



TRS

ACTIVECARE

TEACHER RETIREMENT SYSTEM OF TEXAS

www.bcbstx.com/trsactivecare

1-866-355-5999



ANNUAL ENROLLMENT



BlueCross BlueShield of Texas

Welcome to the 2023-24 TRS-ActiveCare Annual Enrollment

From the North Texas plains to the Gulf Coast, TRS-ActiveCare has you covered. Blue Cross and Blue Shield of Texas (BCBSTX), the only statewide, customer-owned health insurer in Texas, has more local doctors in its provider networks than any other plan. Texans created TRS-ActiveCare for Texans, and we believe:

Health care is personal. One size doesn't fit all. TRS-ActiveCare includes many benefits and tools that let you make your health plan truly *yours*.

Health care should be simple. It doesn't have to be hard. TRS-ActiveCare makes it easy to use and understand your health plan.

Health care should be easy to get. They say everything is bigger in Texas, including our TRS-ActiveCare provider networks. That means you can get the care you need, when you need it, where you are!





We're Here to Help

As part of your plan, you have 24/7 access to benefits specialists called **Personal Health Guides (PHGs)** to help you get the most from your health plan. This comes to you at no added cost. Call **1-866-355-5999** or chat in the **BCBSTX App** to get help with:

- questions about your health plan and prescription drug benefits
- finding in-network providers
- choosing a Primary Care Provider (PCP)
- coordinating transition of care

Talk with your Benefits Administrator if you have questions about TRS-ActiveCare. They can tell you what your employer pays toward your premiums.

Visit www.bcbstx.com/trsactivecare for information about the 2023-24 plans and benefits.



NEED TO KNOW

You must actively enroll or decline coverage if you:

- are newly eligible
- are changing plans or adding or removing dependent(s)
- don't want coverage for 2023-24

Your 2022-23 plan election will carry forward from last year if you don't actively enroll in a different plan or decline coverage.

If you enroll in the TRS-ActiveCare Primary plan or TRS-ActiveCare Primary+ plan and don't choose a PCP, we'll assign one to you.

If you were enrolled in the TRS-ActiveCare Primary plan or TRS-ActiveCare Primary+ plan last year and didn't change plans this year, you'll have the same PCP. You can change your PCP anytime.

Go to www.bcbstx.com/trsactivecare/doctors-and-hospitals and follow the steps to change your PCP.

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Know the Terms

Coinsurance: The portion you must pay for services after you meet your deductible. It's often a percentage of the costs; you pay 20%, and the health care plan pays 80%.

Copay: The set amount you pay for a covered service when you get it. The amount can vary by the type of service.

Deductible: The annual amount for medical expenses you must pay before your plan starts to pay its portion.

Emergency: A sudden and unexpected change in a person's physical or mental condition that needs immediate medical care and, could result in:

- placing the person's health in serious jeopardy (including death)
- serious impairment to bodily function
- serious dysfunction of a body part or organ
- serious disfigurement
- serious jeopardy to the health of a fetus

Generic drug: A prescription drug that is the generic equivalent of a brand-name drug on your health plan's formulary and costs less than the brand-name drug.

Maximum-out-of-pocket (MOOP): The maximum amount you pay each year for medical costs. After reaching your MOOP, the plan pays 100% of allowable charges for covered services.

Prior Authorization: When you need approval from BCBSTX before they'll cover certain services or medications.

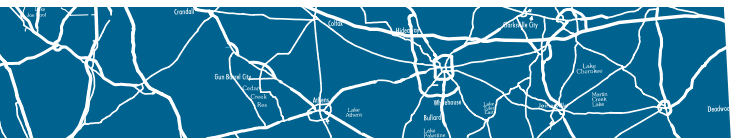
Premium: The amount you pay monthly for health care coverage.

Preventive care services: Routine health care like screenings, checkups and patient counseling to prevent illnesses, diseases or other health problems.

Primary Care Provider (PCP): The provider you choose to be your first contact for medical care. With some plans, your PCP coordinates all your medical care, including hospital admissions and referrals to specialists. Not all health plans require a PCP, but we always recommend that you have one.

Referral: A written authorization from your PCP to get care from a different contracted provider, specialist or facility.

Specialist: A health care professional whose practice is limited to a certain branch of medicine, like specific procedures, age categories, body systems or types of diseases.





What's New and What's Changing

New Pharmacy Benefits:

- Express Scripts is the new pharmacy benefits manager as of Sept. 1, 2023.
- Accredo Specialty Pharmacy offers copay assistance to lower your out-of-pocket costs on certain specialty medications.
- SaveOnSP is a copay assistance program for specialty medications. You pay \$0 for your medication if it's on the SaveOnSP Specialty Drug list.

New Programs and Services:

- Headway, a new online platform, lets you search for mental health providers with your insurance, at no added cost to you.
- Ovia Health now offers menopause support.





Choose the Health Plan That's Right for You

Tips for Choosing Your Health Plan

Choosing the right health plan for you and your family is important. Answering a few simple questions and following these steps can help make the decision easier.

1. Review your health care needs to get an idea of how you'll use your health plan.

- Are you and your family generally healthy and mainly need preventive care?
- Are you or a family member managing an ongoing health condition?
- Does an ongoing health condition require frequent doctor visits?
- Are you or a family member taking expensive prescriptions or specialty drugs?
- Are you planning to start a family?
- Are your preferred doctors in network?

2. Compare the network features of each plan to see which one best fits your needs.

Health Plan	Do you need a PCP?	Do you need a referral to see a specialist?	Which plan covers specialty medications?	Do you have out-of-network coverage?	Does this plan work with a Health Savings Account?
TRS-ActiveCare Primary	Yes	Yes	Yes	No	No
TRS-ActiveCare Primary+	Yes	Yes	Yes	No	No
TRS-ActiveCare HD	No, but we recommend you have one.	No	Yes	Yes, but you'll pay more for out-of-network care.	Yes

3. Compare the costs of each plan, including premiums, deductibles, copays and coinsurance.

Premiums aren't the only cost to consider. A plan with lower premiums may have a higher deductible, which means you'll have to pay more out of pocket before your health plan starts to pay.

A plan with higher premiums may have a lower deductible and copays, which means your expenses may be more predictable.

Health Plan	Premiums	Deductible	Copays	Coinsurance	Network
TRS-ActiveCare Primary	Lowest	Mid-range	Yes, before deductible	After deductible	Statewide
TRS-ActiveCare Primary+	Highest	Lowest	Yes, before deductible	After deductible	Statewide
TRS-ActiveCare HD	Mid-range	Highest	No. You pay all costs until you meet your deductible.	After deductible	Nationwide

4. Compare the essential features of each plan to make sure you understand what it covers and how it works.



Overview of TRS-ActiveCare Plans

TRS-ActiveCare Primary and TRS-ActiveCare Primary+ Plans

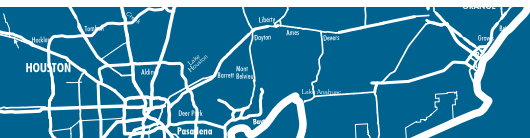
These are physician-directed plans. Your PCP manages your health care and coordinates your care with other providers. Your PCP is your advocate in health care. They help you stay on top of your preventive care, which is covered at 100% by your health plan. They can take care of most health issues and simple medical procedures. PCPs can help you avoid unnecessary medical costs and refer you to quality, in-network specialists when needed.

One of these plans might be right for you if:

- you or a family member has a chronic health condition like diabetes or heart disease that may need frequent doctor visits
- you or a family member has a risk factor like high blood pressure that needs careful management
- you want a doctor to actively manage your family's health care and coordinate your care with other providers
- you want predictable copays to help forecast your medical expenses

These plans have many of the same benefits and features:

- low copays for doctor visits and generic medications before you meet your deductible
- combined medical and pharmacy deductibles and maximum out-of-pocket amounts
- no charge for diagnostic labs at your doctor's office or an independent, in-network lab
- preventive care is 100% covered
- a low copay for TRS Virtual Health visits
- PCP required
- specialist visits need a referral from your PCP
- broad statewide network with no regional boundaries
- flexibility to offer out-of-network coverage to dependents who live out of state
- predictable cost-sharing with set copays
- prescription benefits, including coverage for specialty medications



These plans differ in what you pay for premiums, coinsurance, deductibles, and maximum out-of-pocket amounts, but copays for primary care and specialists are the same for each plan.

PLAN	COINSURANCE	DEDUCTIBLES	MAXIMUM OUT OF POCKET	COPAYS
TRS-ActiveCare Primary	30% after deductible	Individual: \$2,500 Family: \$5,000	Individual: \$7,500 ¹ Family: \$15,000	PCP: \$30 Specialist: \$70
TRS-ActiveCare Primary+	20% after deductible	Individual: \$1,200 Family: \$2,400 ²	Individual: \$6,900 Family: \$13,800	PCP: \$15 ³ Specialist: \$70

¹ A reduction from 2022 amount of \$8,150.
² A reduction from 2022 amount of \$3,600.
³ A reduction from 2022 amount of \$15.

TRS-ActiveCare HD Plan

This is a high-deductible plan. It works with a Health Savings Account (HSA), has out-of-network coverage, a nationwide network, and coinsurance instead of copays. You have to meet your deductible before you have out-of-network coverage or use coinsurance.

This plan might be right for you if:

- you or your family members don't have any chronic health issues
- you don't expect to have many doctor appointments
- you want the freedom to choose any provider, even out of network
- you live in Texas but get care from providers in another state

Features of this plan:

- higher deductible
- must meet your deductible before the plan starts to pay
- no PCP required
- no referrals needed for specialist visits
- broad nationwide network with coverage outside Texas
- out-of-network coverage
- prescription benefits, including coverage for specialty medications
- works with an HSA

You don't have copays with this plan. Your coinsurance, deductibles, and maximum out-of-pocket amounts are different for in-network and out-of-network care.

TRS-ACTIVECARE HD	COINSURANCE	DEDUCTIBLES	MAXIMUM OUT OF POCKET
In network	30% after deductible	Individual: \$3,000 Family: \$6,000	Individual: \$7,500 Family: \$15,000
Out of network	50% after deductible	Individual: \$5,500 Family: \$11,000	Individual: \$20,250 Family: \$40,500





Enrollment Checklist

During Annual Enrollment, think about how you use health care and whether your current plan is still a good fit for you and your family. Do you have any upcoming surgeries? Are you planning to start a family? Are you getting married?

Compare the benefits and costs of each plan before you decide. This checklist can help you remember what to think about as you go through the Annual Enrollment Guide.

Annual Enrollment

Enrollment dates vary. Check with your employer.

- ✓ Understand the difference between plan types.
- ✓ Know which plans require a PCP.
- ✓ Understand what you'd pay for monthly premiums, copays, coinsurance and deductibles.
- ✓ Make sure the doctors and hospitals you prefer are in network for the plan you choose.
- ✓ Understand that going out of network will cost you more, or that the plan may not cover you at all.
- ✓ Know your annual Maximum Out of Pocket amounts.
- ✓ Know which preventive screenings and care the plan covers at no cost.
- ✓ Remember that once you enroll, you can't change plans during the plan year (Sept. 1, 2023 – Aug. 31, 2024) unless you have a special enrollment event (see pages 56-57).



Choose a PCP for Better Health

A PCP plays a big part in keeping you healthy and lowering your out-of-pocket costs. TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans require you to choose a PCP. Even if you don't enroll in one of these plans, we recommend choosing a PCP to oversee your health care.

A PCP will:

- handle your routine and preventive health care
- manage chronic conditions and create a care plan
- understand your medical history, treatment preferences, medications, and lifestyle
- refer you to specialists and coordinate your care with other providers, so you're always in network

On top of improving your health, a relationship with a PCP may benefit your everyday life, too. A PCP can help you have:

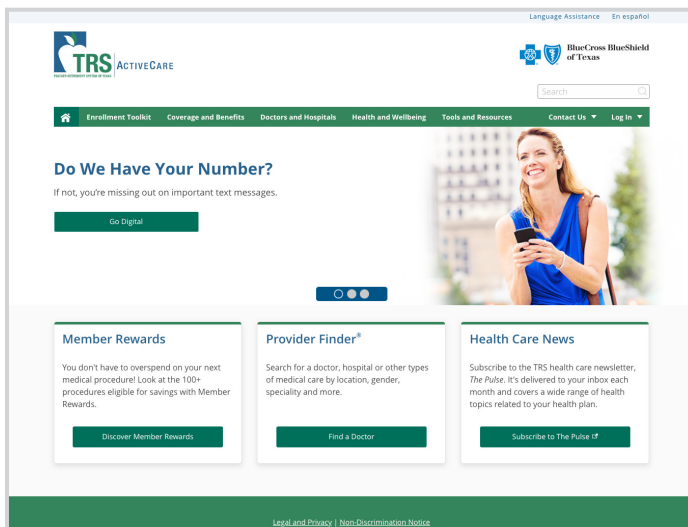
- **fewer sick days** because you're getting regular checkups and staying on top of your preventive care
- **lower medical expenses** because all plans cover annual exams and preventive care at 100%
- **peace of mind**, knowing your PCP may be able to see you, have a virtual visit, or call in a prescription the same day you're sick
- **convenience** because your medical history and insurance are already on file at your PCP's office

Remember, if you enroll in TRS-ActiveCare Primary or TRS-ActiveCare Primary+, and you use any provider who isn't your PCP or a specialist referred by your PCP, **the plan will deny your claims**, even if the provider is in network. This means you'll pay full price for your care.

