	\$
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$1

Prescription Drugs		
Drug Deductible	Integrated with medical	
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	
Preferred Brand	You pay 30% after deductible	Yo
Non-preferred Brand	You pay 50% after deductible	Yo
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible	Yo
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 3

Each includes a wide range of wellness benefits.

ActiveCare Primary+	TRRS-ActiveCare HD
<p>More than the HD and Primary plans for services and drugs</p> <p>Required to see specialists with a Health Savings Account (HSA) coverage</p>	<ul style="list-style-type: none"> Compatible with a Health Savings Account (HSA) Nationwide network with out-of-network coverage No requirement for PCPs or referrals Must meet your deductible before plan pays for non-preventive care

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRRS-ActiveCare 2, you can remain in this plan.

TRRS-ActiveCare 2
<ul style="list-style-type: none"> Closed to new enrollees Current enrollees can choose to stay in plan Lower deductible Copays for many services and drugs Nationwide network with out-of-network coverage No requirement for PCPs or referrals

Plan	Your Premium	Total Premium	Your Premium
	\$	\$418	\$
	\$	\$1,176	\$
	\$	\$750	\$
	\$	\$1,407	\$

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$3,600	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,050/\$14,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$30 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
\$1 per 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

What's New and What's Changing



This table shows you the changes between 2021-22 statewide premium price and this year's 2022-23 regional price for your Education Service Center.

		2021-22 Total Premium	New 2022-23 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	\$417	\$406	(\$11)	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc® rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,176	\$1,144	(\$32)	
	Employee and Children	\$751	\$730	(\$21)	
	Employee and Family	\$1,405	\$1,370	(\$35)	
TRS-ActiveCare HD	Employee Only	\$429	\$418	(\$11)	<ul style="list-style-type: none"> In-network maximum rose by \$50/individual; \$100/families The Member Rewards program is now available for HD participants <ul style="list-style-type: none"> Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses Consult fee for Teladoc rose from \$30 to \$42
	Employee and Spouse	\$1,209	\$1,176	(\$33)	
	Employee and Children	\$772	\$750	(\$22)	
	Employee and Family	\$1,445	\$1,407	(\$38)	
TRS-ActiveCare Primary+	Employee Only	\$542	\$510	(\$32)	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,334	\$1,246	(\$88)	
	Employee and Children	\$879	\$820	(\$59)	
	Employee and Family	\$1,675	\$1,567	(\$108)	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	\$0	<ul style="list-style-type: none"> Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply This plan is still closed to new enrollees
	Employee and Spouse	\$2,402	\$2,402	\$0	
	Employee and Children	\$1,507	\$1,507	\$0	
	Employee and Family	\$2,841	\$2,841	\$0	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2022

Compare Prices for Common Medical Services

REMEMBER:

Log into Blue Access for MembersSM at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices through different providers.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

*Pre-certification for genetic and specialty testing may apply. Contact a Personal Health Guide at 1-866-355-5999 with questions.

www.trs.texas.gov



The below rates apply to the following districts:

Blue Ridge ISD
Leadership Prep School

Texans Can Academies
Tioga ISD

REGION 10

TRS ActiveCare HD

Employee Only	\$422.00
Employee & Spouse	\$1,187.00
Employee & Child(ren)	\$757.00
Employee & Family	\$1,419.00

TRS ActiveCare 2

Employee Only	\$1,013.00
Employee & Spouse	\$2,402.00
Employee & Child(ren)	\$1,507.00
Employee & Family	\$2,841.00

TRS ActiveCare Primary

Employee Only	\$410.00
Employee & Spouse	\$1,157.00
Employee & Child(ren)	\$738.00
Employee & Family	\$1,384.00

TRS ActiveCare Primary+

Employee Only	\$515.00
Employee & Spouse	\$1,259.00
Employee & Child(ren)	\$829.00
Employee & Family	\$1,584.00

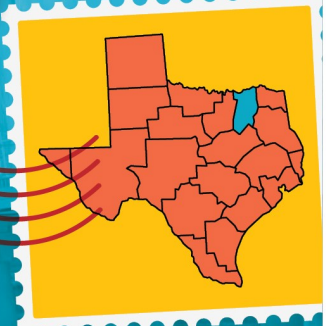
LOCAL HEALTH CARE. TEXAS-SIZED BENEFITS.

TRS-ActiveCare Plan Highlights 2022-23



From the North Texas plains to the Gulf Coast, TRS-ActiveCare is where you live and work. We have more Texas doctors than any other plan and more ways to make your health plan *yours*.

TRS-ActiveCare REGION 10



Learn the terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2022-23 TRS-ActiveCare Plan Highlights Sept. 1, 2022 –

How to Calculate Your Monthly Premium

- Total Monthly Premium
- Your District and State Contributions
- **Your Premium**

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans.
See the benefits guide for more details.

Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Secondary
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than Primary • Copays for many services • Higher premium • Statewide network • PCP referrals required • Not compatible with HSA • No out-of-network coverage

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$410	\$	\$515
Employee and Spouse	\$1,157	\$	\$1,259
Employee and Children	\$738	\$	\$829
Employee and Family	\$1,384	\$	\$1,584

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	\$8,150/\$16,300
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

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

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% 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	Integrated with medical
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred Brand	You pay 30% after deductible	You pay 30% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

ActiveCare Primary+	TRRS-ActiveCare HD
<p>More than the HD and Primary plans for services and drugs</p> <p>Required to see specialists with a Health Savings Account (HSA) coverage</p>	<ul style="list-style-type: none"> Compatible with a Health Savings Account (HSA) Nationwide network with out-of-network coverage No requirement for PCPs or referrals Must meet your deductible before plan pays for non-preventive care

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRRS-ActiveCare 2, you can remain in this plan.

TRRS-ActiveCare 2
<ul style="list-style-type: none"> Closed to new enrollees Current enrollees can choose to stay in plan Lower deductible Copays for many services and drugs Nationwide network with out-of-network coverage No requirement for PCPs or referrals

Plan	Your Premium	Total Premium	Your Premium
	\$	\$422	\$
	\$	\$1,187	\$
	\$	\$757	\$
	\$	\$1,419	\$

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$3,600	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,050/\$14,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$30 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
\$1 per 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

What's New and What's Changing



This table shows you the changes between 2021-22 statewide premium price and this year's 2022-23 regional price for your Education Service Center.

		2021-22 Total Premium	New 2022-23 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	\$417	\$410	(\$7)	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc® rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,176	\$1,157	(\$19)	
	Employee and Children	\$751	\$738	(\$13)	
	Employee and Family	\$1,405	\$1,384	(\$21)	
TRS-ActiveCare HD	Employee Only	\$429	\$422	(\$7)	<ul style="list-style-type: none"> In-network maximum rose by \$50/individual; \$100/families The Member Rewards program is now available for HD participants <ul style="list-style-type: none"> Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses Consult fee for Teladoc rose from \$30 to \$42
	Employee and Spouse	\$1,209	\$1,187	(\$22)	
	Employee and Children	\$772	\$757	(\$15)	
	Employee and Family	\$1,445	\$1,419	(\$26)	
TRS-ActiveCare Primary+	Employee Only	\$542	\$515	(\$27)	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,334	\$1,259	(\$75)	
	Employee and Children	\$879	\$829	(\$50)	
	Employee and Family	\$1,675	\$1,584	(\$91)	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	\$0	<ul style="list-style-type: none"> Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply This plan is still closed to new enrollees
	Employee and Spouse	\$2,402	\$2,402	\$0	
	Employee and Children	\$1,507	\$1,507	\$0	
	Employee and Family	\$2,841	\$2,841	\$0	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2022

Compare Prices for Common Medical Services

REMEMBER:

Log into Blue Access for MembersSM at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices through different providers.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

*Pre-certification for genetic and specialty testing may apply. Contact a Personal Health Guide at 1-866-355-5999 with questions.


www.trs.texas.gov

2022-23 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

REMEMBER:

Remember that when you choose an HMO, you're choosing a regional network.

