

# TRS-ActiveCare Plan Comparison Chart

	TRS- ACTIVECARE PRIMARY	TRS- ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD	
PLAN FEATURES				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage	Out-of-Network Coverage
Individual/ Family Deductible	\$2,500/ \$5,000	\$1,200/ \$3,600	\$3,000/ \$6,000	\$5,500/ \$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/ Family Maximum Out-of-Pocket	\$8,150/ \$16,300	\$6,900/ \$13,800	\$7,050/ \$14,100	\$20,250/ \$40,500
Network	Statewide	Statewide	Nationwide	
Primary Care Provider (PCP) Required	Yes	Yes	No	
DOCTOR VISITS				
Primary Care	\$30 copay	\$30 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible
Mental Health	\$30 copay	\$30 copay	You pay 30% after deductible	
TRS Virtual Health Teladoc Medical Mental Health	\$12 copay Psychiatrist (initial visit) \$70 (ongoing visit) \$70 Psychologist, Licensed Clinical Social Worker \$70	\$12 copay Psychiatrist (initial visit) \$70 (ongoing visit) \$70 Psychologist, Licensed Clinical Social Worker \$70	\$42 consultation fee 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	
RediMD	\$0	\$0	\$30	
IMMEDIATE CARE				
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% 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
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
	Outpatient: You pay 30% 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
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
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)

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