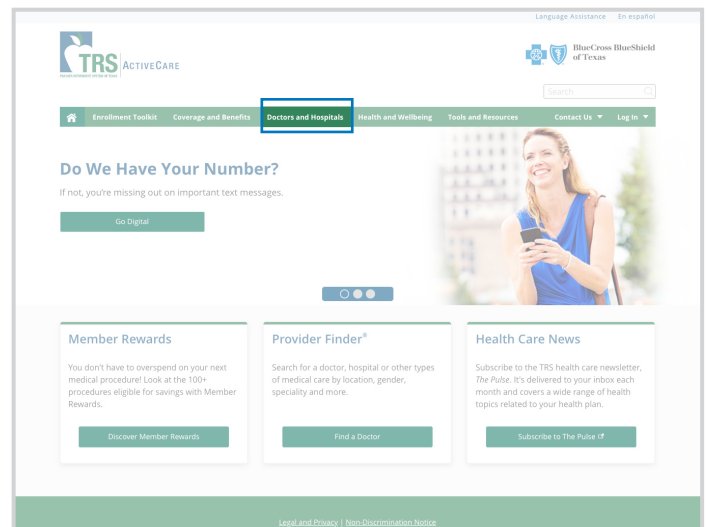
Finding and Choosing a PCP During Annual Enrollment

If you had TRS-ActiveCare Primary or TRS-ActiveCare Primary+ last year, the PCP selection fields of your enrollment application may have the name of a doctor you used in the past. If you're happy with that doctor, don't do anything. If you want to change your PCP, follow the instructions below. A PHG can also help you. Just call **1-866-355-5999** 24 hours a day, seven days a week.

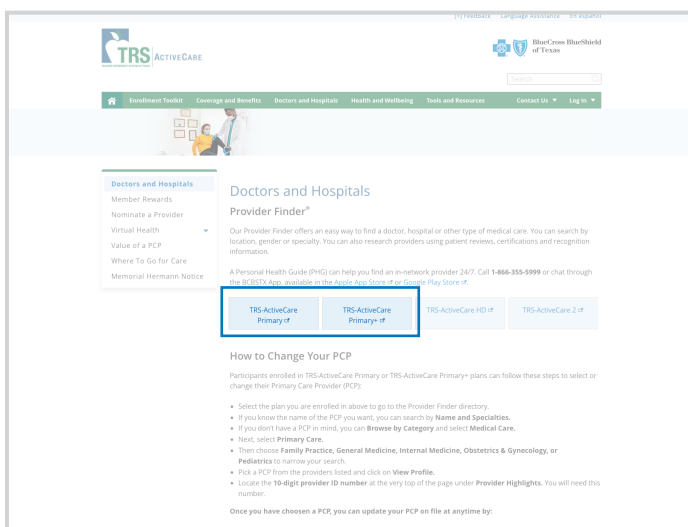
If you're enrolling in TRS-ActiveCare Primary or TRS-ActiveCare Primary+:



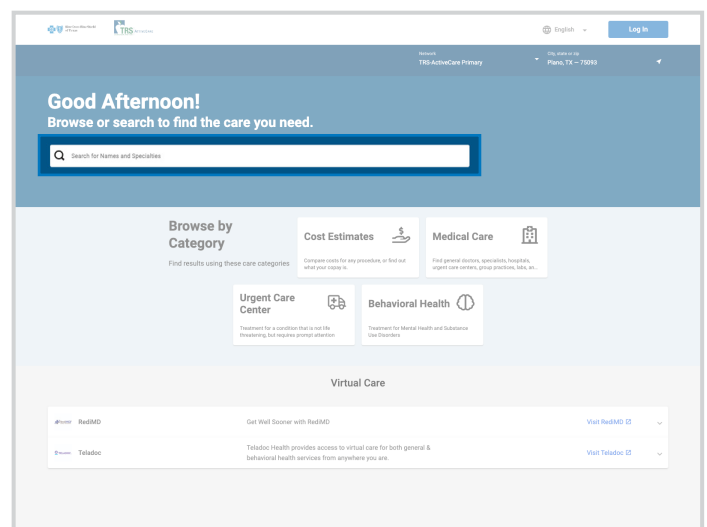
1. Go to www.bcbstx.com/trsactivecare.



2. Click on **Doctors and Hospitals**.

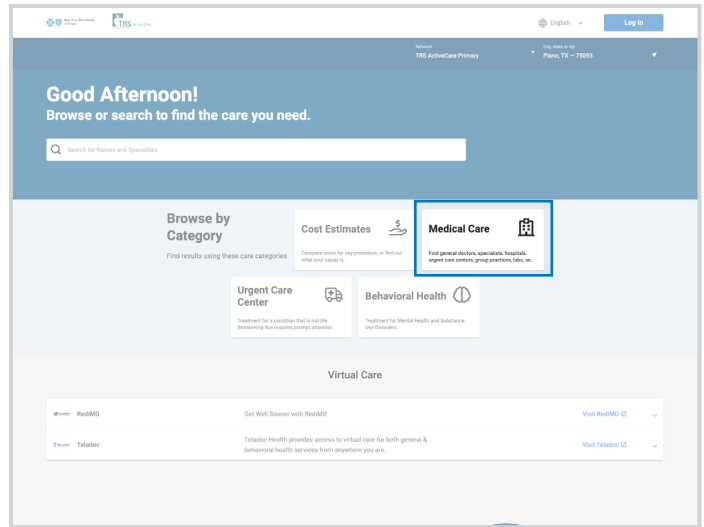


3. Click on **TRS-ActiveCare Primary** or **TRS-ActiveCare Primary+**.

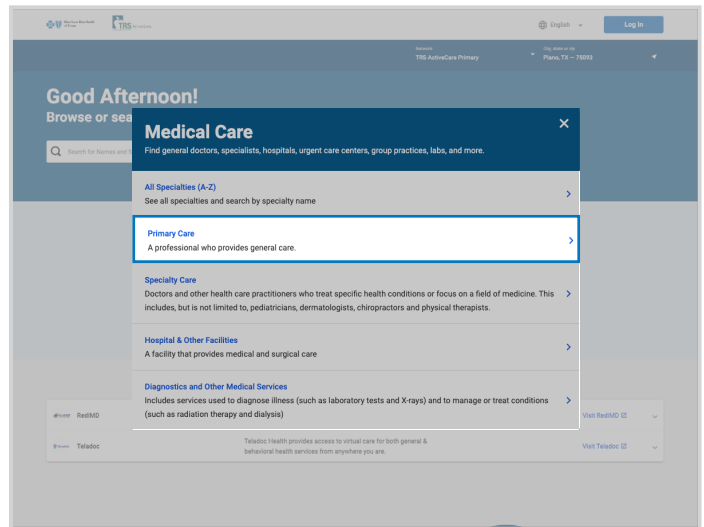


4. If you know the name of the PCP you want, search for them by **Name and Specialties**.

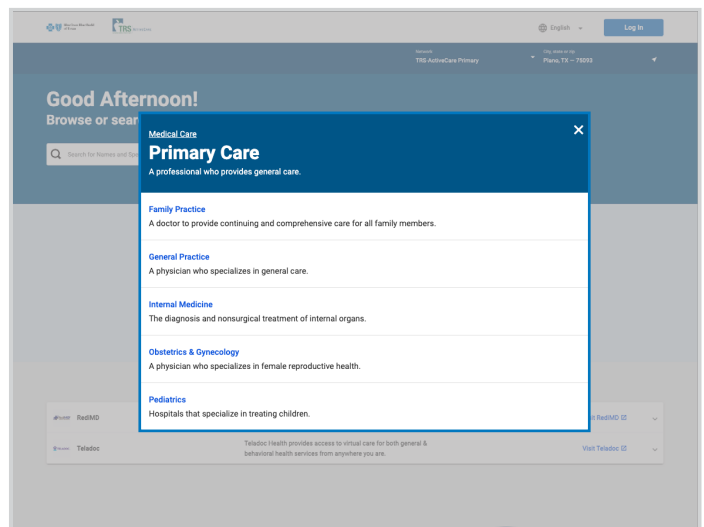




5. If you don't have a PCP in mind, **Browse by Category** and select **Medical Care**.

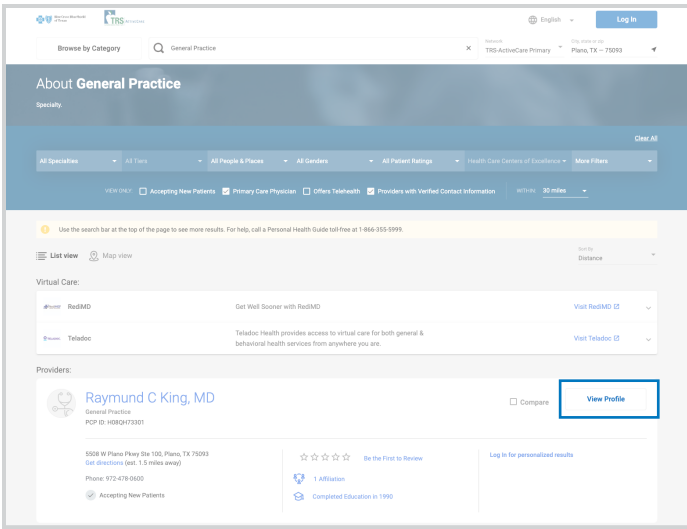


6. Next, select **Primary Care**.

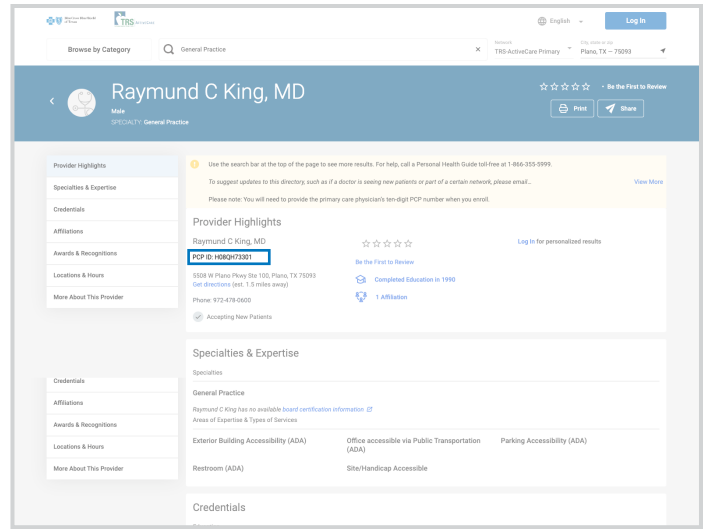


7. Choose **Family Practice, General Medicine, Internal Medicine, Obstetrics & Gynecology** or **Pediatrics** to narrow your search.





8. Pick a **PCP** from the provider list and click on **View Profile**.



9. Find the **10-digit provider ID number** at the top of the page under **Provider Highlights**. You need the PCP ID number for your enrollment application.

Important Tips:

- You need to choose a PCP for each covered family member.
- The entire family can select the same PCP, or each family member can have a different PCP.
- If you don't choose a PCP, we'll assign one to you. You can always change it later, but we recommend you select a PCP who is a good fit for you and your family.

Changing Your PCP After Annual Enrollment

After Sept. 1, you can change your PCP anytime. Call a PHG at **1-866-355-5999** to get help finding, choosing and changing your PCP. Or, visit **www.bcbstx.com/trsactivecare** to log in to Blue Access for MembersSM (BAMSM) and change your PCP. If you change your PCP after Sept. 1, the change will be effective the first day of the following month. If you need the change to start sooner, call a PHG for help.

PHGs are available 24 hours a day, seven days a week.





TRS-ActiveCare Plan Highlights

TRS-ActiveCare Primary

This physician-directed plan has low monthly costs with \$30 copays for primary care, and no copay for TRS Virtual Health with RediMD™. It also works with the Member Rewards program that lets you earn credit toward future medical or pharmacy costs by reducing copays or coinsurance. It may have a lower monthly premium and lower copays for doctor visits *before* you meet your deductible, so you can lower your out-of-pocket costs sooner. You must choose a PCP with this plan. PCPs can help you avoid unnecessary medical costs and refer you to quality specialists. You have a broad statewide network of providers to choose from and no regional network boundaries.

Plan Highlights

No charge for diagnostic labs or preventive care.

The plan covers these services at 100% even if you don't meet your deductible. Diagnostic labs are covered at 100% only when your doctor's office or an in-network independent lab performs them. You can use Provider Finder® at www.bcbstx.com/trsactivecare to search for an in-network lab or call a PHG at **1-866-355-5999**. Preventive care covered by this plan includes routine care, annual wellness exams, recommended vaccines and screenings for things like diabetes, cancer or depression.

Low copays. You pay \$30 copays for primary care, mental health services, and physical therapy and \$70 copays for specialist visits.

Convenient TRS Virtual Health visits. Get quality medical or mental health care without going to a doctor's office. When medically necessary, your provider can also send a prescription straight to your pharmacy.

RediMD - \$0 copay for medical visits

Teladoc™ - \$12 copay for medical visits

- \$0 copay for mental health visits

You choose a PCP. You must have a PCP to manage your care and refer you to specialists.

Copay assistance for specialty medications. Get certain specialty medications for \$0 with the SaveOnSP copay assistance program.

TRS-ActiveCare Primary+

This physician-directed plan has the lowest deductibles, maximum out-of-pocket costs, and coinsurance rates. It may have a higher premium, but it has lower deductibles and copays for many health care services and medications. It also works with the Member Rewards program that lets you earn credit toward future medical or pharmacy costs by reducing copays or coinsurance. You must choose a PCP when you enroll — you have a broad statewide network of providers from which to choose. This plan has no regional network boundaries.



Plan Highlights

No charge for diagnostic labs and preventive care.

The plan covers these services at 100% even if you haven't met your deductible. The plan covers diagnostic labs at 100% only when you get them at your doctor's office or at an in-network independent lab. You can use Provider Finder at www.bcbstx.com/trsactivecare to search for an in-network lab or call a PHG at **1-866-355-5999**. Covered preventive care includes routine care, annual wellness exams, recommended vaccines and screenings for things like diabetes, cancer or depression.

Convenient TRS Virtual Health visits. Get quality medical or mental health care without going to a doctor's office. When medically necessary, your provider can also send a prescription straight to your pharmacy.

RediMD - \$0 copay for medical visits

Teladoc - \$12 copay for medical visits

- \$0 copay for mental health visits

Low copays. You'll pay \$15 for PCP visits, mental health services and physical therapy and \$70 copays for specialist visits.

