

BENEFIT OUTLINE

Benefit	TRS ActiveCare 1		Denton ISD PPO		TRS ActiveCare 2		TRS ActiveCare 3			
	Network	Non-network	Network	Non-network	Network	Non-network	Network	Non-network		
Deductible Individual Family	\$1,050 \$3,000		\$500/\$1,000 \$1,000/\$2,000		\$500 \$1,500		None None	\$500 \$1,500		
Coinsurance (plan pays after deductible) (employee pays after deductible)	80%	60%	80%	60%	80%	60%	80%	60%		
	20%	40%	20%	40%	20%	40%	20%	40%		
Out of Pocket Maximum (in addition to deductible) Individual Family	\$2,000 \$6,000		\$3,000 \$4,500	\$10,000 \$15,000	\$2,000 \$6,000		\$1,000 per individual	\$3,000 per individual		
Lifetime Maximum	Unlimited		\$2,000,000		Unlimited		Unlimited	\$1,000,000		
Office visit Primary/Specialist CoPay	Deductible and Coinsurance		\$25/\$35	Deductible and Coinsurance	\$25/\$35	Deductible and Coinsurance	\$20/\$30	Deductible and Coinsurance		
Emergency Room	Deductible and Coinsurance		Deductible and Coinsurance		Deductible and Coinsurance		\$100 Copay plus coinsurance	Deductible and Coinsurance		
Hospital Admission	Deductible and Coinsurance		Deductible and Coinsurance		Deductible and Coinsurance		\$100 per day deductible plus coinsurance	Deductible and Coinsurance		
Prescription Drugs	Medical Deductible plus Coinsurance (Discount card Included)				\$50 plan year prescription deductible until met by any combination of Network and Non-Network prescriptions, plus copay(s)					
Retail -30 day Generic					\$10	N/A	\$10	\$10*	\$10	\$10*
Preferred Brand					\$35	N/A	\$25	\$25*	\$25	\$25*
Non-Preferred Brand					\$35	N/A	\$45	\$45*	\$40	\$40*
					*plus over cost		*plus over cost			
Mail Order -90day Generic Preferred Brand Non-Preferred Brand	Medical Deductible plus Coinsurance (Discount card Included)		\$20 \$70 \$70	N/A N/A N/A	\$20 \$62.50 \$112.50	N/A N/A N.A	\$20 \$62.50 \$100.00	N/A N/A N.A		

BENEFIT OUTLINE

Benefit	Denton ISD Basic		Denton ISD
	Network	Non-network	IHB
Deductible Individual Family	\$2,000 N/A		Not a medical plan.
Coinsurance (plan pays after deductible) (employee pays after deductible)	50%	50%	
Out of Pocket Maximum (in addition to deductible) Individual Family	\$7,500 N/A	\$7,500 N/A	\$750 per day if in-patient
Lifetime Maximum	\$2,000,000		30-day calendar year max
Office visit Primary/Specialist CoPay	Deductible and Co-insurance		
Emergency Room	Deductible and Coinsurance		
Hospital Admission	Deductible and Coinsurance		\$50,000 life insurance
Prescription Drugs Retail -30 day Generic Preferred Brand Non-Preferred Brand	Medical Deductible plus Coinsurance (Discount card Included)		
Mail Order -90day Generic Preferred Brand Non-Preferred Brand	N/A		

BENEFIT COMPARISON

	TRS ActiveCare 1	Denton ISD	Denton ISD	TRS ActiveCare2	TRS ActiveCare3
Individual Deductible	\$1,050	\$1,000	\$500	\$500	None
If you have the network expenses below:					
\$75 for a visit to a primary care doctor	\$75 will be applied to your calendar year deductible. You pay \$75	\$25 co-pay applies. Plan pays \$50. You pay \$25	\$25 co-pay applies. Plan pays \$50. You pay \$25	\$25 co-pay applies. Plan pays \$50. You pay \$25	\$20 co-pay applies. Plan pays \$55. You pay \$20
Retail \$100 Preferred Brand Drug	\$100 applied to your calendar year deductible. You pay \$100	\$35 prescription co-pay applies. You pay \$35	\$35 prescription co-pay applies. You pay \$35	\$25 prescription co-pay applies. You pay \$25	\$25 prescription co-pay applies. You pay \$25
Mail Order \$150 Non-Preferred Brand Drug	\$150 applied to your calendar year deductible. You pay \$150	\$70 prescription co-pay applies. You pay \$70	\$70 prescription co-pay applies. You pay \$70	\$112.50 prescription co-pay applies. You pay \$112.50	\$100 prescription co-pay applies. You pay \$100
\$2000 Emergency Room Visit	\$725 will be applied to your calendar year deductible. Of the balance, you pay 20% of \$1,275 (\$255) and the plan pays 80% (\$1,020). Your total cost \$980	\$1,000 will be applied to your calendar year deductible. Of the balance, you pay 20% of \$1000 (\$200) and the plan pays 80% (\$800). Your total cost \$1,200	\$500 will be applied to your calendar year deductible. Of the balance, you pay 20% of \$1,500 (\$300) and (\$300) and the plan pays 80% (\$1,200). Your total cost \$800	\$500 will be applied to your calendar year deductible. Of the balance, you pay 20% of \$1,500 (\$300) and the plan pays 80% (\$1200). Your total cost \$800	\$100 co-pay applies. Of the balance, you pay 20% of \$1,900 (\$380) and the plan pays 80% (\$1,520). Your total cost \$480
TOTAL COST (EMPLOYEE)	\$1,305	\$1,330	\$930	\$962.50	\$625

PLAN PARTICIPATION

	TRs ActiveCare 1	Denton ISD	Denton ISD	TRs ActiveCare2	TRs ActiveCare3
		\$1,000	\$500		
2006 PARTICIPATION CENSUS	30,542 17.84%	1,298 48.96%	428 16.14%	122,659 71.63%	18,038 10.53%

Denton ISD	Denton ISD
Basic	IHB
352 13.28%	573 21.61%

PLAN RATE COMPARISON

Coverage Categories and Rates	TRS ActiveCare 1		Denton ISD				TRS ActiveCare 2		TRS ActiveCare 3	
	Total Cost	Maximum Employee Cost	Total Cost \$1,000 Deductible	Maximum Employee Cost	Total Cost \$500 Deductible	Maximum Employee Cost	Total Cost	Maximum Employee Cost	Total Cost	Maximum Employee Cost
Employee Only	\$249.00	\$10.00	\$347.40	\$108.40	\$397.40	\$158.40	\$331.00	\$92.00	\$446.00	\$207.00
Employee/Children	\$396.00	\$157.00	\$521.10	\$282.10	\$596.10	\$357.10	\$527.00	\$288.00	\$710.00	\$471.00
Employee/Spouse	\$566.00	\$327.00	\$694.80	\$455.80	\$794.80	\$555.80	\$753.00	\$514.00	\$1,014.00	\$775.00
Employee/Family	\$623.00	\$384.00	\$868.50	\$629.50	\$993.50	\$754.50	\$828.00	\$589.00	\$1,115.00	\$876.00

Denton ISD Basic	Denton ISD IHB
Paid for by the District	Paid for by the District