### **Teacher Retirement System of Texas**

#### General Information

• <u>TRS Website</u> (trs.texas.gov)

Frequently Asked Questions about TRS-ActiveCare

• TRS Forms

#### **General Contact Information**

TRS-ActiveCare Customer Service: 1-866-355-5999 Blue Essentials Access (HMO): 1-888-378-1633

If you have any questions about your benefits, contact a Personal Health Guide at 1-866-355-5999.

Mailing Address for Claims Blue Cross and Blue Shield of Texas P.O. Box 660044 Dallas, TX 75266-0044

# **2024-2025:** ActiveCare Primary, ActiveCare Primary+, ActiveCare HD, & ActiveCare 2

#### Plan Specific Documentation

- <u>Regional Rates and Plan Highlights</u>
- Enrollment Video
- Enrollment Toolkit
- Annual Enrollment Guide

- <u>Coverage and Benefits</u>
- What Region is my District In?
  - o <u>AskTED</u>
  - o Participating District List

#### 2024-2025 Pharmacy/Prescriptions Resources

Express Scripts is the *NEW* administrator for your prescription drug plan. For questions about your pharmacy benefits, Use the following information:

Prescription Search: Express Scripts

Phone: 1-844-238-8084 Fax: 1-877-892-2484 Easy Rx Fax: EASYRX (1-888-327-9791) Hours: Monday – Friday, 7 a.m. to 7 p.m. \*\*Phone lines are closed on Thanksgiving and Christmas Email: <u>DublinSelectCSC@express-scripts.com</u>

## General Information, Resources, & Documentation

#### **General Information**

- <u>TRS-ActiveCare Home Page</u>
- Blue Access for Members
- Doctors and Hospitals
- Express Scripts

#### Additional Resources

- Member Rewards
- Nominate a Provider
- Primary Care Provider
- TRS Virtual Health
- Where To Go for Care
- <u>SurgeryPlus</u>

- <u>Express Scripts Temporary ID Card Template</u>
- Prior Authorization Requirements
- Employee Enrollment Presentation
- Downloadable Forms
- <u>Activate Your Health</u> Health and Wellbeing
- Fitness Program
- Well onTarget Wellness Program
- Women's and Family Health
- Mental Health
- Tools and Resources

#### Downloadable Forms

- Medical Claim Form (Domestic) English
- Medical Claim Form (Domestic) Spanish
- Medical Claim Form (International) English
- Medical Claim Form (International) Spanish
- Disabled Dependent Authorization Form English
- Disabled Dependent Authorization Form Spanish

- Transition of Care Form English
- Transition of Care Form Spanish
- HIPAA Standard Authorization Form English
- HIPAA Standard Authorization Form Spanish
- Out-of-State Dependent/Attestation Form
- Out-of-State Dependent/Attestation Form Spanish