You choose a PCP. You must choose a PCP to manage your care and refer you to specialists.

Copay assistance for specialty medications. Get certain specialty medications for \$0 with the SaveOnSP copay assistance program.

Need to Know:

The TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans *only pay benefits* when you get care from **in-network** doctors and providers (except in a true medical emergency). **If you get out-of-network care, you won't have coverage and you're responsible for paying all associated costs.**

Both the TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans use the BCBSTX broad statewide network of hospitals and doctors. You choose an in-network PCP who oversees your routine care and makes referrals to see specialists. All your care is coordinated by your PCP, so make sure you choose specialists and hospitals in the network.

You can select a PCP from these providers:

- family or general practitioner
- pediatrician
- OB/GYN
- geriatric practitioner
- internist

You can choose the same PCP for the whole family or a different PCP for each family member. For instructions on choosing a PCP, see pages 13-15.

For gynecological or maternity care, female participants may see an in-network OB/GYN without a referral. They can see their PCP for OB/GYN services.

Need to Know:

If you don't choose a PCP, we'll choose one for you. Also, if you go to a doctor other than your PCP or one your PCP referred you to, the plan won't cover your services – even if they're in network.

Services that don't require a referral from your PCP:

- mental health visits
- OB/GYN care
- services from a back-up PCP
- emergency services
- services from student health centers
- services where Medicare or another type of insurance pays first
- durable medical equipment
- TRS Virtual Health visits
- urgent care
- labs
- routine eye exams
- services from retail health clinics

See pages 24-25 for details and a comparison of benefits for all plans.

Coverage for Out-of-State Dependents Gives Ultimate Flexibility

If you enroll in TRS-ActiveCare Primary or TRS-ActiveCare Primary+ and have dependents who live out of state, they may still be able to get coverage outside Texas. You must complete an *Out-of-State Dependent/Attestation Form*, which you can get at www.bcbstx.com/trsactivecare/tools-and-resources/forms, from your employer's Benefits Administrator, or a PHG.

Once you complete the form and BCBSTX approves it, your dependent will get a *Coverage Exception Letter* stating they can get out-of-state coverage through BCBSTX's Participating Provider (PAR) nationwide network. Your dependent will need to give a copy of this letter when they get services. Everyone else on your plan will still need to see in-network providers and get referrals for specialists and other providers within Texas.

Out-of-state dependents can search for a PAR provider at www.bcbstx.com. They can find a doctor or hospital and choose the **ParPlan Network**.

The TRS-ActiveCare HD and TRS-ActiveCare 2 plans cover providers outside Texas. All participants and dependents enrolled in these plans have out-of-state coverage and don't need to complete a form.



TRS-ActiveCare HD

This is a high-deductible, nationwide plan. It covers in-network preventive care at 100%, but for everything else, you must meet your deductible before the plan pays for care. Coinsurance applies for services like telemedicine, lab work, mental health appointments and all out-of-network care.

This plan works with a Health Savings Account (HSA) to help you pay for qualified medical expenses, tax-free. An HSA is a tax-advantaged savings account you own, so you choose how much you want to contribute, up to the legal limit, and how to use the funds. Any investments and earnings from the account are also tax free. Talk with your Benefits Administrator for more information about HSAs. TRS doesn't administer HSAs, but many employers and financial institutions do.

Plan Highlights

No PCP or referrals required. You don't have to choose a PCP or ask for referrals on this plan. You can use any provider you want — even if they're not in network. But keep in mind that out-of-network providers cost significantly more. You must also coordinate your own care, which can be time-consuming and confusing for some.

No charge for preventive care. This plan covers annual wellness visits and other preventive health care and screenings at 100% before you meet your deductible when you see an in-network provider.

Out-of-network coverage. This plan covers you even if you go out of network but seeing a provider in your network always costs less.

Nationwide network of providers. You have in-network coverage, even when you're outside Texas.

Convenient TRS Virtual Health visits. Get quality medical care without going to a doctor's office. Your provider can also send a prescription straight to your pharmacy.

RediMD - \$30 copay for medical visits

Teladoc - \$42 copay for medical visits

- \$95 copay for mental health visits

TRS-ActiveCare 2

This plan is closed to new enrollees. If you're currently enrolled in this plan, you can stay on the plan for 2023-24. If you move to another plan for 2023-24, you can't return to TRS-ActiveCare 2.

If you stay in this plan, you have access to a nationwide network of providers and out-of-network coverage without choosing a PCP. You can also see specialists without referrals. Coinsurance applies for services like telemedicine and all out-of-network providers.

Plan Highlights

No charge for preventive care. This plan covers annual wellness visits and other preventive health care and screenings at 100% when you see an in-network provider.

Low copays. You pay \$30 for primary care visits and \$70 for specialists.

No PCP or referrals required. You don't have to choose a PCP or get referrals on this plan.

Out-of-network coverage. This plan covers you even if you go out of network but seeing a provider in your network always costs less.

Nationwide network of providers. You have in-network coverage even when you're outside Texas.

Convenient TRS Virtual Health visits. Get quality medical care without going to a doctor's office. Your provider can also send a prescription straight to your pharmacy.

RediMD - \$0 copay for medical visits

Teladoc - \$12 copay for medical visits

- \$0 copay for mental health visits

Copay assistance for specialty medications. Get certain specialty medications for \$0 with the SaveOnSP copay assistance program.

See pages 24-25 for details and a comparison of benefits for all plans.



Prescription Drug Benefits

All TRS-ActiveCare plan options include prescription drug benefits administered by Express Scripts. When you enroll in a TRS-ActiveCare plan, you get an Express Scripts prescription ID card in the mail.

Prescription Drug Plan Highlights

TRS-ACTIVECARE	PRIMARY PLAN	PRIMARY+ PLAN	HD PLAN	AC 2 PLAN
No deductible for generic drugs		•		•
Combined medical and pharmacy deductible	•		•	
\$200 deductible for brand-name drugs		•		•
No deductible for certain generic preventive medications on the <i>Generics Only Preventive Drug</i> list.	•		•	
No deductible for all generic non-specialty medications	•	•		•
Convenience fee	•	•		•
Penalty for choosing a brand drug when a generic drug is available	•	•		



Visit www.esrx.com/trsactivecare or call **1-844-367-6108** to find the *Generics Only Preventive Drug* list.

You have options for filling prescriptions and saving on your medications.

Short-term prescriptions (up to a 31-day supply)

Visit any pharmacy in the Express Scripts retail network. To find a network pharmacy, visit www.esrx.com/trsactivecare. You can also use out-of-network pharmacies, but you may pay more out of pocket.

Long-term prescriptions (up to a 90-day supply)

- Use the Express Scripts pharmacy for free medication delivery. You can transfer prescriptions easily online, by phone or on the Express Scripts app. Auto-refills and refill reminders are available so you never miss a prescription.
- Visit a Smart90 pharmacy to fill 60- to 90-day medication supplies.

Retail Maintenance Costs

You pay a convenience fee after the first time you fill a maintenance drug (up to a 31-day supply) at a local pharmacy. *This does not apply to TRS-ActiveCare HD.*



To set up mail order prescriptions or to find Smart90 pharmacies near you, go to www.esrx.com/trsactivecare or call **1-844-367-6108**.

Accredo Specialty Pharmacy for Specialty Medications (limited to a 31-day supply)

Specialty medications are drugs that manage a chronic or genetic condition. They may be injected, infused, inhaled, or taken orally and may require special handling.

- Use the Accredo Specialty Pharmacy. Some specialty medications qualify for third-party copay assistance programs, which can lower your out-of-pocket costs.

SaveOnSP Copay Assistance Program for Specialty Medications

For TRS-ActiveCare Primary, TRS-ActiveCare Primary+ and TRS-ActiveCare 2 participants

Specialty medications can be very expensive, so we partnered with SaveOnSP to reduce your out-of-pocket costs. **If your medications are on the SaveOnSP Specialty Drug list, you pay \$0 for your medications.**

How it works

Express Scripts works with SaveOnSP to enroll you in the program. Your information is on file, so when your provider prescribes a medication or you're already taking one or more medications on the *SaveOnSP Specialty Drug* list, you get a welcome letter and phone call with information about the program. Then, you need to call Express Scripts at **1-844-367-6108** within the next five days to register.

If you don't enroll in SaveOnSP or choose to opt out of the program, you'll pay 30% coinsurance for your medications and won't get the \$0 out-of-pocket benefit.

For more information

To find out more, call Express Scripts at **1-844-367-6108**.

Note: When you use third-party copay assistance for any specialty medication, you won't get credit toward your MOOP or deductible for any copay or coinsurance amounts applied by a manufacturer coupon or rebate. Only the amount you pay out of pocket applies toward your deductible and MOOP.

Prescription Answers and Information Online 24/7

Once you enroll in TRS-ActiveCare, register with Express Scripts at www.esrx.com/trsactivecare. Log in anytime to fill or refill long-term prescriptions, find drug coverage and price information, talk with a registered pharmacist, view your prescription history, download the Express Scripts app and much more.

What Is a Maintenance Drug?

Maintenance drugs treat chronic or long-term conditions that usually need regular, daily medicines. Examples of maintenance drugs are those that treat high blood pressure, heart disease, asthma and diabetes.

When Does the Convenience Fee Apply?

If you have TRS-ActiveCare Primary, you pay \$15 the first time you fill a 31-day supply or less of a generic maintenance drug at a local pharmacy. Then you pay \$30 each time you fill a 31-day supply or less of that generic maintenance drug at a local pharmacy.

Save Money with Mail Order

You can avoid paying this convenience fee if you fill your long-term maintenance drugs (up to a 90-day supply) with Express Scripts.

Prescription Drug Benefits Summary

BENEFIT	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD	TRS-ACTIVECARE 2
Drug Deductible (per person, per plan year)	Integrated with medical	\$200 per participant (brand drugs only)	Integrated with medical	\$200 per participant (brand drugs only)
Maximum Out of Pocket	Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical
Short-term Supply at a Retail Location (up to a 31-day supply)				
Generic	\$15 copay, \$0 for certain generics	\$15 copay	20% coinsurance after deductible \$0 for certain generics before the deductible	\$20 copay
Preferred Brand	30% coinsurance after deductible	25% coinsurance after deductible	25% coinsurance after deductible	25% coinsurance after deductible (\$40 min/\$80 max)
Non-Preferred Brand	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible (\$100 min/\$200 max)
Insulin Out-of-Pocket Cost	\$25 copay	\$25 copay	25% coinsurance after deductible	\$25 copay
Long-term Supply through Mail Order or a Smart90 Pharmacy Location (60- to 90-day supply)				
Generic	\$45 copay, \$0 for certain generics	\$45 copay	20% coinsurance after deductible, \$0 for certain generics before the deductible	\$45 copay
Preferred Brand	30% coinsurance after deductible	25% coinsurance after deductible	25% coinsurance after deductible	25% coinsurance after deductible (\$105 min/\$210 max)
Non-Preferred Brand	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance (\$215 min/\$430 max)
Formulary Insulin Out-of-Pocket Cost	\$75 copay	\$75 copay	25% coinsurance after deductible	\$75 copay
Specialty Medications through Accredo (up to a 31-day supply)				
Specialty Medications (31-day max supply)	30% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible (\$200 min/\$900 max)
Specialty Medications through SaveOnSP copay assistance program				
Specialty Medications on the SaveOnSP Drug List	\$0 copay	\$0 copay	N/A	\$0 copay

Diabetic Meter and Supplies

If you have diabetes, you may qualify for a preferred-brand blood glucose meter at no added cost to you. Participants can also get other diabetic supplies at no cost.

Meter and Supplies	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD	TRS-ACTIVECARE 2
Preferred-Brand Blood Glucose Meter	\$0	\$0	\$0	\$0
Short-Term Retail Supplies	Copays waived for needles and syringes if bought the same day as insulin.	Copays waived for needles and syringes if bought the same day as insulin.	Copays waived for needles and syringes if bought the same day as insulin.	Copays waived for needles and syringes if bought the same day as insulin.
90-Day Supply at Express Scripts or Mail Order Service	Copays waived for all needles, lancets and syringes, regardless of brand. To get test strips at no added cost, you must use the preferred brand.	Copays waived for all needles, lancets and syringes, regardless of brand. To get test strips at no added cost, you must use the preferred brand.	Copays waived for all needles, lancets and syringes, regardless of brand. To get test strips at no added cost, you must use the preferred brand.	Copays waived for all needles, lancets and syringes, regardless of brand. To get test strips at no added cost, you must use the preferred brand.



For more details, call Express Scripts at **1-844-367-6108**.

