(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**		

Scott and white - 46 Enrolled