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas additional options. Not all HMOs are available in all regions. Please verify your eligibility.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO <i>Brought to you by TRS-ActiveCare</i>
	You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	You can choose this plan if you live in one of these counties: Cameron, Hildalgo, Starr, Willacy	You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$543.35	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,364.92	\$	N/A	\$	N/A	\$
Employee and Children	\$873.57	\$	N/A	\$	N/A	\$
Employee and Family	\$1,570.98	\$	N/A	\$	N/A	\$

Plan Features						
Type of Coverage	In-Network Coverage Only		N/A			N/A
Individual/Family Deductible	\$1,900/\$4,750		N/A			N/A
Coinsurance	You pay 20% after deductible		N/A			N/A
Individual/Family Maximum Out of Pocket	\$8,000/\$15,000		N/A			N/A

Doctor Visits						
Primary Care	\$15 copay		N/A			N/A
Specialist	\$70 copay		N/A			N/A

Immediate Care						
Urgent Care	\$45 copay		N/A			N/A
Emergency Care	\$500 copay after deductible		N/A			N/A

Prescription Drugs						
Drug Deductible	\$200 (excl. generics)		N/A			N/A
Days Supply	30-day supply/90-day supply		N/A			N/A
Generics	\$12/\$30 copay		N/A			N/A
Preferred Brand	You pay 30% after deductible		N/A			N/A
Non-preferred Brand	You pay 50% after deductible		N/A			N/A
Specialty	You pay 25%/35% after deductible (perferred/non-preferred)		N/A			N/A

www.trs.texas.gov



The below rates apply to the following districts:

Krum ISD

REGION 11

TRS ActiveCare HD	
Employee Only	\$429.00
Employee & Spouse	\$1,209.00
Employee & Child(ren)	\$772.00
Employee & Family	\$1,445.00
TRS ActiveCare 2	
Employee Only	\$1,013.00
Employee & Spouse	\$2,402.00
Employee & Child(ren)	\$1,507.00
Employee & Family	\$2,841.00
TRS ActiveCare Primary	
Employee Only	\$417.00
Employee & Spouse	\$1,176.00
Employee & Child(ren)	\$751.00
Employee & Family	\$1,405.00
TRS ActiveCare Primary+	
Employee Only	\$525.00
Employee & Spouse	\$1,284.00
Employee & Child(ren)	\$845.00
Employee & Family	\$1,614.00

LOCAL HEALTH CARE. TEXAS-SIZED BENEFITS.

TRS-ActiveCare Plan Highlights 2022-23



From the North Texas plains to the Gulf Coast, TRS-ActiveCare is where you live and work. We have more Texas doctors than any other plan and more ways to make your health plan *yours*.



Learn the terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2022-23 TRS-ActiveCare Plan Highlights Sept. 1, 2022 –

How to Calculate Your Monthly Premium

- Total Monthly Premium
- Your District and State Contributions
- **Your Premium**

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

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Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Secondary
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than Primary • Copays for many services • Higher premium • Statewide network • PCP referrals required • Not compatible with HSA • No out-of-network coverage

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$417	\$	\$525
Employee and Spouse	\$1,176	\$	\$1,284
Employee and Children	\$751	\$	\$845
Employee and Family	\$1,405	\$	\$1,614

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	\$8,150/\$16,300
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

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

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% 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	Integrated with medical
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred Brand	You pay 30% after deductible	You pay 30% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

ActiveCare Primary+	TRRS-ActiveCare HD
<p>More than the HD and Primary plans for services and drugs</p> <p>Required to see specialists with a Health Savings Account (HSA) coverage</p>	<ul style="list-style-type: none"> Compatible with a Health Savings Account (HSA) Nationwide network with out-of-network coverage No requirement for PCPs or referrals Must meet your deductible before plan pays for non-preventive care

Plan	Your Premium	Total Premium	Your Premium
	\$	\$429	\$
	\$	\$1,209	\$
	\$	\$772	\$
	\$	\$1,445	\$

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$3,600	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,050/\$14,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

\$30 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

\$200 brand deductible	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
\$11 per 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRRS-ActiveCare 2, you can remain in this plan.

TRRS-ActiveCare 2
<ul style="list-style-type: none"> Closed to new enrollees Current enrollees can choose to stay in plan Lower deductible Copays for many services and drugs Nationwide network with out-of-network coverage No requirement for PCPs or referrals

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

What's New and What's Changing



This table shows you the changes between 2021-22 statewide premium price and this year's 2022-23 regional price for your Education Service Center.

		2021-22 Total Premium	New 2022-23 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	\$417	\$417	\$0	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc® rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,176	\$1,176	\$0	
	Employee and Children	\$751	\$751	\$0	
	Employee and Family	\$1,405	\$1,405	\$0	
TRS-ActiveCare HD	Employee Only	\$429	\$429	\$0	<ul style="list-style-type: none"> In-network maximum rose by \$50/individual; \$100/families The Member Rewards program is now available for HD participants <ul style="list-style-type: none"> Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses Consult fee for Teladoc rose from \$30 to \$42
	Employee and Spouse	\$1,209	\$1,209	\$0	
	Employee and Children	\$772	\$772	\$0	
	Employee and Family	\$1,445	\$1,445	\$0	
TRS-ActiveCare Primary+	Employee Only	\$542	\$525	(\$17)	<ul style="list-style-type: none"> Member Rewards was expanded to include more than 100 new procedures Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
	Employee and Spouse	\$1,334	\$1,284	(\$50)	
	Employee and Children	\$879	\$845	(\$34)	
	Employee and Family	\$1,675	\$1,614	(\$61)	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	\$0	<ul style="list-style-type: none"> Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply This plan is still closed to new enrollees
	Employee and Spouse	\$2,402	\$2,402	\$0	
	Employee and Children	\$1,507	\$1,507	\$0	
	Employee and Family	\$2,841	\$2,841	\$0	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2022

Compare Prices for Common Medical Services

REMEMBER:

Log into Blue Access for MembersSM at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices through different providers.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

*Pre-certification for genetic and specialty testing may apply. Contact a Personal Health Guide at 1-866-355-5999 with questions.


www.trs.texas.gov

2022-23 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

REMEMBER:

Remember that when you choose an HMO, you're choosing a regional network.