TRS-ActiveCare Plan Comparison Chart

	TRS- ACTIVECARE PRIMARY	TRS- ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD		TRS-ACTIVECARE 2 NOTE: CLOSED PLAN; NO NEW ENROLLMENTS.	
PLAN FEATURES						
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage	Out-of-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Individual and Family Deductible	\$2,500/ \$5,000	\$1,200/ \$2,400	\$3,000/ \$6,000	\$5,500/ \$11,000	\$1,000/ \$3,000	\$2,000/ \$6,000
Coinsurance	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	You pay 40% after deductible
Individual and Family Maximum Out-of-Pocket	\$7,500/ \$15,000	\$6,900/ \$13,800	\$7,500/ \$15,000	\$20,250/ \$40,500	\$7,900/ \$15,800	\$23,700/ \$47,400
Network	Statewide	Statewide	Nationwide		Nationwide	
Primary Care Provider (PCP) Required	Yes	Yes	No		No	
DOCTOR VISITS						
Primary Care	\$30 copay	\$15 copay	You pay 30% after deductible	You pay 50% after deductible	\$30 copay	You pay 40% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible	\$70 copay	You pay 40% after deductible
Mental Health	\$30 copay	\$15 copay	You pay 30% after deductible		\$30 copay	
TRS Virtual Health Teladoc Medical Mental Health	\$12 copay Psychiatrist (initial visit) \$0 (ongoing visit) \$0 Psychologist, Licensed Clinical Social Worker \$0	\$12 copay Psychiatrist (initial visit) \$0 (ongoing visit) \$0 Psychologist, Licensed Clinical Social Worker \$0	\$42 copay Psychiatrist (initial visit) You pay 30% after deductible (ongoing visit) You pay 30% after deductible Psychologist, Licensed Clinical Social Worker—You pay 30% after deductible		\$12 copay Psychiatrist (initial visit) \$0 (ongoing visit) \$0 Psychologist, Licensed Clinical Social Worker \$0	
RediMD	\$0	\$0	\$30		\$0	
IMMEDIATE CARE						
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible	\$50 copay	You pay 40% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible		You pay a \$250 copay + 20% after deductible	
Freestanding Emergency Room	You pay a \$500 copay + 30% after deductible	You pay a \$500 copay + 20% after deductible	You pay a \$500 copay + 30% after deductible	You pay a \$500 copay + 50% after deductible	You pay a \$500 copay + 20% after deductible	You pay a \$500 copay + 40% after deductible
OTHER SERVICES						
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 per procedure copay	You pay 40% after deductible + \$100 per procedure copay
Outpatient costs (Professional and facility)	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 costs (Professional and facility)	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)



TRS- ACTIVECARE PRIMARY	TRS- ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD	TRS-ACTIVECARE 2 NOTE: CLOSED PLAN; NO NEW ENROLLMENTS.
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OTHER SERVICES (CONTINUED)

Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage	Out-of-Network Coverage	In-Network Coverage	Out-of-Network Coverage
Bariatric Surgery	Facility – You pay 30% after deductible Professional – You pay \$5,000 copay + 30% after deductible (Only covered if services are at a BDC+ facility by an in-network physician)	Facility – You pay 20% after deductible Professional – You pay \$5,000 copay + 20% after deductible (Only covered if services are at a BDC+ facility by an in-network physician)	Not Covered	Not Covered	Facility – You pay 20% after deductible (\$150 facility copay per day) Professional – You pay \$5,000 copay + 20% after deductible (Only covered if services are at a BDC+ facility by an in-network physician)	Not Covered
Annual Vision Examination (<i>one per plan year; performed by an ophthalmologist or optometrist</i>)	Specialist \$70 copay	Specialist \$70 copay	You pay 30% after deductible	You pay 50% after deductible	Specialist \$70 copay	You pay 40% after deductible
Annual Hearing Exam (<i>one per plan year</i>)	PCP \$30 copay Specialist \$70 copay	PCP \$15 copay Specialist \$70 copay	You pay 30% after deductible	You pay 50% after deductible	PCP \$30 copay Specialist \$70 copay	You pay 40% after deductible

AT A GLANCE

	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD
Premiums	Lowest	Higher	Mid-range
Deductible	Mid-Range	Lower	Higher
Copays	Yes	Yes	No
Network	Statewide	Statewide	Nationwide
PCP Required	Yes	Yes	No
HSA-eligible	No	No	Yes

Blue Distinction® Centers

Blue Distinction® Centers+ (BDC+) are designated specialty care facilities that meet national measures for quality and cost-efficient care. When you use a BDC+, you get the most from your benefits. BDC+ facilities have a record of quality care, expert treatment and better overall patient results. To find a BDC+, go to www.bcbstx.com/trsactivecare, then **Doctors and Hospitals**. Click on your health care plan from the list. Choose **Hospital** in the **Common Searches** section. From the blue bar at the top of the page, select from the **All Blue Distinction Programs** menu to filter search results.

Note: Designation as BDC+ facility means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at any facilities, please call a Personal Health Guide. Call your provider before making an appointment to verify the most current information on their network participation status. Neither Blue Cross and Blue Shield Association nor any of its licensees are responsible for any damages, losses or noncovered charges that may result from receiving care from a provider designated as a Blue Distinction Center.





Understanding Your Family Deductible and Maximum Out-of-Pocket Amounts

If you cover dependents, it's important to understand how deductibles and out-of-pocket limits work so you're not hit with surprises. The deductible is the amount you pay yearly for covered health care services before your health plan starts to pay. Health plans pay the total cost of certain preventive benefits and medications even before you meet your deductible.

Every covered family member has a deductible and maximum out of pocket (MOOP). The whole family also has a deductible and MOOP.

With all TRS-ActiveCare plans, individuals need to meet their deductible before the plan begins to pay coinsurance. They don't have to meet the family deductible for coverage to start.

This is great news because it means individuals get benefits sooner.



How do deductibles work?

- Claims that count toward an individual's deductible also count toward the family's deductible. Once a person meets their deductible, they pay coinsurance and copays, which don't count toward the family deductible.
- After any combination of family members meets the family deductible, the entire family pays only coinsurance and copays for medical care and prescriptions for the rest of the plan year.

MOOPs work the same way.

- An individual's deductible, copays and coinsurance count toward both individual and family MOOPs. Once a person meets their MOOP, the plan covers allowable expenses at 100% for the rest of the plan year.
- After any combination of family members meets the family's MOOP, the plan covers the family's medical care and prescriptions at 100% for the rest of the plan year.

But remember:

- Costs for out-of-network providers are higher or the plan may not cover them at all, depending on your plan.

TRS-ActiveCare Cost Examples

Let's look at three health conditions each TRS-ActiveCare plan covers and how costs compare. These are examples to show how each plan may cover medical care. Actual costs depend on prices providers and facilities charge and treatment they provide.

Lauren



Lauren is having a baby. She has nine months of prenatal care, including specialist visits, diagnostic tests, ultrasounds, blood work, and other lab tests. She has an uncomplicated hospital delivery that includes professional services, facility services, and anesthesia.

How can Lauren make the most of her benefits?

- get a referral from her doctor before she sees any specialists (required for TRS-ActiveCare Primary and TRS-ActiveCare Primary+)
- get her lab work in her doctor's office, where she pays nothing (recommended for TRS-ActiveCare Primary and TRS-ActiveCare Primary+)
- download the Ovia Health™ apps for free information and coaching for a healthy pregnancy
- take self-guided healthy pregnancy courses through Well onTarget® and earn Blue PointsSM
- see a lactation specialist, which all plans cover at 100%
- get an electric breast pump, which all plans cover at 100%, or a hospital grade breast pump, where she pays a maximum of \$150

Lauren will get bills for maternity care after her baby is born. This is called **global billing**. Global billing includes prenatal care, delivery and postpartum care. Her first visit with her doctor isn't included in global billing, so she has a copay or coinsurance after she meets her deductible, depending on her plan. During her pregnancy, she may need specific tests or procedures outside routine prenatal care. She gets separate bills for that, so copays or coinsurance may apply.

Let's see what having a baby may cost with each TRS-ActiveCare plan with in-network providers, services, facilities, and labs.

This example includes:

- initial OB/GYN visit
- prenatal and postpartum care
- lab work
- hospital and delivery

COST OF CARE \$12,800	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD
Deductible	\$2,500	\$1,200	\$3,000
Coinsurance	30% after deductible	20% after deductible	30% after deductible
Copay/coinsurance for PCP (OB/GYN is not a specialist) Global billing applies, so Lauren is only charged for the first office visit.	\$30	\$15	30% after deductible
Labs/ultrasounds	\$0	\$0	30% after deductible
DELIVERY CHARGES \$11,500			
Coinsurance for delivery	30% after deductible	20% after deductible	30% after deductible
Anesthesia	30% after deductible	20% after deductible	30% after deductible
Hospital/facility coinsurance	30% after deductible	20% after deductible	30% after deductible
WHAT LAUREN MAY PAY BASED ON \$12,800 TOTAL COST OF CARE			
Deductible	\$2,500	\$1,200	\$3,000
Copays	\$30	\$15	Part of deductible
Coinsurance	\$2,700	\$2,060	\$2,940
Health plan paid	\$7,570	\$9,525	\$6,860
Total paid by Lauren	\$5,230	\$3,275	\$5,940





Gary has type 2 diabetes. After a brief hospital stay, he sees his PCP quarterly to manage his condition. His PCP monitors his blood pressure since diabetes puts him at risk for hypertension. A typical year of care includes visits with his PCP, an annual visit with his endocrinologist, lab visits for blood work, and diabetic supplies. Gary also takes insulin.

How can Gary make the most of his benefits?

- get a referral from his doctor before he sees any specialists (required for TRS-ActiveCare Primary and TRS-ActiveCare Primary+)
- connect with a Health Advisor who will help him stay on schedule with his doctor appointments and screenings and recommend programs to help him learn to manage his condition
- work one-on-one with a coach at no cost through Well onTarget
- work with a nutritionist at no cost to help him understand how his diet affects his blood sugar
- use the Fitness Program to find a convenient, affordable gym and earn Blue Points for exercising
- use his prescription drug benefits to get diabetic supplies at no added cost
- take advantage of the capped insulin out-of-pocket costs (available with TRS-ActiveCare Primary and TRS-ActiveCare Primary+)



Let's see what Gary may pay to manage his diabetes with each TRS-ActiveCare plan with in-network providers, services, facilities and labs.

This example includes:

- hospital stay
- specialist visit – 1 per year
- PCP visits – 4 per year
- prescription medication

COST OF CARE \$18,300	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD
Deductible	\$2,500	\$1,200	\$3,000
Coinsurance	30% after deductible	20% after deductible	30% after deductible
Copay and coinsurance for PCP	\$30	\$15	30% after deductible
Copay and coinsurance for specialist	\$70	\$70	30% after deductible
Hospital/facility coinsurance Based on one night at a cost of \$11,000	30% after deductible	20% after deductible	30% after deductible
Insulin out-of-pocket costs Based on yearly cost of \$6,000	\$25 for 31-day supply \$75 for 60- to 90-day supply	\$25 for 31-day supply \$75 for 60- to 90-day supply	25% after deductible

WHAT GARY MAY PAY BASED ON \$18,300 TOTAL COST OF CARE

Deductible	\$2,500	\$1,200	\$3,000
Office copays	\$190	\$130	No copays
Insulin copays and coinsurance	\$300 copays	\$300 copays	\$1,500 coinsurance
Coinsurance	\$2,550	\$1,960	\$2,790
Health plan paid	\$12,760	\$14,710	\$11,010
Total paid by Gary	\$5,540	\$3,590	\$7,290



Lily has lower back pain that won't go away. She thinks an old sports injury in college is causing her pain. Her doctor ordered an MRI to pinpoint the problem. The MRI uncovered multiple sclerosis (MS) as the cause of Lily's back pain. Lily's PCP sent her to a neurologist.

Lily's neurologist prescribed a specialty medication to manage her symptoms, reduce the number of MS attacks, and slow the progression of the disease. Her doctor also prescribed physical therapy to help relieve her back pain.

Lily's typical year of care includes an annual exam with her PCP, quarterly visits with her neurologist, and lab work.

What Lily can do to make the most of her benefits:

- use an imaging center rather than the hospital for her MRI
- call a PHG to help her find a Member Rewards-eligible imaging center
- use the SaveOnSP Specialty Medication Copay Assistance Program to get medications for \$0 (not available for the TRS-ActiveCare HD plan)
- connect with a Health Advisor who will help her stay on schedule with her doctor appointments and screenings and recommend programs to help her learn to manage her condition
- always get lab work at her doctor's office or an independent lab where it costs her nothing (recommended for TRS-ActiveCare Primary and TRS-ActiveCare Primary+)

Let's see what Lily may pay to control and manage her multiple sclerosis with in-network providers, services, and facilities under each TRS-ActiveCare plan.

This example includes:

- PCP visit – 1 visit to diagnose her MS
- \$0 annual well woman's visit
- specialist visits – 4 per year
- 12 months of specialty prescription medication at \$8,700 per month before insurance
- MRI
- physical therapy visits – 8 per year
- lab work – 2 per year

COST OF CARE \$106,450	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD
Deductible	\$2,500	\$1,200	\$3,000
Coinsurance	30% after deductible	20% after deductible	30% after deductible
Copay/coinsurance for PCP	\$30	\$15	30% after deductible
Copay/coinsurance for specialist	\$70	\$70	30% after deductible
Copay/coinsurance for physical therapy	\$30	\$15	30% after deductible
Coinsurance for high-tech radiology	30% after deductible	20% after deductible	30% after deductible
Lab work	\$0	\$0	30% after deductible
Specialty medication copay/coinsurance Based on a yearly cost of \$104,400	\$0 through SaveOnSP Specialty Medication Copay Assistance Program	\$0 through SaveOnSP Specialty Medication Copay Assistance Program	20% after deductible*

WHAT LILY MAY PAY BASED ON \$106,450 TOTAL COST OF CARE

Deductible	\$750 for MRI	\$750 for MRI	\$3,000
Copays	\$550	\$415	No copays
Coinsurance	\$0	\$0	\$4,500
Health plan paid	\$105,150	\$105,285	\$98,950
Total paid by Lily	\$1,300	\$1,165	\$7,500

Note: When Lily uses third-party copay assistance for any specialty medication, she won't get credit toward her MOOP or deductible for any copay or coinsurance amounts applied by a manufacturer coupon or rebate. Only the amount she pays out of pocket will apply toward her deductible and MOOP.

*Some specialty medications may qualify for third-party copay assistance programs, which can lower your out-of-pocket costs.

Prior Authorization Requirements

You must get approval from BCBSTX before you get certain covered care and services. This is called prior authorization. If a provider admits you to the hospital for an emergency, you must get approval within 48 hours after your hospital admission.

Prior authorization is required for inpatient hospital admissions.

