

(2019-2020) New TRS ActiveCare Rates and Plan Changes

	FY2019			FY2020		
	TRS ActiveCare-1HD	TRS ActiveCare-Select	TRS ActiveCare-2	TRS ActiveCare-1HD	TRS ActiveCare-Select	TRS ActiveCare-2
Monthly Premiums						
Employee Only	\$367	\$540	\$782	\$378	\$556	\$852
Employee & Spouse	\$1,035	\$1,327	\$1,855	\$1,066	\$1,367	\$2,020
Employee & Children	\$701	\$876	\$1,163	\$722	\$902	\$1,267
Employee & Family	\$1,374	\$1,668	\$2,194	\$1,415	\$1,718	\$2,389
Average % Change				3.0%	3.0%	8.9%
Employer Contribution	\$260					
Monthly Premiums After Employer Contribution						
Employee Only	\$107	\$280	\$522	\$118	\$296	\$592
Employee & Spouse	\$775	\$1,067	\$1,595	\$806	\$1,107	\$1,760
Employee & Children	\$441	\$616	\$903	\$462	\$642	\$1,007
Employee & Family	\$1,114	\$1,408	\$1,934	\$1,155	\$1,458	\$2,129
	TRS ActiveCare-1HD	TRS ActiveCare-Select	TRS ActiveCare-2	TRS ActiveCare-1HD	TRS ActiveCare-Select	TRS ActiveCare-2
In-Network Deductible						
Individual	\$2,750	\$1,200	\$1,000	\$2,750	\$1,200	\$1,000
Family	\$5,500	\$3,600	\$3,000	\$5,500	\$3,600	\$3,000
In-Network Maximum Out-of-Pocket Limit						
Individual	\$6,650	\$7,350	\$7,650	\$6,650	\$7,350	\$7,350
Family	\$13,600	\$14,700	\$14,700	\$13,600	\$14,700	\$14,700
Out-of-Network Deductible						
Individual	\$5,500	N/A	\$2,000	\$5,500	N/A	\$2,000
Family	\$11,000		\$6,000	\$11,000		\$6,000
Out-of-Network Maximum Out-of-Pocket Limit						
Individual	\$13,300	N/A	\$14,700	\$13,300	N/A	\$14,700
Family	\$26,600		\$29,400	\$26,600		\$29,400
Other						
Specialist Office Visit	20% after deductible	\$70 copay	\$70 copay	20% after deductible	\$70 copay	\$70 copay
ER Copay	20% after deductible	\$250 copay plus 20% after deductible	\$250 copay plus 20% after deductible	20% after deductible	\$150 copay plus 20% after deductible	\$150 copay plus 20% after deductible
Free-Standing ER (FER)	\$500 copay plus 20% after deductible	\$500 copay plus 20% after deductible	\$500 copay plus 20% after deductible	\$500 copay plus 20% after deductible	\$500 copay plus 20% after deductible	\$500 copay plus 20% after deductible
Quest Diagnostic Lab	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
RX RETAIL (up to 31 day supply)						
Generic	20% after deductible	\$20 copay	\$20 copay	20% after deductible	\$20 copay	\$20 copay
Perferred Brand		\$40 copay	\$40 copay		\$40 copay	\$40 copay
Non-Preferred Brand	50% after deductible	50% coinsurance	50% coinsurance (Min \$65, Max \$130)	50% after deductible	50% coinsurance	50% coinsurance (Min \$65, Max \$130)
RX MAIL ORDER & RETAIL-PLUS (up to 90 day supply)						
Generic	20% after deductible	\$45 copay	\$45 copay	20% after deductible	\$45 copay	\$45 copay
Perferred Brand		\$105 copay	\$105 copay		\$105 copay	\$105 copay
Non-Preferred Brand	50% after deductible	50% coinsurance	50% coinsurance (Min \$180, Max \$360)	50% after deductible	50% coinsurance	50% coinsurance (Min \$180, Max \$360)
RX SPECIALTY PRESCRIPTION DRUG						
Specialty	20% after deductible	20% after deductible	\$200 (up to 31 day fill) \$400 (32-90 day fill)	20% coinsurance after deductible	20% coinsurance	20% coinsurance (Min \$200, Max \$900)

	FY2019		
	TRS ActiveCare-1HD	TRS ActiveCare-Select	TRS ActiveCare-2
Current Participation			
Employee Only	1536	137	108
Employee & Spouse	36	4	3
Employee & Children	409	66	55
Employee & Family	76	8	9
Total enrolled in Medical	2447		