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas additional options. Not all HMOs are available in all regions. Please verify your eligibility.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO <i>Brought to you by TRS-ActiveCare</i>
	You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	You can choose this plan if you live in one of these counties: Cameron, Hidalgo, Starr, Willacy	You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$569.24	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,431.08	\$	N/A	\$	N/A	\$
Employee and Children	\$915.65	\$	N/A	\$	N/A	\$
Employee and Family	\$1,647.24	\$	N/A	\$	N/A	\$

Plan Features						
Type of Coverage	In-Network Coverage Only		N/A		N/A	
Individual/Family Deductible	\$1,900/\$4,750		N/A		N/A	
Coinsurance	You pay 20% after deductible		N/A		N/A	
Individual/Family Maximum Out of Pocket	\$8,000/\$15,000		N/A		N/A	

Doctor Visits						
Primary Care	\$15 copay		N/A		N/A	
Specialist	\$70 copay		N/A		N/A	

Immediate Care						
Urgent Care	\$45 copay		N/A		N/A	
Emergency Care	\$500 copay after deductible		N/A		N/A	

Prescription Drugs						
Drug Deductible	\$200 (excl. generics)		N/A		N/A	
Days Supply	30-day supply/90-day supply		N/A		N/A	
Generics	\$12/\$30 copay		N/A		N/A	
Preferred Brand	You pay 30% after deductible		N/A		N/A	
Non-preferred Brand	You pay 50% after deductible		N/A		N/A	
Specialty	You pay 25%/35% after deductible (perferred/non-preferred)		N/A		N/A	

www.trs.texas.gov

Notes



The below rates apply to the following districts:

Rice ISD
Teague ISD

REGION 12

TRS ActiveCare HD

Employee Only	\$375.00
Employee & Spouse	\$1,055.00
Employee & Child(ren)	\$673.00
Employee & Family	\$1,261.00

TRS ActiveCare 2

Employee Only	\$1,013.00
Employee & Spouse	\$2,402.00
Employee & Child(ren)	\$1,507.00
Employee & Family	\$2,841.00

TRS ActiveCare Primary

Employee Only	\$365.00
Employee & Spouse	\$1,029.00
Employee & Child(ren)	\$656.00
Employee & Family	\$1,232.00

TRS ActiveCare Primary+

Employee Only	\$458.00
Employee & Spouse	\$1,120.00
Employee & Child(ren)	\$737.00
Employee & Family	\$1,409.00

LOCAL HEALTH CARE. TEXAS-SIZED BENEFITS.

TRS-ActiveCare Plan Highlights 2022-23



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Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$365	\$	\$458
Employee and Spouse	\$1,029	\$	\$1,120
Employee and Children	\$656	\$	\$737
Employee and Family	\$1,232	\$	\$1,409

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	\$8,150/\$16,300
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

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

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% 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	Integrated with medical
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred Brand	You pay 30% after deductible	You pay 30% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

ActiveCare Primary+	TRRS-ActiveCare HD
<p>More than the HD and Primary plans for services and drugs</p> <p>Preferred to see specialists with a Health Savings Account (HSA) coverage</p>	<ul style="list-style-type: none"> Compatible with a Health Savings Account (HSA) Nationwide network with out-of-network coverage No requirement for PCPs or referrals Must meet your deductible before plan pays for non-preventive care

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRRS-ActiveCare 2, you can remain in this plan.

TRRS-ActiveCare 2
<ul style="list-style-type: none"> Closed to new enrollees Current enrollees can choose to stay in plan Lower deductible Copays for many services and drugs Nationwide network with out-of-network coverage No requirement for PCPs or referrals

Plan	Your Premium	Total Premium	Your Premium
	\$	\$375	\$
	\$	\$1,055	\$
	\$	\$673	\$
	\$	\$1,261	\$

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$3,600	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,050/\$14,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$30 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
\$11 per 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

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You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
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	Employee and Spouse	\$1,176	\$1,029	(\$147)	
	Employee and Children	\$751	\$656	(\$95)	
	Employee and Family	\$1,405	\$1,232	(\$173)	
TRS-ActiveCare HD	Employee Only	\$429	\$375	(\$54)	<ul style="list-style-type: none"> In-network maximum rose by \$50/individual; \$100/families The Member Rewards program is now available for HD participants <ul style="list-style-type: none"> Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses Consult fee for Teladoc rose from \$30 to \$42
	Employee and Spouse	\$1,209	\$1,055	(\$154)	
	Employee and Children	\$772	\$673	(\$99)	
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	Employee and Spouse	\$1,334	\$1,120	(\$214)	
	Employee and Children	\$879	\$737	(\$142)	
	Employee and Family	\$1,675	\$1,409	(\$266)	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	\$0	<ul style="list-style-type: none"> Copay for Teladoc rose from \$0 to \$12 Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply This plan is still closed to new enrollees
	Employee and Spouse	\$2,402	\$2,402	\$0	
	Employee and Children	\$1,507	\$1,507	\$0	
	Employee and Family	\$2,841	\$2,841	\$0	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

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Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

*Pre-certification for genetic and specialty testing may apply. Contact a Personal Health Guide at 1-866-355-5999 with questions.


www.trs.texas.gov

2022-23 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

REMEMBER:

Remember that when you choose an HMO, you're choosing a regional network.

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas additional options. Not all HMOs are available in all regions. Please verify your eligibility.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO <i>Brought to you by TRS-ActiveCare</i>
	You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	You can choose this plan if you live in one of these counties: Cameron, Hildalgo, Starr, Willacy	You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$491.55	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,232.58	\$	N/A	\$	N/A	\$
Employee and Children	\$789.39	\$	N/A	\$	N/A	\$
Employee and Family	\$1,418.42	\$	N/A	\$	N/A	\$

Plan Features						
Type of Coverage	In-Network Coverage Only		N/A		N/A	
Individual/Family Deductible	\$1,900/\$4,750		N/A		N/A	
Coinsurance	You pay 20% after deductible		N/A		N/A	
Individual/Family Maximum Out of Pocket	\$8,000/\$15,000		N/A		N/A	

Doctor Visits						
Primary Care	\$15 copay		N/A		N/A	
Specialist	\$70 copay		N/A		N/A	

Immediate Care						
Urgent Care	\$45 copay		N/A		N/A	
Emergency Care	\$500 copay after deductible		N/A		N/A	

Prescription Drugs						
Drug Deductible	\$200 (excl. generics)		N/A		N/A	
Days Supply	30-day supply/90-day supply		N/A		N/A	
Generics	\$12/\$30 copay		N/A		N/A	
Preferred Brand	You pay 30% after deductible		N/A		N/A	
Non-preferred Brand	You pay 50% after deductible		N/A		N/A	
Specialty	You pay 25%/35% after deductible (perferred/non-preferred)		N/A		N/A	

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Hospital Indemnity

Aetna

EMPLOYEE
BENEFITS

ABOUT HOSPITAL INDEMNITY

This is an affordable supplemental plan that pays you should you be in-patient hospital confined. This plan complements your health insurance by helping you pay for costs left unpaid by your health insurance.

For full plan details, please visit your benefit website: www.etxebc.com



The Hospital Indemnity Plan provided through Aetna helps with the high cost of medical care by paying you a set amount when you have an inpatient hospital stay. Unlike traditional insurance, which pays a benefit to the hospital or doctor, this plan pays you directly based on the care or treatment you receive. These costs may include meals and transportation, childcare or time away from work due to a medical issue that requires hospitalization.

Service	Benefit		
	Plan 1	Plan 2	Plan 3
Hospital/ICU Admission	\$1,500 per admission (one per calendar year)	\$3,000 per admission (one per calendar year)	\$5,000 per admission (one per calendar year)
Hospital/ICU Confinement	\$150 per day, limited to 30 days per insured per year	\$150 per day, limited to 30 days per insured per year	\$200 per day, limited to 30 days per insured per year

Monthly Rates			
	Plan 1	Plan 2	Plan 3
Employee	\$21.83	\$36.02	\$57.21
Employee + Spouse	\$45.59	\$73.39	\$115.99
Employee + Child(ren)	\$31.05	\$50.79	\$80.41
Family	\$50.34	\$81.77	\$129.33

ABOUT TELEHEALTH

Telehealth provides 24/7/365 access to board-certified doctors via telephone or video consultations that can diagnose, recommend treatment and prescribe medication. Telehealth makes care more convenient and accessible for non-emergency care when your primary care physician is not available.