You must get prior authorization for certain medical services, medications, and procedures, including:

- ear, nose and throat treatments such as cochlear implants and sinus surgery
- surgical procedures such as facial reconstruction, face lifts and breast reduction
- gastric electrical stimulation (GES)
- neurological procedures including deep brain stimulation
- hyperbaric oxygen (HBO2) therapy for wound care
- lipid apheresis
- non-emergency air ambulance transportation
- coordinated home care program services, such as hemodialysis, home hospice and private duty nursing
- advanced imaging including computerized tomography (CT) scans, magnetic resonance imaging (MRI) scans and position emission tomography (PET) scans
- cardiology services including stress testing, cardiac CTs, MRIs and nuclear medicine/myocardial perfusion imaging (MPI)
- sleep medicine services, including sleep studies
- joint and spine surgery including shoulder, knee and hip surgeries and spinal decompression and fusion
- pain management including epidural and facet joint injections
- genetic testing
- radiation therapy

You must get prior authorization for behavioral health services too, including:

- inpatient rehabilitation
- residential and partial hospital programs (PHP)
- certain outpatient behavioral health services

Before having an elective procedure or any procedure that isn't an emergency, call a PHG at **1-866-355-5999** to make sure it's covered by your plan. Your doctor may not check, and it could leave you without coverage.



Engagement Requirements

You must connect with a PHG before scheduling the services below. Call a PHG at **1-866-355-5999** or chat in the BCBSTX App. Engagement requirements are different from prior authorization requirements. **Some services have both engagement and prior authorization requirements. If so, you must meet both.**

- MRI and CT scans
- diagnostic radiology (including bone density studies, PET scans and echocardiograms)
- joint replacement surgery
- bariatric surgery (medically necessary)
- musculoskeletal inpatient and outpatient procedures
- breast reductions (medically necessary)



TRS Virtual Health

Your coverage includes TRS Virtual Health choices powered by Teladoc and RediMD. You have convenient, quality health care from home or on the go, without going to a doctor's office.

Teladoc and RediMD are independent companies that contract directly with TRS to provide telehealth services. Teladoc and RediMD do not provide Blue Cross and Blue Shield products or services and are solely responsible for their operations and contracted providers.



TRS Virtual Health powered by Teladoc

Teladoc provides medical care for a variety of acute, non-urgent conditions. Confidential mental health services for adults 18 and older from a licensed therapist, psychologist, psychiatrist or certified drug and alcohol abuse counselor are also available. Your provider can even send your prescriptions to your pharmacy if needed.

Teladoc is available 24/7 for medical treatment and 7 a.m. to 9 p.m. daily for mental health treatment.

General medical conditions treated include:

- cold and flu symptoms
- allergies
- bronchitis
- respiratory infections
- stomach upset
- sinus problems
- skin problems

Mental health conditions treated include:

- depressive and anxiety disorders
- bipolar, schizophrenia and psychotic disorders
- attention disorders
- alcoholism, addiction and substance-related disorders
- obsessive compulsive and related disorders
- eating disorders
- personality disorders
- neurocognitive disorders and dementia

TRS-ACTIVECARE PLANS	MEDICAL VISITS	MENTAL HEALTH VISITS
TRS-ActiveCare Primary, TRS-ActiveCare Primary+, TRS-ActiveCare 2	\$12 copay	\$0 Copay • psychiatrist (initial visit), psychiatrist (ongoing visits), psychologist, licensed clinical social worker
TRS-ActiveCare HD	\$42 consultation fee	30% coinsurance after deductible • psychiatrist (initial visit), psychiatrist (ongoing visits), psychologist, licensed clinical social worker



For more information and to set up your account, visit www.teladoc.com/trsactivecare. You can also download the Teladoc mobile app from the Apple App Store or Google Play Store or call **1-855-Teladoc (1-855-835-2362)** for help from a representative.

TRS Virtual Health powered by RediMD*

RediMD provides quality primary care medical service with live diagnoses and treatments, online or by phone. Your provider can even send prescriptions to your pharmacy if needed. Medical services are available 24 hours a day, seven days a week.

Conditions treated by RediMD include:

- back and shoulder strains
- ankle injuries
- pulled muscles
- contusions and bruises
- asthma
- shortness of breath
- infections
- allergies
- chemical exposure

TRS-ACTIVECARE PLANS	MEDICAL VISITS
TRS-ActiveCare Primary, TRS-ActiveCare Primary+, TRS-ActiveCare 2	\$0 copay
TRS-ActiveCare HD	\$30 consultation fee



Registration is a one-time process, and you don't have to schedule an appointment. To **set up your account**, visit www.redimd.com/trsactivecare and click **Register**. Enter the code **trsactivecare**, click **Next** and follow the directions to complete your profile. You can also register by calling RediMD customer service at **1-855-942-4900**.

*RediMD only provides medical health services and does not provide behavioral health services. For behavioral health services, use Teladoc.



TRS-ActiveCare Health and Wellness Tools and Resources

All TRS-ActiveCare health plans come with several tools and resources to support your health and wellness.

Personal Health Guides (PHGs)

PHGs are here to help you every step of the way, starting with Annual Enrollment.

They can help you with:

- selecting a health plan
- transitioning care
- finding in-network providers
- choosing a PCP

After you enroll in your TRS-ActiveCare plan, they can help you with:

- claims questions
- cost estimates and comparisons
- scheduling appointments
- connecting with TRS Virtual Health
- prior authorizations
- engagement requirements
- and more



Call a PHG at 1-866-355-5999 24 hours a day, seven days a week. Once you enroll in a TRS-ActiveCare health plan, download the BCBSTX App to chat with a PHG anytime, anywhere. Get the BCBSTX App at the Apple App Store or Google Play Store.

Blue Access for Members

Get information about your health benefits, anytime, anywhere.

Use your computer, phone or tablet to:

- search for an in-network health care provider, hospital or pharmacy
- request or print an ID card
- check the status or history of a claim
- view or print Explanation of Benefits statements
- chat with a PHG



Use the information on your ID card to register for BAM at www.bcbstx.com/trsactivecare. You can also call a PHG at **1-866-355-5999** to help you register.

Provider Finder

Provider Finder is a fast, easy-to-use online tool that can help you see which doctors, hospitals and drugstores are in network.

You can:

- search by specialty, ZIP Code, language, gender and more
- see certifications and recognitions
- compare quality awards
- read reviews

Health Cost Estimator

There's a lot to think about when deciding where to get health care. Just look at how much prices differ for the same procedure in the same area.

Procedure	Provider A	Provider B	Difference
MRI of the Brain	\$5,131	\$8,691	\$3,560
Hysterectomy	\$7,433	\$35,039	\$27,606
Hernia Repair	\$3,170	\$10,723	\$7,553
Knee Replacement	\$17,003	\$61,930	\$44,927

Costs shown are examples.

Use the Provider Finder Health Cost Estimator to help make more informed health care choices by checking costs before your appointment. PHGs can also help you find quality independently contracted health care providers that may cost less. PHGs also understand what you may need to pay based on your plan's copay, coinsurance, deductible and other benefits.



To use Provider Finder, go to www.bcbstx.com/trsactivecare and click on the **Doctors and Hospitals** tab. Then, click on your plan. If you don't find your provider in the directory, call a Personal Health Guide at **1-866-355-5999**.

See pages 13-15 for instructions on choosing a PCP during Annual Enrollment.

Live Well with Well onTarget

The Well onTarget website at www.wellontarget.com and its companion, AlwaysOn® mobile app, can help you manage your health conditions and reach your wellness goals – all in one place.¹

Check Your Health Status

Take a health assessment to find out how your health measures up. Just answer a few questions about your health and lifestyle, and get recommendations for programs that can help you get and stay healthier.

Improve Your Health and Well-being

Videos, podcasts and other online tools can help you with things like:

- asthma
- back pain
- diabetes
- eating well
- sleep issues
- stress

Work with a Coach

Get one-on-one support by phone or secure online messaging – whatever works for you! Your health coach will help you set and reach goals like losing weight, improving your blood pressure, and quitting smoking.

Focus on Fitness

Take on your health goals by joining the Fitness Program. With affordable, no-contract memberships, you can go to any gym facility in the nationwide network. You can exercise even when you're traveling! Plus, save on well-being services like acupuncture, massage and personal training.²

There's also a virtual fitness program so you can stay active from the comfort and convenience of your home. You'll get full unlimited access to live classes and digital fitness and wellness videos. Group instructors and wellness professionals lead live classes. Digital fitness videos include cardio bootcamps, strength training, barre, yoga, and more. Choose from more than 45 categories.

To start, log in to **BAM** and click **Fitness Program** under the **Wellness** tab. There, you can enroll, search for nearby fitness locations and learn more about the program.

24/7 Nurseline

Health happens 24 hours a day, seven days a week. That's why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline.³ Our nurses can answer your health questions and try to help you decide whether you should go to an emergency room, urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- dizziness or severe headaches
- cuts or burns
- back pain
- high fever
- sore throat
- a baby's nonstop crying
- other health issues

Plus when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics also available in Spanish.



Call the 24/7 Nurseline at
1-833-968-1770 for help.

¹ The Well onTarget program is offered to you as a part of your employer-sponsored benefits. Participation in the Well onTarget program, including the completion of a Health Assessment, is voluntary and you are not required to participate. Visit Well onTarget for complete details and terms and conditions.

AlwaysOn is owned and operated by Onlife Health Inc. an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide digital health management for members with coverage through BCBSTX.

² Individuals must be at least 18 years old to purchase a membership. The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

³ For medical emergencies, call 911. 24/7 Nurseline is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

Women's and Family Health

Your plan provides support from fertility through pregnancy, parenting and menopause. We have programs that feature education, coaching, and maternity management solutions. We have tools to help you – at no extra cost.

High-risk Maternity Management

If your OB/GYN considers your pregnancy high risk, you can get more support on the phone from a maternity specialist. They'll contact you after your first trimester.

Ovia Health Apps

You can access three Ovia Health apps that offer personalized guidance with educational articles and videos, health tips, in-app and telephone coaching and more.

Ovia features a fertility tracker, ovulation calculator, cycle calendar and menopause support when your time comes.

Ovia Pregnancy monitors pregnancy and your baby's growth week by week. It also shares clinical information with BCBSTX if you're identified as having a high-risk pregnancy.

Ovia Parenting helps chart your child's developmental milestones and includes a feature for logging daily feedings, diaper changes and sleep patterns.

Ovia health is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide maternity and family benefits solutions for members with coverage through BCBSTX.

Take Care of Your Mental Health

Your mental health is just as important as your physical health. You have mental health benefits to get care for:

- alcohol or drug misuse
- stress
- depression
- eating disorders
- anxiety
- autism
- other mental health conditions

Learn to Live is a digital mental health program available at no added cost to you. You can take an online assessment to find programs to help with concerns like:

- stress, anxiety and worry
- depression
- insomnia
- social anxiety
- substance abuse

Headway is a mental health program that removes barriers to getting mental health care. You can search for an in-network licensed therapist or psychiatrist. Whether you know what you're looking for or aren't sure where to start, it's easy to find and schedule an appointment. You can even answer questions to match with a provider who fits your needs.

Connect with a Cancer Specialist

Cancer specialists can help you understand your care options and health benefits. They'll be there to support you throughout your journey – from finding a provider through treatment and beyond.



You can download any of the Ovia Health apps from the Apple App Store or Google Play Store. During sign-up, choose **I have Ovia Health as a benefit**. Then, select **BCBSTX** as your health plan. You'll see a box to enter your employer name. You can skip this step.

Get extra support with a Health Advisor

Health Advisors are specially trained nurses and other medical professionals who personally support you every step of the way through an acute or chronic health issue. They're available at no added cost to you and your covered family members. A PHG can connect you with a Health Advisor.

Health Advisors are your single point of contact for your health care needs, including:

- getting guidance if you were in the hospital or had major surgery
- helping you manage a chronic condition
- getting you the care you need for serious illnesses or injuries
- helping you through a high-risk pregnancy
- anticipating health issues before they become urgent
- understanding a new diagnosis
- scheduling appointments and coordinating treatments, including travel
- making it easier to access wellness programs

Health Advisors do not replace the care of a doctor. It would be best to talk to your doctor about any medical questions or concerns.

Reward Yourself with Blue Points

With Blue Points, you can earn points for regularly participating in many different healthy activities like:

- taking a health assessment twice a year
- linking a fitness device
- completing a self-directed online wellness program
- working with a health coach
- exercising
- and more

Redeem points in the online shopping mall, which offers a wide variety of merchandise. Use your Blue Points for books, music, sporting goods – anything that inspires you to keep making healthy choices.

It's easy to get started with Blue Points:

1. Go to **www.bcbstx.com/trsactivecare**.
2. Log in to your **BAM** account.
3. Go to the **Wellness** tab and select **Well onTarget**.

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information.







Save Money with Member Rewards

Member Rewards helps you make the most of your health care dollars.

Member Rewards

Prices for high-quality medical services can differ by thousands of dollars in the same area or network. TRS-ActiveCare offers a Member Rewards program that rewards you for choosing a cost-effective, high-quality provider.

See how easy it is to **COMPARE**, **SCHEDULE** and **EARN** with Member Rewards.

For TRS-ActiveCare Primary, TRS-ActiveCare Primary+ and TRS-ActiveCare 2 Plans:

1. Call a PHG at **1-866-355-5999** or chat through the BCBSTX App or BAM. You can also use Provider Finder to search for a rewards-eligible location for your procedure or service.
2. Get a referral from your PCP to the rewards-eligible location, then get the procedure or service.* If you have TRS-ActiveCare 2, you don't need a referral.
3. We'll make a deposit in a Health Care Account (HCA) once you complete your treatment, your claim is paid, and the location is verified.**

Member Rewards Features:

- Your rewards may apply toward future medical or pharmacy expenses by reducing copays or coinsurance for you and your covered dependents.
- Rewards range from \$25 to \$500. The maximum reward amount *per participant per plan year* is \$599.
- Unused rewards roll over to the next plan year, but you'll lose your rewards if you cancel your health plan.

