

2010-2011 Plan Highlights

Effective September 1, 2010 through August 31, 2011

***Network Level of Benefits**



TRS-ActiveCare
TEACHER RETIREMENT SYSTEM OF TEXAS

	ActiveCare 1-HD	ActiveCare 1	ActiveCare 2	ActiveCare 3
Deductible (per plan year)	\$2,400 employee-only \$2,400 employee and spouse, employee and child(ren), employee and family	\$1,200 per individual \$3,000 per family	\$500 per individual \$1,500 per family	None
Out-of-Pocket Maximum (per plan year; does not include deductible/copays)	\$3,000 employee-only \$5,000 employee and spouse, employee and child(ren), employee and family	\$2,000 per individual \$6,000 per family	\$2,000 per individual \$6,000 per family	\$1,000 per individual
Coinsurance Plan pays (up to allowable amount) Participant pays (after deductible)	80% 20%	80% 20%	80% 20%	80% 20%
Office Visit Copay Participant pays	20% after deductible	20% after deductible	\$30 for primary \$50 for specialist	\$20 for primary \$30 for specialist
Preventive Care Copay Services limited to one per person per plan year: routine physicals, OB/GYN well-woman exams, routine mammograms, and eye exams. Other services include well-baby exams, immunizations, hearing exams, and PSA, colorectal cancer, osteoporosis screenings	Plan pays 100% per visit (no copay up to \$500 per person, per plan year; remaining charges will be subject to deductible and coinsurance)	Plan pays 100% per visit (no copay up to \$500 per person, per plan year; remaining charges will be subject to deductible and coinsurance)	Participant pays \$30 for primary \$50 for specialist (no plan year maximum)	Participant pays \$20 for primary \$30 for specialist (no plan year maximum)
Prescription Drugs Drug Deductible (per plan year)	Subject to plan year deductible	Subject to plan year deductible	\$50 per person	\$50 per person
Retail Short-Term (up to a 30-day supply) • Generic Copay • Brand Copay (preferred list) • Brand Copay (non-preferred list)	Participant pays 20% after deductible	Participant pays 20% after deductible	Participant pays \$10 \$25** \$45**	Participant pays \$10 \$25** \$40**
Retail Maintenance (after second fill; up to a 30-day supply) • Generic Copay • Brand Copay (preferred list) • Brand Copay (non-preferred list)	Participant pays 20% after deductible	Participant pays 20% after deductible	Participant pays \$15 \$35** \$60**	Participant pays \$15 \$35** \$55**
Mail Order (up to a 90-day supply) • Generic Copay • Brand Copay (preferred list) • Brand Copay (non-preferred list)	Participant pays 20% after deductible	Participant pays 20% after deductible	Participant pays \$20.00 \$62.50** \$112.50**	Participant pays \$20.00 \$62.50** \$100.00**
Coppell ISD Rates for Fulltime Employees				
Employee Only	\$0	\$0	\$99	\$236
Employee and Spouse	\$380	\$380	\$604	\$916
Employee and Child(ren)	\$147	\$177	\$333	\$553
Employee and Family	\$578	\$449	\$694	\$1037

Part-time employees please contact the Benefits Office at 214-496-6028 for Plan rates.

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician.

* Illustrates benefits when network providers are used. Non-network benefits are also available; see Enrollment Guide for more information.

** If the patient obtains a brand-name drug when a generic equivalent is available, the patient will be responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug.

TRS-ActiveCare is administered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Blue Cross and Blue Shield of Texas provides claims payment services only and does not assume any financial risk or obligation with respect to claims. Prescription drug benefits are administered by Medco Health Solutions, Inc.

Copyright © 2009 Blue Cross and Blue Shield of Texas



BlueCross BlueShield of Texas

Experience. Wellness. Everywhere.™

medco

49706.0309