For full plan details, please visit your benefit website: www.etxebc.com



Alongside your medical coverage is access to quality telehealth services through MDLIVE. Connect anytime day or night with a board-certified doctor via your mobile device or computer. While MDLIVE does not replace your primary care physician, it is a convenient and cost-effective option when you need care and:

- Have a non-emergency issue and are considering a convenience care clinic, urgent care clinic or emergency room for treatment
- Are on a business trip, vacation or away from home
- Are unable to see your primary care physician

When to Use MDLIVE:

At a cost that is the same or less than a visit to your physician, use telehealth services for minor conditions such as:

- Sore throat
- Headache
- Stomachache
- Cold
- Flu
- Allergies
- Fever
- Urinary tract infections

Do not use telemedicine for serious or life-threatening emergencies.

Registration is Easy

Register with MDLIVE so you are ready to use this valuable service when and where you need it.

- Online – www.mdlive.com/fbsbh
- Phone – 888-365-1663
- Mobile – download the MDLIVE mobile app to your smartphone or mobile device
- Select –“MDLIVE as a benefit” and “FBS” as your Employer/Organization when registering your account.

Telehealth*

Employee + Family	\$12.00
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**Some districts may cover the cost of this benefit at no cost to you.*

ABOUT DENTAL

Dental insurance is a coverage that helps defray the costs of dental care. It insures against the expense of routine care, dental treatment and disease.

For full plan details, please visit your benefit website: www.etxebc.com



Our dental plan helps you maintain good oral health through affordable options for preventive care, including regular checkups and other dental work. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through MetLife Dental.

DPPO Plan

Two levels of benefits are available with the DPPO plan: in-network and out-of-network. You may select the dental provider of your choice, but your level of coverage may vary based on the provider you see for services. You could pay more if you use an out-of-network provider.

How to Find a Dentist

Visit <http://www.metlife.com/> or call (800) 638-5433 to find an in-network dentist.

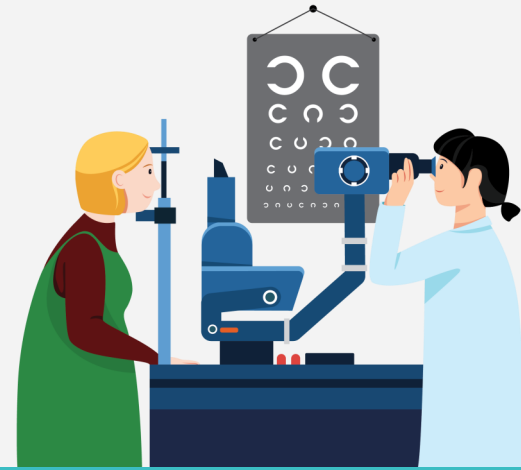
Dental		
	High	Low
Employee	\$25.60	\$19.90
Employee + Spouse	\$54.42	\$42.26
Employee + Child(ren)	\$70.44	\$54.70
Family	\$96.04	\$74.58

PPO Dental Benefits	High PPO		Low PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Calendar Year Benefit Maximum				
Per Individual	\$1,700		\$1,200	
	You Pay		You Pay	
Preventive and Diagnostic Care	100%	100%	100%	100%
Exams, cleanings, X-rays, fluoride treatments, sealants, space maintainers	Covered	Covered	Covered	Covered
Basic Restorative Care	80%	80%	50%	50%
Fillings, simple extractions, oral surgery, endodontics, periodontics, repairs of bridges, crowns and inlays	after deductible	after deductible	after deductible	after deductible
Major Restorative Care	50%	50%	50%	50%
Crowns, dentures, bridges, implants, TMJ	after deductible	after deductible	after deductible	after deductible
Orthodontia	50%	50%	Not provided	Not provided
Children only				
Orthodontia Lifetime Maximum	\$1000 per person		Not provided	

ABOUT VISION

Vision insurance provides coverage for routine eye examinations and can help with covering some of the costs for eyeglass frames, lenses or contact lenses.

For full plan details, please visit your benefit website: www.etxebc.com



Our vision plan provides quality care to help preserve your health and eyesight. In addition to identifying vision and eye problems, regular exams can detect certain medical issues such as diabetes and high cholesterol. You may seek care from any licensed optometrist, ophthalmologist or optician, but plan benefits are better if you use an in-network provider. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through MetLife.

Vision		
	High	Low
Employee	\$8.12	\$7.40
Employee + Spouse	\$18.02	\$16.38
Employee + Child(ren)	\$18.08	\$16.44
Family	\$23.38	\$21.26

How to Find a Vision Provider: Visit <http://www.metlife.com/> or call (800) 638-5433 to find an in-network vision provider.

Vision Benefits	High Plan*		Low Plan	
	In-Network You Pay	Out-of-Network Reimbursement	In-Network You Pay	Out-of-Network Reimbursement
Exam	\$10	Up to \$45	\$10	Up to \$45
Lenses				
• Single Vision	\$10	Up to \$30	\$10	Up to \$30
• Bifocals	\$10	Up to \$50	\$10	Up to \$50
• Trifocals	\$10	Up to \$65	\$10	Up to \$65
• Lenticular	\$10	Up to \$100	\$10	Up to \$100
Frames	\$150 allowance \$170 allowance on featured frames	Up to \$70	\$150 allowance \$170 allowance on featured frames	Up to \$70
Retinal Imaging	Up to \$39 copay	Applied to exam allowance	No Coverage	No Coverage

Contacts

In lieu of frames and lenses**

• Fitting and Evaluation	\$60	Applied to allowance	\$60	Applied to allowance
• Elective	\$150	Up to \$105	\$150	Up to \$105
• Medically Necessary	Covered in full after eyewear copay	Up to \$210	Covered in full after eyewear copay	Up to \$210

Benefit Frequency

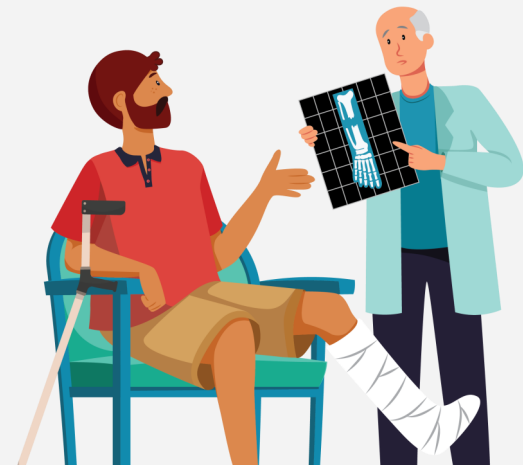
Exam	Once every 12 months
Lenses	Once every 12 months
Frames	Once every 12 months
Contacts	Once every 12 months

***Second Pair (High Plan Only):** This benefit gives you additional eyewear coverage. You can get: Two pairs of prescription eyeglasses, or; One pair of prescription eyeglasses and an allowance toward contact lenses, or; Double your contact lens allowance

**This restriction does not apply to the High Plan. You may use your benefits for both glasses and contacts on the High Plan.