For TRS-ActiveCare HD Plan:

1. Call a PHG at **1-866-355-5999** or chat through the BCBSTX App or BAM. You can also use Provider Finder to search for a rewards-eligible location for your procedure or service.
2. Get the procedure or service at the rewards-eligible location.
3. Use your reward to cover dental or vision expenses. Just submit an HCA reimbursement form after you incur dental and vision expenses.**

Member Rewards Features:

- Your rewards apply toward incurred dental and vision expenses.
- Rewards range from \$25 to \$500. The maximum reward amount *per participant per plan year* is \$599.
- Unused rewards roll over to the next plan year, but you'll lose your rewards if you cancel your health plan.

Answers to frequently asked questions about the HCA are at www.bcbstx.com/trsactivecare/doctors-and-hospitals/member-rewards.

*If your PCP is in the Kelsey Seybold group, you're not eligible for this program.

**BCBSTX has set up an HCA for all TRS-ActiveCare participants eligible for Member Rewards. This HCA is separate from your employer's Flexible Spending Account or Health Savings Account.



Regional Health Maintenance Organization (HMO) Plans

If you live or work in certain counties, you can enroll in one of our regional HMO plans. The chart on the next page shows the HMO plan options and benefits summaries.

Baylor Scott & White Health Plan - Central and North Texas HMO	Blue Essentials - South Texas HMO SM	Blue Essentials - West Texas HMO SM
Brought to you by TRS-ActiveCare	Brought to you by TRS-ActiveCare	Brought to you by TRS-ActiveCare
<p>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.</p>	<p>You can choose this plan if you live in one of these counties: Cameron, Hidalgo, Starr, Willacy</p>	<p>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</p>

Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage Only
Individual and Family Deductible	\$2,400/\$4,800	\$500/\$1,000	\$950/\$2,850
Coinsurance	25% after deductible	20% after deductible	25% after deductible
Individual and Family Maximum Out-of-Pocket	\$8,150/\$16,300	\$4,500/\$9,000	\$7,450/\$14,900
Primary Care	\$20 copay First primary care visit for illness - \$0 copay Primary care for dependents (under age 19) - \$0 copay	\$25 copay	\$20 copay
Specialist	\$70 copay	\$60 copay	\$70 copay
Urgent Care	\$45 copay	\$75 copay	\$50 copay
Emergency Care	\$500 copay after deductible	20% after deductible	\$500 copay before deductible plus 25% after deductible
Drug Deductible	\$200 (excl. generics)	\$100	\$150
Days Supply	30-day supply/90-day supply	30-day supply/90-day supply	30-day supply/90-day supply
Generics	\$14/\$35 copay, ACA preventive: \$0	\$10/\$30 copay	\$5/\$12.50 copay, \$0 for certain generics
Preferred Brand	35% after deductible	\$40/\$120 copay	30% after deductible
Non-preferred Brand	50% after deductible	\$65/\$195 copay	50% after deductible
Specialty	35% after deductible (preferred/non-preferred)	20% after deductible	15%/25% after deductible (preferred/non-preferred)



HMO Wellness Resources

BAYLOR SCOTT & WHITE HEALTH PLAN - CENTRAL AND NORTH TEXAS HMO

Your health plan offers a variety of programs to help meet your health and wellness needs.

Wellness Assessment: The Well-Being Assessment is a simple, digital health survey that helps you take steps toward a more vibrant and healthier life. The assessment asks questions about your life and delivers customized action steps from our Lifestyle Management Program. Modules are self-paced, available online, and convenient for promoting physical and mental health — all things to help you feel your best. You'll find a link to the assessment on the Health and Wellness Programs page at trs.swhp.org.

Wondr Health™ (formerly Naturally Slim): Wondr Health is available at no cost to you and is accessible by computer and mobile device so you can participate whenever it's convenient, wherever you are. For more information about Wondr Health, visit trs.swhp.org.

Nurse Advice Line: Talk to a nurse 24 hours a day when you need help deciding whether you should see a doctor, visit the urgent care clinic or go to the emergency room. To talk to a nurse, call **1-877-505-7947**.

Expecting the Best® Maternity Program: We are pleased to offer a maternity program for pregnant Baylor Scott & White Health Plan participants. This initiative focuses on helping expectant mothers enjoy a healthy pregnancy. Sign up by calling the customer service number on the back of your ID card or send an email to hpmaternitycasemanagement@bswhealth.org.

Member Portal: Log in to the Member Portal at trs.swhp.org or use the MyBSWHealth app to access online tools to help you:

- find a provider or pharmacy
- view a Summary of Benefits and Coverage
- view Explanation of Benefits statements
- order ID cards
- get an electronic ID card
- make an appointment with a BSWH doctor
- send an email to a customer service advocate and receive a response through the portal's secure messaging feature
- send a message to your BSWH doctor

Visit trs.swhp.org/health for these wellness tools.

BLUE ESSENTIALS - WEST TEXAS HMO BLUE ESSENTIALS - SOUTH TEXAS HMO

Your health benefits include tools, information and support to help you live a healthy lifestyle.

Fitness Program: Take advantage of discounted gym membership at a nationwide network of fitness centers. There is no long-term contract. Membership is month to month. Monthly fees start at \$25 per month, per member, with a one-time enrollment fee of \$25 per member.

24/7 Nurseline: When a health issue pops up, it can be hard to know what to do. Call a registered nurse anytime, day or night, to answer your health questions and help you decide where to go. Call **1-800-581-0368**.*

Extra Support: Health Advisors are extra support when you need it most. They are nurses or other health care professionals who help during certain health situations, such as a serious illness, injury, surgery or hospitalization.

Women's and Family Health Pregnancy and Parenting Support: Whether you're pregnant or planning to get pregnant, you should prepare as much as you can. We have tools to help you – at no extra cost. **Ovia Health®** apps will guide you step-by-step through fertility, pregnancy and parenting. You can also get support for menopause. Ovia apps include support from a registered nurse. If you have a high-risk pregnancy, you also get phone support from a specially trained BCBSTX maternity specialist. Download the Ovia Health apps from the Apple App Store or Google Play Store. During sign-up, choose **I have Ovia Health as a benefit**. Then, select **BCBSTX** as your health plan. You'll see a box to enter your employer name. You can skip this step.

BAM: To find in-network providers, access your health and wellness tools, and get information about your health care benefits and coverage, log in to BAM at www.bcbstx.com/trshmo.

*For medical emergencies, call 911 or your local emergency services first. This program is not a substitute for a doctor's care. Talk to your doctor about your health questions or concerns.

Know Where to Go for Care

Knowing where to go for medical care may save you time and money. You choose where you get non-emergency care. Plus, when you visit in-network providers, you may pay less.

If you're not having a medical emergency, use these places instead of the emergency room (ER).



Your PCP

\$

Schedule an appointment for:

- annual wellness visits (no added cost)
- routine screenings (no added cost)
- minor injuries and illnesses



TRS Virtual Health

\$

Board certified doctors through Teladoc and RediMD are a convenient choice for care 24 hours a day, seven days a week from your computer, tablet or phone. They can treat many conditions, including:

- fever, colds and flu
- allergies
- asthma
- rashes



Retail Health Clinic

\$\$

When you can't go to your regular doctor, walk-in clinics available in many retail stores are a lower-cost choice for treatment. Many stores have a physician assistant or nurse practitioner who can help treat:

- ear infections
- rashes
- minor cuts and scrapes
- allergies and colds



Urgent Care Center

\$\$\$

Go to an urgent care center when it's not an emergency, but you still need care right away. They have convenient hours and cost less than an emergency room. They can treat things like:

- cuts that need stitches
- minor burns
- sprains
- minor illnesses



Emergency Room


\$\$\$\$

For emergencies, call 911 or go to your nearest ER for:

- chest pain
- heart attack
- heavy bleeding
- sudden or severe pain
- trouble breathing
- broken bones

When you use the ER for true emergencies, you help keep your out-of-pocket costs lower. If you're having a life-threatening or disabling health problem, you should go to the nearest ER or call 911.

When you use in-network labs, imaging centers and surgical centers, you can get the same quality care you'd get in hospitals and at your doctor's office for a lot less.



Independent Laboratories


Choose an in-network independent lab for routine lab work and comprehensive blood panels.

Lab work at an in-network hospital can cost nearly five times more than at an independent lab. An out-of-network lab or hospital will cost even more.

In-network lab: \$

In-network hospital: \$ \$ \$ \$ \$

Out-of-network lab/hospital: \$ \$ \$ \$ \$ \$ ↑



Independent High-Tech Imaging Clinic


You have options for X-rays, CT scans, and MRIs. An in-network, independent imaging center can save you money.

One study showed an MRI performed at an in-network hospital was nearly three times more expensive than the same test at a freestanding imaging clinic and nearly five times at an out-of-network imaging center or hospital.

In-network imaging center: \$

In-network hospital: \$ \$ \$ \$ \$

Out-of-network imaging center/hospital: \$ \$ \$ \$ \$ \$ ↑



Surgical Centers

You may only think of surgery as something that happens in the hospital, but offsite surgical centers offer the same quality care at a lower price.

Surgery performed at an in-network hospital can cost nearly three times more than the same procedure at a surgical center and almost seven times more at an out-of-network hospital.

In-network surgical center: \$

In-network hospital: \$ \$ \$ \$ \$

Out-of-network surgical center/hospital: \$ \$ \$ \$ \$ \$ \$ ↑

Urgent Care Centers or Freestanding ERs

Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs often look like urgent care centers and treat most major injuries, except for trauma—but costs are higher. Unlike urgent care centers, freestanding ERs are often out of network and can charge patients up to 10 times more for the same services.¹ Below are some ways to know if you're at a freestanding ER.

Freestanding ERs:

- look like urgent care centers, but have the word “Emergency” or “ER” in their name or on the building
- are open 24 hours a day, seven days a week
- aren't attached to and may not be affiliated with a hospital
- are subject to an ER cost share, which may include a copay, coinsurance and applicable deductible

Need help knowing where to go?

Call a Personal Health Guide at **1-866-355-5999** or the 24/7 Nurseline at **1-833-968-1770**. You can also go to **www.bcbstx.com/trsactivecare/doctors-and-hospitals/where-to-go-for-care**. If you need emergency care, call **911** or get help from any doctor or hospital right away.

The information provided is not intended as medical advice, nor meant to be a substitute for the individual medical judgment of a doctor or other health care professional. Please check with your doctor for advice. Coverage may vary depending on your specific benefit plan and use of network providers. For questions, please call a Personal Health Guide at 1-866-355-5999. This information is intended solely as a general guide to what services may be available.



Enrollment and Eligibility

Who Can Enroll in TRS-ActiveCare?

You

To be eligible for TRS-ActiveCare, an individual:

- must either be (i) a participating member currently employed by a participating employer who is also eligible for TRS pension membership, or (ii) an individual who's currently employed by a participating employer for 10 or more regularly scheduled hours each week in a position that is not eligible for TRS pension membership; and
- must **not be** receiving health care coverage as an employee or retiree under (i) the Texas State College and University Employees Uniform Insurance Benefits Act (for example, coverage offered by The University of Texas System or the Texas A&M University System); (ii) the Texas Employees Uniform Group Insurance Benefits Act (for example, coverage offered by ERS); or (iii) TRS-Care.

Although a retiree, higher education employee, or state employee may not be covered as an **employee** of a participating employer, they may be able to be covered as a **dependent** of an eligible employee. Employees covered as dependents by a higher education employer or a state program may also be able to be covered under TRS-ActiveCare as an employee.

Note: Under Section 22.004 of the Texas Education Code, and TRS rules, an employee participating in TRS-ActiveCare is entitled to continue participating if they resign after the end of the instructional year and, on the effective date of resignation, are in good standing with TRS-ActiveCare. TRS Rule 41.38 of the Texas Administrative Code, will be applied by TRS-ActiveCare to determine when TRS-ActiveCare coverage terminates. This is important when planning for retirement and determining when your TRS-Care coverage begins. Talk with your employer about your health coverage options when planning for retirement.

Medicare Secondary Payer for Return-to-Work Retirees

As of Sept. 1, 2022, the **Medicare Secondary Payer Law** lets Medicare-eligible TRS-Care retirees enroll in TRS-ActiveCare if they return to work for a TRS-covered employer. If you're a return-to-work retiree enrolled in TRS-Care and eligible for Medicare, you may enroll in TRS-ActiveCare if you return to a TRS employer and work 10 or more hours per week. Find more information in the TRS-ActiveCare Benefits Booklets at www.bcbstx.com/trsactivecare/coverage.



Your Eligible Dependents

You can cover your eligible dependents including:

- Your spouse, including a common law spouse (a common law spouse is not considered eligible unless a Declaration of Informal Marriage is on file with an authorized government agency)
- A child under age 26 who is:
 - a natural child
 - an adopted child or child lawfully placed for adoption
 - a stepchild
 - a foster child
 - a child under your legal guardianship
- A grandchild under age 26 whose primary residence is your household and who is your dependent for federal income tax reporting in the year when their coverage is in effect*
- Any 'other dependent' under age 26 in a regular parent-child relationship with you (other than described above), meeting all these requirements:
 - the child's primary residence is your household
 - you provide at least 50% of the child's support
 - neither of the child's natural parents live in your household
 - you have the legal right to make decisions about the child's medical care**
- Your child age 26 or older who is:
 - mentally or physically incapacitated
 - dependent on you on a regular basis, as determined by TRS
 - who meets other requirements, as determined by TRS

To add a mentally or physically incapacitated child, you and your child's doctor must fill out a *Dependent Child Statement of Disability* to provide satisfactory proof of the disability and dependency. You must submit the forms no later than 31 days after the date the child turns 26, or after the event date. To avoid gaps in coverage, the forms must be turned in and approved before the end of the month your child turns 26, or after the event date. The form is available at www.bcbstx.com/trsactivecare.

A dependent does **not** include your brother or sister unless they are **under** age 26 and either:

- under your legal guardianship, or
- in a regular parent-child relationship with you, as defined in the 'any other child' category

Your parents and grandparents are **not** eligible dependents.

Note: It's against the law to elect coverage for an ineligible person. Violations may result in prosecution and expulsion from the TRS-ActiveCare program for up to five years.

What is CHIP and is it available to my family?

