



## 2016-2017 TRS-ActiveCare POS II Rates and Benefit Changes Changes Effective September 1, 2016

### TRS-ActiveCare 1-HD Premium Changes

Coverage Tier	2015-2016 Premiums	2016-2017 Premiums
Employee Only	\$341.00	\$341.
Employee & Spouse	\$914.00	\$914.
Employee & Child(ren)	\$615.00	\$615.
Employee & Family	\$1,231.00	\$1,231.00

*Gross monthly premiums before state and district contributions*

### TRS-ActiveCare 1-HD Benefit Changes

Benefit	2015-2016 Plan Year	2016-2017 Plan Year
Deductible	Individual - \$2,500 Family - \$5,000	No changes
Out-of-Pocket Maximum	Individual - \$6,450 Family - \$12,900	Individual - \$6,550 Family - \$13,100

*Gross monthly premiums before state and district contributions*

### TRS-ActiveCare Select Premium Changes

Coverage Tier	2015-2016 Premiums	2016-2017 Premiums
Employee Only	\$473.00	\$484.00
Employee & Spouse	\$1,122.00	\$1,147.00
Employee & Child(ren)	\$762.00	\$779.00
Employee & Family	\$1,331.00	\$1,361.00

*Gross monthly premiums before state and district contributions*

### TRS-ActiveCare Select Benefit Changes

Benefit	2015-2016 Plan Year	2016-2017 Plan Year
Deductible	Individual - \$1,200 Family - \$3,600	No changes
Out-of-Pocket Maximum	Individual - \$6,600 Family - \$13,200	Individual - \$6,850 Family - \$13,700
Retail Maintenance (after 1 <sup>st</sup> fill, up to 31-day supply)		
Generic	\$25 copay	\$35 copay
Preferred Brand	\$50 copay	\$60 copay
Non-Preferred Brand	50% coinsurance	50% coinsurance

## TRS-ActiveCare 2 Premium Changes

Coverage Tier	2015-2016 Premiums	2016-2017 Premiums
Employee Only	\$614.00	\$645.00
Employee & Spouse	\$1,478.00	\$1,552.00
Employee & Child(ren)	\$992.00	\$1,042.00
Employee & Family	\$1,521.00	\$1,597.00

*Gross monthly premiums before state and district contributions*

## TRS-ActiveCare 2 Benefit Changes

Benefit	2015-2016 Plan Year	2016-2017 Plan Year
Deductible	Individual - \$1,000 Family - \$3,000	No changes
Out-of-Pocket Maximum	Individual - \$6,600 Family - \$13,200	Individual - \$6,850 Family - \$13,700
Retail Maintenance (after 1 <sup>st</sup> fill, up to 31-day supply)		
Generic	\$25 copay	\$35 copay
Preferred Brand	\$50 copay	\$60 copay
Non-Preferred Brand	\$80 copay	\$90 copay

## Scott & White Premium Changes

Coverage Tier	2015-2016 Premiums	2016-2017 Premiums
Employee Only	\$503.60	\$530.16
Employee & Spouse	\$1,135.62	\$1,192.82
Employee & Child(ren)	\$798.30	\$839.16
Employee & Family	\$1,259.76	\$1,322.98

*Gross monthly premiums before state and district contributions*

## Scott & White Benefit Changes

Benefit	2015-2016 Plan Year	2016-2017 Plan Year
Deductible	Individual - \$800 Family - \$2,400	Individual - \$1,000 Family - \$3,000
Out-of-Pocket Maximum	Individual - \$5,000 Family - \$10,000	No change
Primary Care Office Visit Copay	\$20	\$20; copay for the first visit for illness waived, does not apply to wellness or preventive visits
Durable Medical Equipment Coinsurance	50% after deductible	20% after deductible
Manipulative Therapy	N/A	New benefit; 20% without office visit \$40 plus 20% with office visit (5 visits max per month, 35 max visit per year)
Prescription Drugs - Specialty Medications	Tier I - 10% after deductible Tier II - 20% after deductible Tier III - 30% after deductible Tier IV - 50% after deductible	20% after deductible