ABOUT DISABILITY

Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury for an extended period of time.



For full plan details, please visit your benefit website: www.etxebc.com

Disability insurance provides partial income protection if you are unable to work due to a covered accident or illness. We offer Educator Disability insurance for you to purchase through Cigna.

Long Term Disability Insurance

If you had an unexpected illness or injury and were unable to work, how long would you be able to pay your bills? Long-term disability pays a portion of your salary if you're unable to work due to a covered disability.

Long Term Disability	
Benefits Begin	Benefits can begin as early as 7 days after disability begins
Percentage of Earnings You Receive	Maximum of 70% of your monthly covered earnings.
Maximum Monthly Benefit	\$8,000
Maximum Benefit Period	Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to the later of your Social Security Normal Retirement Age, or the following schedule, depending on your age at the time you become Disabled.
Pre-existing Condition Exclusion	3/12*

*Benefits may not be paid for any condition treated within 3 months prior to your effective date until you have been covered under this plan for 12 months.

Disability - per \$100 in benefit					
Elimination Period	All Ages-30%	All Ages-40%	All Ages-50%	All Ages-60%	All Ages-70%
0/7	\$2.77	\$3.03	\$3.25	\$3.66	\$3.82
14/14	\$2.16	\$2.36	\$2.54	\$2.86	\$2.98
30/30	\$1.86	\$2.03	\$2.18	\$2.46	\$2.56
60/60	\$1.69	\$1.62	\$1.75	\$1.97	\$2.05

Critical Illness Insurance

Aetna

EMPLOYEE
BENEFITS

ABOUT CRITICAL ILLNESS

Critical illness insurance can be used towards medical or other expenses. It provides a lump sum benefit payable directly to the insured upon diagnosis of a covered condition or event, like a heart attack or stroke. The money can also be used for non-medical costs related to the illness, including transportation, child care, etc.

For full plan details, please visit your benefit website: www.etxebc.com



Critical Illness insurance from Aetna helps pay the cost of non-medical expenses related to a covered critical illness or cancer. The plan provides a lump sum benefit payment to you upon first and second diagnosis of any covered critical illness or cancer. The benefit can help cover expenses, such as lost income, out-of-town treatments, special diets, daily living and household upkeep costs.

Critical Illness

Benefit Amounts Available

You	\$10,000, \$15,000, \$20,000, \$25,000 or \$30,000
Spouse	100% of your benefit
Child(ren)	50% of your benefit

Condition	First Occurrence Benefit
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Full Benefit

Full Benefit Cancer; Heart Attack; Stroke; Heart, Kidney or Organ Failure; Heart Transplant; Coronary Artery Bypass	100% of benefit amount
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Partial Benefit

Cancer	100% of benefit amount after 180 days
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Pre-existing Condition Limitation

3/12*

* If you were treated for a condition three months prior to your effective date, benefits may not be paid until you have been covered under this plan for 12 months.

Critical Illness

Coverage	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	
\$10,000	Employee Only	\$1.37	\$1.77	\$2.44	\$3.13	\$4.13	\$6.02	\$9.03	\$14.42	\$20.72	\$30.35	\$41.24	\$48.17
	Employee + Spouse	\$3.17	\$4.03	\$5.21	\$6.80	\$9.26	\$13.62	\$20.67	\$32.11	\$47.86	\$67.24	\$90.11	\$109.70
	Employee + Children	\$1.37	\$1.77	\$2.44	\$3.13	\$4.13	\$6.02	\$9.03	\$14.42	\$20.72	\$30.35	\$41.24	\$48.17
	Employee + Family	\$3.17	\$4.03	\$5.21	\$6.80	\$9.26	\$13.62	\$20.67	\$32.11	\$47.86	\$67.24	\$90.11	\$109.70
\$15,000	Employee Only	\$2.05	\$2.65	\$3.66	\$4.70	\$6.20	\$9.03	\$13.54	\$21.63	\$31.07	\$45.52	\$61.86	\$72.26
	Employee + Spouse	\$4.76	\$6.05	\$7.82	\$10.20	\$13.90	\$20.42	\$31.00	\$48.16	\$71.80	\$100.85	\$135.17	\$164.54
	Employee + Children	\$2.05	\$2.65	\$3.66	\$4.70	\$6.20	\$9.03	\$13.54	\$21.63	\$31.07	\$45.52	\$61.86	\$72.26
	Employee + Family	\$4.76	\$6.05	\$7.82	\$10.20	\$13.90	\$20.42	\$31.00	\$48.16	\$71.80	\$100.85	\$135.17	\$164.54
\$20,000	Employee Only	\$2.73	\$3.54	\$4.88	\$6.26	\$8.26	\$12.04	\$18.05	\$28.84	\$41.43	\$60.70	\$82.48	\$96.34
	Employee + Spouse	\$6.35	\$8.07	\$10.42	\$13.60	\$18.53	\$27.23	\$41.33	\$64.21	\$95.73	\$134.47	\$180.23	\$219.39
	Employee + Children	\$2.73	\$3.54	\$4.88	\$6.26	\$8.26	\$12.04	\$18.05	\$28.84	\$41.43	\$60.70	\$82.48	\$96.34
	Employee + Family	\$6.35	\$8.07	\$10.42	\$13.60	\$18.53	\$27.23	\$41.33	\$64.21	\$95.73	\$134.47	\$180.23	\$219.39
\$25,000	Employee Only	\$3.41	\$4.42	\$6.09	\$7.83	\$10.33	\$15.05	\$22.57	\$36.05	\$51.79	\$75.87	\$103.10	\$120.43
	Employee + Spouse	\$7.93	\$10.09	\$13.03	\$17.00	\$23.16	\$34.04	\$51.67	\$80.26	\$119.66	\$168.09	\$225.29	\$274.24
	Employee + Children	\$3.41	\$4.42	\$6.09	\$7.83	\$10.33	\$15.05	\$22.57	\$36.05	\$51.79	\$75.87	\$103.10	\$120.43
	Employee + Family	\$7.93	\$10.09	\$13.03	\$17.00	\$23.16	\$34.04	\$51.67	\$80.26	\$119.66	\$168.09	\$225.29	\$274.24
\$30,000	Employee Only	\$4.10	\$5.30	\$7.31	\$9.39	\$12.39	\$18.06	\$27.08	\$43.27	\$62.15	\$91.05	\$123.72	\$144.52
	Employee + Spouse	\$9.52	\$12.10	\$15.63	\$20.40	\$27.79	\$40.85	\$62.00	\$96.32	\$143.59	\$201.71	\$270.34	\$329.09
	Employee + Children	\$4.10	\$5.30	\$7.31	\$9.39	\$12.39	\$18.06	\$27.08	\$43.27	\$62.15	\$91.05	\$123.72	\$144.52
	Employee + Family	\$9.52	\$12.10	\$15.63	\$20.40	\$27.79	\$40.85	\$62.00	\$96.32	\$143.59	\$201.71	\$270.34	\$329.09

ABOUT CANCER

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.

For full plan details, please visit your benefit website: www.etxebc.com



Treatment for cancer is often lengthy and expensive. While your health insurance helps pay the medical expenses for cancer treatment, it does not cover the cost of non-medical expenses, such as out-of-town treatments, special diets, daily living and household upkeep. In addition to these non-medical expenses, you are responsible for paying your health plan deductibles and/or coinsurance. Cancer insurance through American Public Life helps pay for these direct and indirect treatment costs so you can focus on your health.