The Children's Health Insurance Program (CHIP) provides low-cost children's health insurance. To find out if your family qualifies and to apply, call CHIP at **1-800-647-6558** or **211**, or visit www.texaschildrenshealthplan.org.

Note: A child can't get coverage under both TRS-ActiveCare and CHIP.

* For the purposes of dependent eligibility under TRS-ActiveCare, a grandchild is not considered a child.

** This requirement does not apply to dependents age 18 and over.





Enroll in Your TRS-ActiveCare Health Plan

Annual Enrollment dates vary - check with your employer.

How to Enroll

Remember, your 2022-23 plan election will carry forward to the 2023-24 plan year.

You don't have to actively enroll for coverage this year, UNLESS:

- you're newly eligible for coverage
- you're changing plans
- you're adding or removing dependent(s) for the coming plan year
- you want to decline coverage for 2023-24

If you enroll in TRS-ActiveCare Primary or TRS-ActiveCare Primary+ and don't choose a PCP, we'll assign one to you.

If you were enrolled in TRS-ActiveCare Primary or TRS-ActiveCare Primary+ last year and don't change plans this year, you'll have the same PCP. You can change your PCP any time. See pages 13-15 for instructions on changing your PCP.



Ways to Enroll, Depending on Your Employer

The Self-Service bswift® Enrollment Portal*

If this option is available to you, your employer will give instructions for logging in and using the system. If you're currently covered, your address, dependents, plan and coverage type are already entered. You can change your address, who you're covering and your plan. You can print a confirmation of your enrollment when you're done.

Some employers may offer electronic enrollment through a web portal other than bswift. Ask your Benefits Administrator for details. Keep a copy of any confirmation of coverage you get from the other enrollment system.

The Enrollment, Change and Declination Form

Use this form to enroll in, change or decline coverage. The form is available from your Benefits Administrator or at www.bcbstx.com/trsactivecare. To complete the online form:

- Visit www.bcbstx.com/trsactivecare and click **Tools and Resources** at the top of the home page.
- Click the **Downloadable Forms** tab
- Click on the **Enrollment, Change and Declination** Form.
- Enter your information on the form, and provide all information requested.
- Print the form.
- Sign, date and return the form to your Benefits Administrator in the plan enrollment period.

Enrollment Deadlines for First Time Enrollees and New Hires

Enrolling in TRS-ActiveCare for the First Time

You'll need to enroll online through bswift or another electronic web portal from your employer, or by using the *Enrollment, Change and Declination Form* as instructed in this guide. Do this before:

- the end of the annual enrollment period; or
- 31 calendar days after your actively-at-work date; or
- 31 calendar days after a special enrollment event. Newborns must also be enrolled within 31 days of their birth, regardless of their coverage.

New Hire

You have 31 days after your first day of employment to elect health coverage through TRS-ActiveCare. You may choose your actively-at-work date (the date you started work) or the first of the month following your actively-at-work date as your effective date of coverage. **If you choose the actively-at-work date, the full premium for the month is due.** Premiums are not prorated.

*This may not apply to employers with third-party administrators.



Contacts and Resources

Personal Health Guide

1-866-355-5999

www.bcbstx.com/trsactivecare

Express Scripts

1-844-367-6108

www.esrx.com/trsactivecare

Teladoc

1-855-Teladoc (1-855-835-2362)

www.teladoc.com/trsactivecare

RediMD

1-855-942-4900

www.redimd.com/trsactivecare

Important Notices

Summary of Benefits and Coverage

The Patient Protection and Affordable Care Act requires all insurers and group health plans to give consumers a Summary of Benefits and Coverage (SBC). The SBC describes key plan features, benefits and coverage, and provides a glossary of health care coverage terms.

To view your plan's SBC, visit the website or call the number below.

TRS-ActiveCare Primary TRS-ActiveCare Primary+ TRS-ActiveCare HD TRS-ActiveCare 2	www.bcbstx.com/trsactivecare	1-866-355-5999
Blue Essentials - West Texas HMO	www.bcbstx.com/trshmo	1-888-378-1633
Blue Essentials - South Texas HMO	www.bcbstx.com/trshmo	1-888-378-1633
Baylor Scott & White Health Plan - Central and North Texas HMO	trs.swhp.org	1-800-321-7947

To view a glossary of terms, visit www.tinyurl.com/5ym6kb6s.

Initial Notice About Special Enrollment Rights

In your group health plan, a federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about a very important provision in the program. You have the right to enroll in the program under its “special enrollment provisions” if (i) you get a new dependent or if (ii) you decline coverage under this program for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Special Enrollment Provisions

Loss of other coverage (excluding Medicaid or a state CHIP) If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other available group health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this program if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops all contributions towards other coverage for you and your dependents). However, you must request enrollment, and BCBSTX must get your request within 31 days after coverage ends for you or your dependents (or you move out of the prior plan's HMO service area, or after the employer stops all contributions toward the other coverage, including employer-paid COBRA paid premiums).

Loss of coverage for Medicaid or a state CHIP If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under the Texas Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this program if you or your dependents lose eligibility for that other coverage. However, you must request enrollment, and BCBSTX must get your request within 60 days after your or your dependents' coverage ends under Medicaid or a state CHIP.

New dependent by marriage, birth, adoption or placement for adoption

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in this program. However, you must request enrollment, and BCBSTX must get your request within 31 days after the marriage, birth, adoption or placement for adoption.

Eligibility for state premium assistance for enrollees of Medicaid or a state CHIP

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state CHIP with respect to coverage under this program, you may be able to enroll yourself and your dependents in this program. However, you must request enrollment, and BCBSTX must get your request within 60 days after the determination is made concerning eligibility for such assistance for you or your dependents.

Additional information

To request special enrollment or get more information, call the phone number or visit the website for your plan listed on page 55.

Medicare Beneficiaries and Medicare Part D

Effective January 1, 2006, a Medicare prescription drug plan called Medicare Part D has provided and continues to provide Medicare benefits for prescription drugs to Medicare beneficiaries who enroll in Part D. Medicare Part D is an optional benefit available only to people with Medicare Part A, Part B or both. TRS-ActiveCare coverage will not be affected by enrollment in Medicare Part D for these individuals. That is, your TRS-ActiveCare coverage will continue to be your primary coverage; Medicare Part D will be secondary. However, the TRS-ActiveCare plan you have may influence your decision on whether to enroll in Medicare Part D.

The Centers for Medicare & Medicaid Services administers Medicare, and a link to their website is on the TRS-ActiveCare page of the TRS website: **www.trs.texas.gov**. If you or your dependent are covered by TRS-ActiveCare and are at least age 65, you will get more information on Medicare Part D from TRS (if covered by TRS-ActiveCare Primary, TRS-ActiveCare Primary+, TRS-ActiveCare HD or TRS-ActiveCare 2) or from your HMO plan before the end of the calendar year.

For Medicare-eligible people and people who will be Medicare-eligible this plan year:

- TRS-ActiveCare Primary, TRS-ActiveCare Primary+, TRS-ActiveCare HD or TRS-ActiveCare 2 are creditable coverage for Medicare Part D purposes under current Medicare guidelines.
- Each HMO determined that the coverage they offer is creditable coverage for Medicare Part D purposes under current Medicare guidelines.
- Disclosure notices on creditable coverage are at **www.cms.hhs.gov/creditablecoverage**.
- For questions about Medicare Part D, call Medicare at **1-800-MEDICARE (1-800-633-4227)**.

Teacher Retirement System of Texas Notice of Privacy Practices

The Teacher Retirement System of Texas (TRS) administers your health benefits plan and your pension plan pursuant to federal and Texas laws. This notice is required by the privacy regulations adopted pursuant to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH).

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully. This notice also sets out TRS' legal obligations concerning your health information. Additionally, this notice describes your rights to control your health information.

Federal law requires TRS to maintain and protect the privacy of your health information. Your protected health information is individually identifiable health information, including genetic information and demographic information, collected from you or created or received by TRS that relates to:

- your past, present or future physical or mental health or condition;
- the health care you receive; or
- the past, present or future payment for the provision of health care for you.

Unsecured protected health information is protected health information that is not secured using a technology or methodology that renders the protected health information unusable, unreadable or indecipherable.

The effective date of this notice was April 14, 2003, and it has been revised effective September 1, 2020. Texas law already makes your member information, including your protected health information, confidential. Therefore, following the original implementation of this notice and the implementation of this notice as revised, TRS did not and is not changing the way it protects your information. On April 14, 2003, the new rights and other terms in this notice, as originally drafted, automatically applied. Likewise, as subsequently revised, the rights and other terms of this notice continue to automatically apply. You do not need to do anything to get privacy protection for your health information.

Federal law requires that TRS provide you with this notice about its privacy practices and its legal duties regarding your protected health information. This notice explains how, when and why TRS uses and discloses your protected health information. By law, TRS must follow the privacy practices that are described in the most current privacy notice.

TRS reserves the right to change its privacy practices and the terms of this notice at any time. Changes will be effective for all of your protected health information that TRS maintains. If TRS makes an important change that affects what is in this notice, TRS will mail you a new notice within 60 days of the change. This notice is on the TRS website, and TRS will post any new notice on its website at **www.trs.texas.gov**.

How TRS May Use and Disclose Your Protected Health Information

Certain uses and disclosures do not require your written permission. For any use or disclosure of your protected health information that is described immediately below, TRS and/or Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare may use and disclose your protected health information without your written permission (an authorization).

- **For all activities that are included within the definitions of “payment,” “treatment” and “health care operations” as set out in 45 C.F.R. Section 164.501, including the following noted below.** This notice does not contain the activities found within these definitions; refer to 45 C.F.R. Section 164.501 for a complete list. When “TRS” is used below in describing these reasons, the auditors, actuarial consultants, lawyers, health plan administrators and pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare are intended to be included.

- **For treatment.** TRS is not a medical provider and does not directly participate in decisions about what kind of health treatment you should receive. TRS also does not maintain your current medical records. However, TRS may disclose your protected health information for treatment purposes. For example, TRS may disclose your protected health information if your doctor asks that TRS disclose the information to another doctor to help in your treatment.
- **For payment.** Here are two examples of how TRS might use or disclose your protected health information for payment. TRS may use or disclose your information to prepare a bill for medical services to you or another person or the company responsible for paying the bill. The bill may include information that identifies you, the health services you received and why you received those services. The second example is that TRS could use or disclose your protected health information to collect your premium payments.
- **For health care operations.** TRS may use or disclose your protected health information to support health plan administration functions. TRS may provide your protected health information to its accountants, attorneys, consultants and others to make sure TRS is complying with the laws that affect it. For example, your protected health information may be given to people looking at the quality of the health care you received. Another example of health care operations is TRS using and sharing this information to manage its business and perform its administrative activities.
- When federal, state or local law, judicial or administrative proceedings, or law enforcement requires a use or disclosure. For example, upon receipt of your request for disability retirement benefits, TRS and members of the Medical Board may use your protected health information to determine if you are entitled to a disability retirement. TRS may disclose your protected health information:
 - To a federal or state criminal law enforcement agency that asks for the information for a law enforcement purpose;
 - To a law enforcement official for the purpose of alerting law enforcement of your death if TRS has a suspicion that your death may have resulted from criminal conduct;
 - To the Texas Attorney General to collect child support or to ensure health care coverage for your child;
 - In response to a subpoena if the TRS Executive Director determines that you will have a reasonable opportunity to contest the subpoena;
 - To a governmental entity, an employer or a person acting on behalf of the employer to the extent that TRS needs to share the information to perform TRS's business;
 - To the Texas Legislature or agencies of the state or federal government, including, but not limited to health oversight agencies for activities authorized by law, such as audits; investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities. Oversight agencies seeking this information include government agencies that oversee; (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs, and (iv) compliance with civil rights laws;
 - To a public health authority for the purpose of preventing or controlling disease; and
 - If required by other federal, state or local law.
- **For specific government functions.** TRS may disclose protected health information of military personnel and veterans in certain situations. TRS may also disclose protected health information to authorized federal officials for conducting national security, such as protecting the President of the United States, or conducting intelligence activities, or to the Texas Legislature or agencies of the state or federal government, including, but not limited to health oversight agencies, for activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, civil, administrative, or criminal proceedings or actions, or other activities. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs, and (iv) compliance with civil rights laws.

- **Business associates.** TRS has contracts with individuals and companies (business associates) that help TRS in its business of providing health care coverage and in making disability retirement benefit decisions. Some of the functions these companies provide are: performing audits; performing actuarial analysis; adjudication and payment of claims; customer service support; utilization review and management; coordination of benefits; subrogation; pharmacy benefit management; and technological functions. TRS may disclose your protected health information to its business associates so that they can perform the services that TRS has asked them to do. To protect your health information, however, TRS requires that these companies follow the same rules that are set out in this notice and to notify TRS in the event of a breach of your unsecured protected health information.
- **Executor or Administrator.** TRS may disclose your protected health information to the executor or administrator of your estate.
- **Health-Related Benefits.** TRS or one of its business associates may contact you to provide appointment reminders. They may also contact you to give you information about treatment alternatives or other health benefits or services that may be of interest to you.
- **Legal Proceedings.** TRS may disclose your protected health information: (1) in the course of any judicial or administrative proceeding, including, but not limited to, an appeal of denial of coverage or benefits; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized by law); and (3) when necessary to provide evidence of a crime that occurred on our premises.
- **Coroners, Medical Examiners, Funeral Directors, and Organ Donation.** TRS may disclose protected health information to a coroner or medical examiner for purpose of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. TRS also may disclose, as authorized by law, protected health information to funeral directors so that they may carry out their duties. Further, TRS may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.
- **Research.** TRS may disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.
- **To Prevent a Serious Threat to Health or Safety.** Consistent with applicable federal and state laws, TRS may disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, such as disclosures to prevent disease, help with product recalls, report adverse reactions to medications, or report suspected abuse, neglect or domestic violence.
- **Inmates.** If you are an inmate of a correctional institution, TRS may disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.
- **Workers' Compensation.** TRS may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work related injuries or illnesses.
- **To your personal representative.** TRS may provide your protected health information to a person representing or authorized by you, or any person that you tell TRS in writing is acting on your behalf.
- **To an entity assisting in disaster relief.** TRS may also disclose your protected health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your protected health information, then TRS may, using our professional judgment, determine whether the disclosure is in your best interest. TRS will attempt to gain your personal authorization when possible before making such disclosures.



