

# 2009-2010 PLAN HIGHLIGHTS

Effective September 1, 2009 through August 31, 2010

Network Level of Benefits\*



**TRS-ActiveCare**<sup>®</sup>

TEACHER RETIREMENT SYSTEM OF TEXAS

|                                                                                                                                                                                                                                                                                            | ActiveCare 1-HD                                                                                                                            | ActiveCare 1                                                                                                                               | ActiveCare 2                                                                 | ActiveCare 3                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Deductible</b><br>(per plan year)                                                                                                                                                                                                                                                       | \$2,300 employee-only<br>\$2,300 employee and spouse, employee and child(ren), employee and family                                         | \$1,150 per individual<br>\$3,000 per family                                                                                               | \$500 per individual<br>\$1,500 per family                                   | None                                                                         |
| <b>Out-of-Pocket Maximum</b><br>(per plan year; does not include deductible/copays)                                                                                                                                                                                                        | \$3,000 employee-only<br>\$5,000 employee and spouse, employee and child(ren), employee and family                                         | \$2,000 per individual<br>\$6,000 per family                                                                                               | \$2,000 per individual<br>\$6,000 per family                                 | \$1,000 per individual                                                       |
| <b>Coinsurance</b><br>Plan pays (up to allowable amount)<br>Participant pays (after deductible)                                                                                                                                                                                            | 80%<br>20%                                                                                                                                 | 80%<br>20%                                                                                                                                 | 80%<br>20%                                                                   | 80%<br>20%                                                                   |
| <b>Office Visit Copay</b><br>Participant pays                                                                                                                                                                                                                                              | 20% after deductible                                                                                                                       | 20% after deductible                                                                                                                       | \$25 for primary<br>\$35 for specialist                                      | \$20 for primary<br>\$30 for specialist                                      |
| <b>Preventive Care Copay</b><br>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 \$25 for primary \$35 for specialist (no plan year maximum) | Participant pays \$20 for primary \$30 for specialist (no plan year maximum) |
| <b>Prescription Drugs</b><br>Drug Deductible (per plan year)                                                                                                                                                                                                                               | Subject to plan year deductible                                                                                                            | Subject to plan year deductible                                                                                                            | \$50 per person                                                              | \$50 per person                                                              |
| <b>Retail Short-Term</b> (up to a 30-day supply)<br>• Generic Copay<br>• Brand Copay (preferred list)<br>• Brand Copay (non-preferred list)                                                                                                                                                | Participant pays 20% after deductible                                                                                                      | Participant pays 20% after deductible                                                                                                      | Participant pays<br>\$10<br>\$25**<br>\$45**                                 | Participant pays<br>\$10<br>\$25**<br>\$40**                                 |
| <b>Retail Maintenance</b> (after second fill; up to a 30-day supply)<br>• Generic Copay<br>• Brand Copay (preferred list)<br>• Brand Copay (non-preferred list)                                                                                                                            | Participant pays 20% after deductible                                                                                                      | Participant pays 20% after deductible                                                                                                      | Participant pays<br>\$15<br>\$35**<br>\$60**                                 | Participant pays<br>\$15<br>\$35**<br>\$55**                                 |
| <b>Mail Order</b> (up to a 90-day supply)<br>• Generic Copay<br>• Brand Copay (preferred list)<br>• Brand Copay (non-preferred list)                                                                                                                                                       | Participant pays 20% after deductible                                                                                                      | Participant pays 20% after deductible                                                                                                      | Participant pays<br>\$20.00<br>\$62.50**<br>\$112.50**                       | Participant pays<br>\$20.00<br>\$62.50**<br>\$100.00**                       |
| <b>Monthly Premium Cost</b>                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                                                            |                                                                              |                                                                              |
| Employee Only                                                                                                                                                                                                                                                                              | \$245                                                                                                                                      | \$278                                                                                                                                      | \$370                                                                        | \$498                                                                        |
| Employee and Spouse                                                                                                                                                                                                                                                                        | \$600                                                                                                                                      | \$633                                                                                                                                      | \$842                                                                        | \$1,134                                                                      |
| Employee and Child(ren)                                                                                                                                                                                                                                                                    | \$382                                                                                                                                      | \$443                                                                                                                                      | \$589                                                                        | \$794                                                                        |
| Employee and Family                                                                                                                                                                                                                                                                        | \$785                                                                                                                                      | \$697                                                                                                                                      | \$926                                                                        | \$1,247                                                                      |

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.



**BlueCross BlueShield of Texas**

Experience. Wellness. Everywhere.<sup>SM</sup>

*medco*<sup>®</sup>

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

49706.0309