	Cancer	
	Low	High
Employee	\$21.24	\$34.30
Employee + Spouse	\$38.10	\$61.40
Employee + Child(ren)	\$26.24	\$42.30
Family	\$39.94	\$64.48

	Plan 1	Plan 2
Radiation and Chemotherapy Charges	\$15,000 maximum	\$20,000 maximum
Per 12-month period		
Hormone Therapy	\$50 per treatment	\$50 per treatment
Surgical	\$3,000 max per operation	\$6,000 max per operation
Anesthesia	25% of amount paid for covered surgery	
Bone Marrow Transplant- Max per lifetime	\$6,000	\$12,000
Stem Cell Transplant- Max per lifetime	\$600	\$1,200
Miscellaneous Care Benefits		
Hair piece- 1 per lifetime	\$150	\$150
Travel & Lodging-1 per lifetime	\$350	\$350
Second/ third surgical opinion- per dianosis	\$300/\$300	\$300/300
Blood, Plasma and Platelets	\$300 per day	\$300 per day
Drugs & medicine- Inpatient/Outpatient (max \$150 month)	\$150 per confinement \$50 per prescription	\$150 per confinement \$50 per prescription
Cancer Treatment Center Evaluation or Consultation- 1 per lifetime	\$750	\$750
Medical Equipment- Max 1 benefit per calendr year	\$150	\$150
Waiver of premium	Waive Premium	Waive Premium
Internal Cancer First Occurrence*	\$5,000 lump sum	\$10,000 lump sum
Lump sum for eligible dependent children- Max 1 covered person per lifetime	\$7,500	\$15,000
Heart Attack/Stroke First Occurrence Benefits	\$2,500	\$2,500
Lump sum for eligible dependent children- Max 1 covered person per lifetime	\$3,750	\$3,750
Hospital Intensive Care Unit Benefits	\$600 per day	\$600 per day

*Carcinoma in situ is not considered internal cancer

ABOUT ACCIDENT

Do you have kids playing sports, are you a weekend warrior, or maybe accident prone? Accident plans are designed to help pay for medical costs associated with accidents and benefits are paid directly to you.

For full plan details, please visit your benefit website: www.etxebc.com



Accident insurance provides affordable protection against a sudden, unforeseen accident. An Accident plan helps offset the direct and indirect expenses resulting from an accident, such as copayments, deductible, ambulance, physical therapy and other costs not covered by traditional health plans. Coverage for this plan is through United Healthcare.

Accident	
Employee	\$13.64
Employee + Spouse	\$20.22
Employee + Child(ren)	\$18.39
Family	\$24.97

Accidental Death and Dismemberment Benefits:

Life	\$50,000
Both hands or Both feet	\$50,000
One hand and One foot	\$50,000
One hand or One foot	\$25,000
Two or more of fingers or toes	\$10,000
One finger or one toe	\$5,000

For a Covered Person who is a Child, amounts are 50% of those shown next to the Loss for Employee or Spouse

Initial Care	
Ground Ambulance	\$400
Air Ambulance	\$2,400
Emergency Room Treatment	\$200
Physician office/ Urgent Care per visit:	\$200
Hospital Care	
Hospital Admission	\$1,600
Hospital Confinement	\$325
Hospital ICU Admission	\$5,000
Hospital ICU Confinement	\$1,000
Common Injuries	
Abdominal / Thoracic Surgery Benefit:	
Surgery to repair	\$2,000
Exploratory Surgery without repair	\$200
Blood/Plasma/Platelets Benefit:	\$500

Burn Benefit:		
2nd Degree (at least 36% of body surface)	\$1,000	
3rd Degree (9 to 34 square inches)	\$2,000	
3rd Degree (35 or more square inches)	\$16,000	
Coma Benefit:		
	\$20,000	
Concussion Benefit:		
	\$300	
Fractures	Open Reduction	Closed Reduction w Anesthesia
Skull	\$9,000	\$4,500
Sternum	\$9,000	\$4,500
Hip, Femur	\$9,000	\$4,500
Leg	\$5,000	\$2,500
Pelvis	\$5,000	\$2,500
Vertebrae	\$5,000	\$2,500
Sacral/Sacrum	\$1,800	\$900
Face or Nose	\$1,800	\$900
Upper Arm	\$1,800	\$900
Upper Jaw	\$1,800	\$900
Ankle	\$1,800	\$900
Foot	\$1,800	\$900
Forearm	\$1,800	\$900
Kneecap	\$1,800	\$900
Lower Jaw	\$1,800	\$900
Shoulder or Collarbone	\$1,800	\$900
Dislocation (Separated Joint) Benefit:	Open Reduction	Closed Reduction w Anesthesia
Hip	\$9,000	\$4,500
Knee	\$4,500	\$2,250
Ankle or foot	\$3,000	\$1,500
Collar Bone	\$1,000	\$500
Lower Jaw	\$1,800	\$900
Shoulder	\$1,800	\$900
Elbow	\$1,800	\$900
Wrist	\$1,800	\$900
Hand	\$1,800	\$900
Toe or Finger	\$1,000	\$500

Description of Eligible Class:

Employees of East Texas Employee Benefits Cooperative who meet the Employer's eligibility requirements and are Actively at Work for at least 15 hours per week.

Dependents: As defined.

Employee Eligibility Waiting Period:

An Employee is eligible for insurance on the first day of the month following the date he begins continuous employment with the Policyholder.

ABOUT LIFE AND AD&D

Group term life is the most inexpensive way to purchase life insurance. You have the freedom to select an amount of life insurance coverage you need to help protect the well-being of your family.

Accidental Death & Dismemberment is life insurance coverage that pays a death benefit to the beneficiary, should death occur due to a covered accident. Dismemberment benefits are paid to you, according to the benefit level you select, if accidentally dismembered.

For full plan details, please visit your benefit website: www.etxebc.com



Life and Accidental Death and Dismemberment (AD&D) insurance through UNUM are important parts of your financial security, especially if others depend on you for support. With Life insurance, your beneficiary(ies) can use the coverage to pay off your debts, such as credit cards, mortgages and other final expenses. AD&D coverage provides specified benefits for a covered accidental bodily injury that causes dismemberment (e.g., the loss of a hand, foot or eye). In the event that death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary(ies). As you grow older, your Life and AD&D coverage amount reduces to 65% at age 65 and 50% at age 70.

Basic Life and AD&D

Basic Life and AD&D insurance are provided at no cost to you. You are automatically covered at no cost to you by your employer. Amounts vary by district.

Voluntary Life and AD&D

You may purchase additional Life and AD&D insurance for you and your eligible dependents. If you decline Voluntary Life and AD&D insurance when first eligible or if you elect coverage and wish to increase your benefit amount at a later date, Evidence of Insurability (EOI) – proof of good health – may be required before coverage is approved. You must elect Voluntary Life and AD&D coverage for yourself in order to elect coverage for your spouse or children. If you leave the company, you may be able to take the insurance with you.

Life and AD&D Available Coverage	
Employee	Increments of \$10,000 up to \$500,000
Spouse	Increments of \$10,000 up to 100% of employee amount
Child(ren)	Increments of \$5,000 up to 100% of employee amount not to exceed \$10,000

Designating a Beneficiary

A beneficiary is the person or entity you designate to receive the death benefits of your Life and AD&D insurance policies. You can name more than one beneficiary and you can change beneficiaries at any time. If you name more than one beneficiary, you must identify the share for each.