- **Women’s Health & Cancer Rights Act (WHCRA) Annual Notice.** Do you know that TRS-ActiveCare, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact TRS-ActiveCare toll-free at **1-866-355-5999** for more information.

Certain Uses and Disclosures Requiring an Opportunity to Agree or to Object.

Under the following circumstances, TRS may use or disclose protected health information, provided that TRS informs you in advance of the use or disclosure and you have an opportunity to agree to or prohibit or restrict the use or disclosure of your protected health information. TRS may inform you orally or in writing of and obtain your oral or written agreement or objection to the use or disclosure of your protected health information. TRS will follow your instructions.

- TRS may disclose to a family member, other relative, or a close friend, or any other person you identify, your protected health information that (i) is directly relevant to such person’s involvement with your health care or payment related to your health care, or (ii) serves to notify or assist in the notification of your location, general condition, or death.
- TRS may use or disclose your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of notifying or assisting in the notification of your location, general condition, or death.

If you are not able to communicate your preference to TRS, for example because you are unconscious, TRS may share your protected health information if TRS believes it is in your best interest to do so.

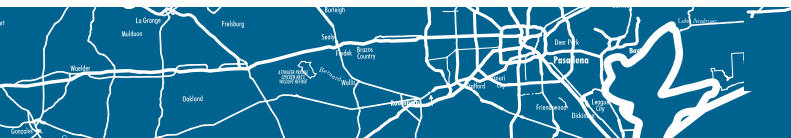
Certain Disclosures that TRS is Required to Make.

The following is a description of disclosures that TRS is required by law to make:

- **Disclosures to the Secretary of the U.S. Department of Health and Human Services.** TRS is required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Regulations.
- **Disclosures to you.** TRS is required to disclose to you most of your protected health information in a “designated record set” when you request access to this information, including information maintained electronically. Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. TRS is also required to provide, upon you request, an accounting of the disclosures of your protected health information. In many cases, your protected health information will be in the possession of a plan administrator or pharmacy benefits manager. If you request protected health information, TRS will work with the administrator or pharmacy benefits manager to provide your protected health information to you.

Certain Uses and Disclosures of Genetic Information that Cannot Be Made.

TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare are prohibited from using or disclosing genetic information for underwriting purposes.



Certain Uses and Disclosures of Protected Health Information that Will Not Be Made.

The following uses and disclosures of protected health information will not be made by TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare:

- Uses and disclosures that constitute marketing purposes;
- Uses and disclosures that constitute the sale of your protected health information; and
- Uses and disclosures that constitute fundraising purposes.

All Other Uses and Disclosures Require Your Prior Written Authorization.

The following uses and disclosures will be made by TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare only with a written permission (an authorization) from you:

- Most uses and disclosures of psychotherapy notes; and
- For any other use or disclosure of your protected health information that is not described in this notice.

If you provide TRS with such an authorization, you may cancel (revoke) the authorization in writing at any time, and this revocation will be effective for future uses and disclosures of your protected health information. Revoking your written permission will not affect a use or disclosure of your protected health information that TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare already made, based on your written authorization.

Your Rights

The following is a description of your rights with respect to your protected health information:

- **The Right to Request Limits on Uses and Disclosures of Your Protected Health Information.** You can ask that TRS limit how it uses and discloses your protected health information. TRS will consider your request but is not required to agree to it. If TRS agrees to your request, TRS will put the agreement in writing and will follow the agreement unless you need emergency treatment, and the information that you asked to be limited is needed for your emergency treatment. You cannot limit the uses and disclosures that TRS is legally required to make. If you are enrolled in TRS-ActiveCare, you may request a restriction in writing to: Blue Cross and Blue Shield of Texas, P.O. Box 805106, Chicago, IL 60680-4112. In your request, state: (1) the information whose disclosure you want to limit, and (2) how you want to limit our use and/or disclosure of the information. If you are enrolled in TRS-Care, you may request a restriction by writing to: Blue Cross and Blue Shield of Texas, P.O. Box 805106, Chicago, IL 60680-4112. In your request, state: (1) the information whose disclosure you want to limit, and (2) how you want to limit our use and/or disclosure of the information. You have the right to request that your protected health information not be disclosed to TRS if you have paid for the service received in full.
- **The Right to Choose How TRS Sends Protected Health Information to You.** You can ask that 'TRS send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, courier service instead of U.S. mail) only if not changing the address or the way TRS communicates with you could put you in physical danger. You must make this request in writing. You must be specific about where and how to contact you. TRS must agree to your request only if:
 - You clearly tell TRS that sending the information to your usual address or in the usual way could put you in physical danger; and
 - You tell TRS a specific alternative address or specific alternative means of sending protected health information to you. If you ask TRS to contact you via an email address, TRS will not send protected health information by email unless it is possible for the protected health information to be encrypted.



- **The Right to See and Get Copies of Your Protected Health Information.** You can look at or get copies of your protected health information that TRS has or that a business associate maintains on TRS' behalf. You must make this request in writing. If your protected health information is not on file at TRS and TRS knows where the information is maintained, TRS will tell you where you can ask to see and get copies of your information. You may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set that is in the possession of TRS or a business associate of TRS. If you request copies of your protected health information, TRS can charge you a fee for each page copied, for the labor involved in compiling and copying the information, and for postage if you request that the copies be mailed to you. Instead of providing the protected health information you request, TRS may provide you with a summary or explanation of the information, but only if you agree in advance to:
 - Receive a summary or explanation instead of the detailed protected health information; and
 - Pay the cost of preparing the summary or explanation.

The fee for the summary or explanation will be in addition to any copying, labor, and postage fees that TRS may require. If the total fees will exceed \$40, TRS will tell you in advance. You can withdraw or change your request at any time. TRS may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your protected health information, you may request that the denial be reviewed, TRS will choose a licensed health care professional to review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, the denial will not be reviewable. If this event occurs, TRS will inform you in our denial that the decision is not reviewable.

- **The Right to Get a List of TRS' Uses and Disclosures of Your Protected Health Information.** You have the right to get a list of TRS' uses and disclosures of your protected health information. By law, TRS is not required to create a list that includes any uses or disclosures:
 - To carry out treatment, payment, or health care operations;
 - To you or your personal representative;
 - Because you gave your permission;
 - For national security or intelligence purposes;
 - To corrections or law enforcement personnel; or
 - Made prior to three (3) years before the date of your request, but in no event made before April 14, 2003.
- TRS will respond to your request within 60 days of receiving it. TRS can extend this deadline one time by an additional 30 days. If TRS extends its response time, TRS will tell you in writing the reasons for the delay and the date by which TRS will provide the list. The list will include:
 - The date of the disclosure or use;
 - The person or entity that received the protected health information;
 - A brief description of the information disclosed; and
 - Why TRS disclosed or used the information.
- If TRS disclosed your protected health information because you gave TRS written permission to disclose the information, instead of telling you why TRS disclosed information, TRS will give you a copy of your written permission. You can get a list of disclosures for free every 12 months. If you request more than one list during a 12-month period, TRS can charge you for preparing the list, including charges for copying, labor, and postage to process and mail each additional list. These fees will be the same as the fees allowed under the Texas Public Information Act. TRS will tell you in advance of the fees it will charge. You can withdraw or change your request at any time.

- **The Right to Correct or Update Your Protected Health Information.** If you believe there is a mistake in your protected health information or that a piece of important health information is missing, you can ask TRS to correct or add the information. You must request the correction or addition in writing. Your letter must tell TRS what you think is wrong and why you think it is wrong. TRS will respond to your request within 60 days of receiving it. TRS can extend this deadline one time by an additional 30 days. If TRS extends its response time, it must tell you in writing the reasons for the delay and the date by which TRS will respond. Because of the technology used to store information and laws requiring TRS to retain information in its original text, TRS may not be able to change or delete information, even if it is incorrect. If TRS decides that it should correct or add information, it will add the correct or additional information to your records and note that the new information takes the place of the old information. The old information may remain in your record. TRS will tell you that the information has been added or corrected. TRS will also tell its business associates that need to know about the change to your protected health information. TRS will deny your request if your request is not in writing or does not have a reason why the information is wrong or incomplete. TRS will also deny your request if the protected health information is:
 - correct and complete;
 - not created by TRS; or
 - not part of TRS' records

TRS will send you the denial in writing. The denial will say why your request was denied and explain your right to send TRS a written statement of why you disagree with TRS' denial. TRS' denial will also tell you how to complain to TRS or the Secretary of the Department of Health and Human Services. If you send TRS a written statement of why you disagree with the denial, TRS can file a written reply to your statement. TRS will give you a copy of any reply. If you file a written statement disagreeing with the denial, TRS must include your request for an amendment, the denial, your written statement of disagreement and any reply when TRS discloses the protected health information that you asked to be changed; or TRS can choose to give out a summary of that information with a disclosure of the protected health information that you asked to be changed. Even if you do not send TRS a written statement explaining why you disagree with the denial, you can ask that your request and TRS' denial be attached to all future disclosures of the protected health information that you wanted changed.

- **The Right to be Notified of a Breach of Unsecured Protected Health Information.** You have the right to be notified and TRS has the duty to notify you of a breach of your unsecured protected health information. A breach means the acquisition, access, use, or disclosure of your unsecured protected health information in a manner not permitted under HIPAA that compromises the security or privacy of your protected health information. If this occurs, you will be provided information about the breach and how you can mitigate any harm because of the breach.
- **The Right to Get This Notice.** You can get a paper copy of this notice on request.
- **The Right to File a Complaint.** If you think that TRS has violated your privacy rights concerning your protected health information, you can file a written complaint with the TRS Privacy Officer by mailing your complaint to:

Privacy Officer

Teacher Retirement System of Texas
 1000 Red River Street
 Austin, Texas 78701

All complaints must be in writing.

You may also send a written complaint to:

Region VI, U.S. Department of Health & Human Services

Regional Manager, Office for Civil Rights
 1301 Young Street, Suite 106
 Dallas, Texas 75202
 Email to OCRmail@hhs.gov

Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.



Finally, you may send a written complaint to:

Texas Office of the Attorney General

P.O. Box 12548
Austin, Texas, 78711-2548
1-800-806-2092

Privacy Officer

Teacher Retirement System of Texas
1000 Red River Street
Austin, TX 78701

TRS will not penalize or in any other way retaliate against you if you file a complaint.

More information

Please contact in writing the Privacy Officer, at the following address, if you have any questions about the privacy practices described in this notice or how to file a complaint.

If you want more information about this notice or how to exercise your rights, please contact the TRS Telephone Counseling Center at **1-800-223-8778**. For the Hearing Impaired: Dial Relay Texas 711.

NOTICE OF NON-DISCRIMINATION AND AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES

DISCRIMINATION IS AGAINST THE LAW

The Teacher Retirement System of Texas (TRS) complies with applicable Federal civil rights laws and does not discriminate or exclude people based on race, color, national origin, age, disability or sex. TRS provides free aids and services, such as: written information in other formats (large print, audio, accessible electronic formats, other formats), qualified interpreters (including sign language interpreters), and written information in other languages.

If you need these services, call **1-888-237-6762 (TTY: 711)**.

If you believe that TRS has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability or sex, you can file a grievance in person or by mail, fax or email:

MAIL: Section 1557 Coordinator,
1000 Red River Street,
Austin, TX, 78701

FAX: 1-512-542-6575

EMAIL: **section1557coordinator@trs.texas.gov**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services online, by mail or by phone at:

ONLINE: **www.ocrportal.hhs.gov/ocr/portal/lobby.jsf**

MAIL: U.S. Department of Health and Human Services,
200 Independence Avenue, SW, Room 509F,
HHH Building,
Washington, D.C. 20201

PHONE: 1-800-368-1019, 1-800-537-7697 (TDD)



Cost of Coverage

Your monthly cost for TRS-ActiveCare coverage is determined by available state and employer funding, as well as your choice of health plan.

TRS works to set competitive total premiums to pay health care claims. Each school district then determines its contribution. During Annual Enrollment, check with your employer or your Benefits Administrator to determine what you'll pay.

School employers combine funding with state funding to contribute at least \$225 per employee per month toward premiums. Many employers contribute more.

Pooling and Splitting Funds

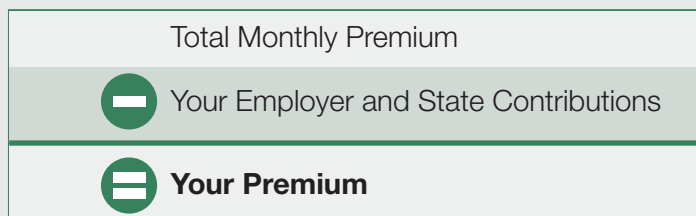
Married employees who are active, contributing TRS participants may 'pool' or split their local employer and state funding. Benefits Administrators can give information to married employees about pooling and splitting.

The paper version of the *Application to Split Premium* form is no longer available. Each employee must work with their Benefits Administrator to complete the online form. They should submit this online form during Annual Enrollment each plan year.

Need to Know.

Many employers contribute more than the minimum requirement of \$225 per employee, per month. Check with your Benefits Administrator to find out what your employer contributes.

How to Calculate Your Monthly Premium



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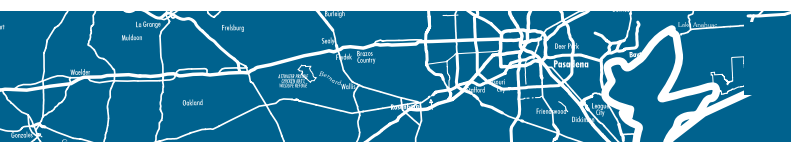
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