Voluntary Group Life (per \$10,000 in coverage)	
0-29	\$0.37
30-34	\$0.56
35-39	\$0.65
40-44	\$0.93
45-49	\$1.40
50-54	\$2.14
55-59	\$4.00
60-64	\$6.14
65-69	\$11.07
70-74	\$17.67
75+	\$17.67

Spouse rates based on employee age.

Child(ren) Voluntary Life (per \$10,000 in coverage)	
0-26	\$1.60

ABOUT IDENTITY THEFT PROTECTION

Identity theft protection monitors and alerts you to identity threats. Resolution services are included should your identity ever be compromised while you are covered.

For full plan details, please visit your benefit website: www.etxebc.com



Identity theft is one of the fastest-growing crimes in the country. Millions of people have their identity stolen each year. Protect yourself and restore your identity with coverage from ID Watchdog. Benefits include:

- Identity consultation and advice
- Licensed private investigators
- Identity and credit monitoring
- Social media monitoring
- Identity restoration
- Threat and credit alerts
- 24/7 emergency ID protection access
- Mobile app

Identity Theft		
	1B	Platinum
Employee	\$8.95	\$12.95
Employee & Family	\$15.95	\$23.95

ABOUT HSA

A Health Savings Account (HSA) is a personal savings account where the money can only be used for eligible medical expenses. Unlike a flexible spending account (FSA), the money rolls over year to year however only those funds that have been deposited in your account can be used. Contributions to a Health Savings Account can only be used if you are also enrolled in a High Deductible Health Care Plan (HDHP).

For full plan details, please visit your benefit website: www.etxebc.com



A Health Savings Account (HSA) is more than a way to help you and your family cover health care costs – it is also a tax-exempt tool to supplement your retirement savings and cover health expenses during retirement. An HSA can provide the funds to help pay current health care expenses as well as future health care costs.

A type of personal savings account, an HSA is always yours even if you change health plans or jobs. The money in your HSA (including interest and investment earnings) grows tax-free and spends tax-free if used to pay for qualified medical expenses. There is no “use it or lose it” rule — you do not lose your money if you do not spend it in the calendar year — and there are no vesting requirements or forfeiture provisions. The account automatically rolls over year after year.

HSA Eligibility

You are eligible to open and contribute to an HSA if you are:

- Enrolled in an HSA-eligible HDHP (TRS ActiveCare HD or TSHBP HD Plan)
- Not covered by another plan that is not a qualified HDHP, such as your spouse’s health plan
- Not enrolled in a Health Care Flexible Spending Account
- Not eligible to be claimed as a dependent on someone else’s tax return
- Not enrolled in Medicare or TRICARE
- Not receiving Veterans Administration benefits

You can use the money in your HSA to pay for qualified medical expenses now or in the future. You can also use HSA funds to pay health care expenses for your dependents, even if they are not covered by the HDHP.

Maximum Contributions

Your HSA contributions may not exceed the annual maximum amount established by the Internal Revenue Service. The annual contribution maximum for 2022 is based on the coverage option you elect:

- Individual – \$3,650
- Family (filing jointly) – \$7,300

You decide whether to use the money in your account to pay for qualified expenses or let it grow for future use. If you are 55 or older, you may make a yearly catch-up contribution of up to \$1,000 to your HSA. If you turn 55 at any time during the plan year, you are eligible to make the catch-up contribution for the entire plan year.

Opening an HSA

If you meet the eligibility requirements, you may open an HSA administered by EECU. You will receive a debit card to manage your HSA account reimbursements. Keep in mind, available funds are limited to the balance in your HSA. To open an account, go to <https://www.eecu.org/>.

Important HSA Information

- Always ask your health care provider to file claims with your medical provider so network discounts can be applied. You can pay the provider with your HSA debit card based on the balance due after discount.
- You, not your employer, are responsible for maintaining ALL records and receipts for HSA reimbursements in the event of an IRS audit.
- You may open an HSA at the financial institution of your choice, but only accounts opened through EECU are eligible for automatic payroll deduction and company contributions.

ABOUT FSA

A Flexible Spending Account allows you to pay for eligible healthcare expenses with a pre-loaded debit card. You choose the amount to set aside from your paycheck every plan year, based on your employer's annual plan limit. This money is use it or lose it within the plan year (unless your plan contains a \$500 rollover or grace period provision).

For full plan details, please visit your benefit website: www.etxebc.com



Health Care FSA

The Health Care FSA covers qualified medical, dental and vision expenses for you or your eligible dependents. You may contribute up to \$2,850 annually to a Health Care FSA and you are entitled to the full election from day one of your plan year. Eligible expenses include:

- Dental and vision expenses
- Medical deductibles and coinsurance
- Prescription copays
- Hearing aids and batteries

You may not contribute to a Health Care FSA if you enrolled in a High Deductible Health Plan (HDHP) and contribute to a Health Savings Account (HSA).

How the Health Care FSAs Work

You can access the funds in your Health Care FSA two different ways:

- Use your NBS Debit Card to pay for qualified expenses, doctor visits and prescription copays.
- Pay out-of-pocket and submit your receipts for reimbursement:
 - ◇ Fax – 844-438-1496
 - ◇ Email – service@nbsbenefits.com
 - ◇ Online – my.nbsbenefits.com
 - ◇ Call for Account Balance: 855-399-3035
 - ◇ Mail: PO Box 6980
West Jordan, UT 84084

Contact NBS

- Hours of Operation: 6:00 AM – 6:00 PM MST, Mon-Fri
- Phone: (800) 274-0503
- Email: service@nbsbenefits.com
- Mail: PO Box 6980
West Jordan, UT 84084

Dependent Care FSA

The Dependent Care FSA helps pay for expenses associated with caring for elder or child dependents so you or your spouse can work or attend school full time. You can use the account to pay for day care or baby sitter expenses for your children under age 13 and qualifying older dependents, such as dependent parents. Reimbursement from your Dependent Care FSA is limited to the total amount deposited in your account at that time. To be eligible, you must be a single parent or you and your spouse must be employed outside the home, disabled or a full-time student.

Dependent Care FSA Guidelines

- Overnight camps are not eligible for reimbursement (only day camps can be considered).
- If your child turns 13 midyear, you may only request reimbursement for the part of the year when the child is under age 13.
- You may request reimbursement for care of a spouse or dependent of any age who spends at least eight hours a day in your home and is mentally or physically incapable of self-care.
- The dependent care provider cannot be your child under age 19 or anyone claimed as a dependent on your income taxes.

Important FSA Rules

- The maximum per plan year you can contribute to a Health Care FSA is \$2,850. The maximum per plan year you can contribute to a Dependent Care FSA is \$5,000 when filing jointly or head of household and \$2,500 when married filing separately.
- You cannot change your election during the year unless you experience a Qualifying Life Event.

- You can continue to file claims incurred during the plan year for another 90 days from August 31st.
- Your Health Care FSA debit card can be used for health care expenses only. It cannot be used to pay for dependent care expenses.
- The IRS has amended the “use it or lose it rule” to allow you to carry-over up to \$570 in your Health Care FSA into the next plan year. The carry-over rule does not apply to your Dependent Care FSA.

Over-the-Counter Item Rule Reminder

Health care reform legislation requires that certain over-the-counter (OTC) items require a prescription to qualify as an eligible Health Care FSA expense. You will only need to obtain a one-time prescription for the current plan year. You can continue to purchase your regular prescription medications with your FSA debit card. However, the FSA debit card may not be used as payment for an OTC item, even when accompanied by a prescription.

Flexible Spending Accounts			
Account Type	Eligible Expenses	Annual Contribution Limits	Benefit
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over-the-counter medications)	\$2,850	Saves on eligible expenses not covered by insurance, reduces your taxable income
Dependent Care FSA	Dependent care expenses (such as day care, after-school programs or elder care programs) so you and your spouse can work or attend school full-time	\$5,000 single \$2,500 if married and filing separate tax returns	Reduces your taxable income

ABOUT INDIVIDUAL LIFE

Individual insurance is a policy that covers a single person and is intended to meet the financial needs of the beneficiary, in the event of the insured's death. This coverage is portable and can continue after you leave employment or retire.

For full plan details, please visit your benefit website: www.etxebc.com



Life insurance (Family Protection Plan) through 5 Star is important to financial security, especially if others depend on you for support. With Life insurance, you or your beneficiary(ies) can use the coverage to pay off debts, such as credit cards, loans and bills.

Designating a Beneficiary

A beneficiary is the person or entity you designate to receive the death benefits of your Life insurance policy. You can name more than one beneficiary and you can change beneficiaries at any time. If you name more than one beneficiary, you must identify the share each will get. Shares must equal 100%. Be sure to review your beneficiaries on a regular basis.

FAMILY COVERAGE You can get coverage for your spouse even if you don't elect coverage on yourself. And you can cover your financially dependent children (14 days to 19 years old, 26 if full-time student) under your coverage or your spouse's. No matter what the future brings, you and your family are protected.

PORTABLE Coverage continues with no loss of benefits or increase in cost if you terminate employment after the first premium is paid. We simply bill you directly

TERMINAL ILLNESS ACCELERATION OF BENEFITS Coverage pays 30% (25% in CT and MI) of the coverage amount in a lump sum upon the occurrence of a terminal condition that will result in a limited life span of less than 12 months (24 months in IL).

CONVENIENT Easy payments through payroll deduction.

PROTECTION YOU CAN COUNT ON Within one business day of notification, payment of 50% of coverage or \$10,000 whichever is less is mailed to the beneficiary, unless the death is within the two-year contestability period and/or under investigation. This coverage has no war or terrorism exclusions.

QUALITY OF LIFE Optional benefit that accelerates a portion of the death benefit on a monthly basis, up to 75% of your benefit, and is payable directly to you on a tax favored basis for the following:

- Permanent inability to perform at least two of the six Activities of Daily Living (ADLs) without substantial assistance; or
- Permanent severe cognitive impairment, such as dementia, Alzheimer's disease and other forms of senility, requiring substantial supervision.

Quality of Life not available ages 66-70. Quality of Life benefits not available for children

ABOUT MEDICAL TRANSPORT

Medical Transport covers emergency transportation to and from appropriate medical facilities by covering the out-of-pocket costs that are not covered by insurance. It can include emergency transportation via ground ambulance, air ambulance and helicopter, depending on the plan.

For full plan details, please visit your benefit website: www.etxebc.com



A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network. After the group health plan pays its portion, MASA MTS works with providers to deliver our members' \$0 in out-of-pocket costs for emergency transport.

Emergent Air Transportation In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities.

Emergent Ground Transportation In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities.

Non-Emergency Inter-Facility Transportation In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergency air or ground transportation between medical facilities.

Repatriation/Recuperation Suppose you or a family member is hospitalized more than 100-miles from your home. In that case, you have benefit coverage for air or ground medical transportation into a medical facility closer to your home for recuperation.

Should you need assistance with a claim contact MASA at 800-643-9023. You can find full benefit details www.etxebc.com/.

Emergency Medical Transportation		
	Emergent Plus	Platinum
Employee	\$14.00	\$24.50
Employee & Family	\$14.00	\$32.50

ETXEBC Mobile App Login Group #'s

Use your District's group # to login to the FBS Benefits app.

District	GROUP #
Anahuac ISD	ETXA
Anderson-Shiro CISD	ETXB
Arrow Academy	ETXD
Avery ISD	ETXE
Big Sandy ISD	ETXF
Blue Ridge ISD	ETXG
Brazos ISD	ETXH
Bremond ISD	ETXI
Bridge City ISD	ETXJ
Buna ISD	ETXK
Burkeville ISD	ETXL
Burton ISD	ETXM
Calvert ISD	ETXO
Centerville ISD	ETXP
Chester ISD	ETXQ
Clarksville ISD	ETXR
Covenant Christian School	ETXS
Damon ISD	ETXT
Devers ISD	ETXU
Deweyville ISD	ETXV

District	GROUP #
East Bernard ISD	ETXW
East Chambers ISD	ETXX
East Texas Employee Benefits Cooperative	ETXY
Ehrhart School	ETXZ
Elkhart ISD	ETXAA
Evadale ISD	ETXAB
Franklin ISD	ETXAC
Gause ISD	ETXAD
Goodrich ISD	ETXAE
Groveton ISD	ETXAF
Hardin ISD	ETXAG
Hardin Jefferson ISD	ETXAH
High Island ISD	ETXAI
Hitchcock ISD	ETXAJ
Hull-Daisetta ISD	ETXAK
Jefferson ISD	ETXAM
Kirbyville ISD	ETXAN
Kountze ISD	ETXAO
Krum ISD	ETXAP
Leadership Prep School	ETXAQ

ETXEBC Mobile App Login Group #'s

Use your District's group # to login to the FBS Benefits app.

District	GROUP #
Leon ISD	ETXAR
Liberty ISD	ETXAS
Lumberton ISD	ETXAT
Madisonville ISD	ETXAU
Maud ISD	ETXAV
McLeod ISD	ETXAW
Milano ISD	ETXAX
Montgomery ISD	ETXAY
Mumford ISD	ETXAZ
Needville ISD	ETXAAA
New Boston ISD	ETXABB
Normangee ISD	ETXACC
North Zulch ISD	ETXADD
Orangefield ISD	ETXAEE
Queen City ISD	ETXAFF
Rice ISD	ETXAGG
Richards ISD	ETXAHH
Royal ISD	ETXAII
Sabine Pass ISD	ETXAJJ
Sealy ISD	ETXAKK

District	GROUP #
Silsbee ISD	ETXALL
Snook ISD	ETXAMM
Somerville ISD	ETXATNN
Tarkington ISD	ETXAOO
Teague ISD	ETXAPP
Texas Can Academies	ETXAQQ
The Bob Hope School	ETXARR
Tioga ISD	ETXASS
Vidor ISD	ETXATT
Warren ISD	ETXAUU
West Hardin ISD	ETXAVV
Westwood ISD	ETXAWW
Whitehouse ISD	ETXAXX
Winona ISD	ETXAYY

2022 - 2023 Plan Year



Enrollment Guide General Disclaimer: This summary of benefits for employees is meant only as a brief description of some of the programs for which employees may be eligible. This summary does not include specific plan details. You must refer to the specific plan documentation for specific plan details such as coverage expenses, limitations, exclusions, and other plan terms, which can be found at the ETXEBC Benefits Website. This summary does not replace or amend the underlying plan documentation. In the event of a discrepancy between this summary and the plan documentation the plan documentation governs. All plans and benefits described in this summary may be discontinued, increased, decreased, or altered at any time with or without notice.

Rate Sheet General Disclaimer: The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at the ETXEBC Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases.

