TRS ACTIVECARE
TEACHER RETIREMENT SYSTEM OF TEXAS

TRS-ActiveCare
# PLAN HIGHLIGHTS 2026-27

## TRS-ActiveCare
# REGION 12

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## LEARN THE TERMS

- **PREMIUM:** The monthly amount you pay for health care coverage.
- **DEDUCTIBLE:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay.
- **COPAY:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- **COINSURANCE:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., you pay 20% while the health care plan pays 80%.
- **TIERING:** Grouping doctors and facilities into tiers based on quality, cost and best practice clinical guidelines. This helps you compare choices. Tier 1 providers and facilities offer top performance and best value. You pay less when you choose Tier 1 and may pay more when you choose Tier 2.
- **OUT-OF-POCKET MAXIMUM:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

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# 2026-27 TRS-ActiveCare Plan Highlights Sept. 1, 2026 – Aug. 31, 2027

TRS ActiveCare
TEACHER RETIREMENT SYSTEM OF TEXAS

## How to Calculate Your Monthly Premium

Total Monthly Premium
− Your Employer Contribution

= **Your Premium**

*Ask your Benefits Administrator for your district's specific premiums.*

## Being Healthy is Easy

- $0 preventive services
- One-on-one health coaches
- Weight loss programs and nutrition
- TRS Virtual Health
- Member Rewards is even better. Now you'll get a check when you use Member Rewards and choose low-cost, high-quality doctors and facilities – up to $599* per tax year.
- Airrosti Remote Recovery gives you in-home virtual physical therapy to relieve common aches and pains at no cost.*

** Eligibility rules may apply.*

*See the Annual Enrollment Guide for more details.*

## Mental Health

You have in-office and virtual benefits:

- TRS-ActiveCare Primary Plan: $30 copay for office visits or $0 with Teladoc
- TRS-ActiveCare Primary+ Plan: $15 copay for office visits or $0 with Teladoc
- TRS-ActiveCare HD Plan: 30% coinsurance after deductible or $42 with Teladoc
- TRS-ActiveCare 2 Plan: $20 copay for office visits or $12 with Teladoc

All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

**This plan is closed to new enrollees. Current TRS-ActiveCare 2 participants can stay enrolled.**

| | TRS-ActiveCare Primary | TRS-ActiveCare Primary+ | TRS-ActiveCare HD | TRS-ActiveCare 2 |
|---|---|---|---|---|
| Plan Summary | • Lowest premium of the three available plans<br>• Copays for doctor visits before you meet your deductible<br>• Statewide network<br>• Primary Care Provider referrals required to see specialists<br>• Not compatible with a Health Savings Account<br>• No out-of-network coverage | • Highest premium of the three available plans<br>• Copays for many services and drugs<br>• Lower deductible than the HD and Primary plans<br>• Statewide network<br>• Primary Care Provider referrals required to see specialists<br>• Not compatible with a Health Savings Account<br>• No out-of-network coverage | • Higher premium of the three available plans<br>• Must meet your deductible before plan pays for non-preventive care<br>• Nationwide network with out-of-network coverage<br>• No requirement for Primary Care Providers or referrals<br>• Compatible with a Health Savings Account | • Closed to new enrollees<br>• Current enrollees can choose to stay in the plan<br>• Lower deductible<br>• Copays for many services and drugs<br>• Nationwide network with out-of-network coverage<br>• No requirement for Primary Care Providers or referrals |

| Monthly Premiums | Total Premium | Employer Contribution | Your Premium | Total Premium | Employer Contribution | Your Premium | Total Premium | Employer Contribution | Your Premium | Total Premium | Employer Contribution | Your Premium |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Employee Only | $555 | | | $654 | | | $570 | | | $1,013 | | |
| Employee and Spouse | $1,499 | | | $1,701 | | | $1,539 | | | $2,402 | | |
| Employee and Children | $944 | | | $1,112 | | | $969 | | | $1,507 | | |
| Employee and Family | $1,887 | | | $2,159 | | | $1,938 | | | $2,841 | | |

| Plan Features | | | | | | |
|---|---|---|---|---|---|---|
| Type of Coverage | In-Network Coverage Only | In-Network Coverage Only | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Individual/Family Deductible | $2,500/$5,000 | $1,200/$2,400 | $3,400/$6,800 | $6,800/$13,600 | $1,000/$3,000 | $2,000/$6,000 |
| Coinsurance | You pay 30% after deductible | You pay 20% after deductible | You pay 30% after deductible | You pay 50% after deductible | You pay 20% after deductible | You pay 40% after deductible |
| Individual/Family Maximum Out of Pocket | $8,050/$16,100 | $6,900/$13,800 | $8,300/$16,600 | $20,500/$41,000 | $7,900/$15,800 | $23,700/$47,400 |
| PCP Required | Yes | Yes | No | | No | |

| Doctor Visits | | | | | | |
|---|---|---|---|---|---|---|
| Primary Care | $30 copay | $15 copay | You pay 30% after deductible | You pay 50% after deductible | Tier 1: $20 copay<br>Tier 2: $40 copay | You pay 40% after deductible |
| Specialist | $70 copay | $70 copay | You pay 30% after deductible | You pay 50% after deductible | Tier 1: $55 copay<br>Tier 2: $85 copay | You pay 40% after deductible |

| Immediate Care | | | | | | |
|---|---|---|---|---|---|---|
| Urgent Care | $50 copay | $50 copay | You pay 30% after deductible | You pay 50% after deductible | $50 copay | You pay 40% after deductible |
| Emergency Care | You pay 30% after deductible | You pay 20% after deductible | You pay 30% after deductible | | You pay a $250 copay plus 20% after deductible | |
| TRS Virtual Health-RediMD™ | $0 per medical consultation | $0 per medical consultation | $30 per medical consultation | | $0 per medical consultation | |
| TRS Virtual Health-Teladoc® | $12 per medical consultation | $12 per medical consultation | $42 per medical consultation | | $12 per medical consultation | |

| Prescription Drugs | | | | |
|---|---|---|---|---|
| Drug Deductible | Integrated with medical | $200 deductible per participant (brand drugs only) | Integrated with medical | $200 brand deductible |
| Generics (31-Day Supply/90-Day Supply) | $15/$45 copay; $0 copay for certain generics | $15/$45 copay | You pay 20% after deductible; $0 coinsurance for certain generics | $20/$45 copay |
| Preferred (Max does not apply if brand is selected and generic is available) | You pay 30% after deductible | You pay 25% after deductible ($100 max)/<br>You pay 25% after deductible ($265 max) | You pay 25% after deductible | You pay 25% after deductible ($40 min/$80 max)/<br>You pay 25% after deductible ($105 min/$210 max) |
| Non-preferred | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible ($100 min/$200 max)/<br>You pay 50% after deductible ($215 min/$430 max) |
| Specialty (31-Day Max)<br>Call **1-844-367-6108** to see if your specialty medication is covered by SaveOnSP. | You pay 30% after deductible;<br>$0 if SaveOnSP eligible | You pay 20% after deductible ($500 max);<br>$0 if SaveOnSP eligible | You pay 20% after deductible | You pay 30% after deductible ($200 min/$900 max);<br>$0 if SaveOnSP eligible |
| Insulin Out-of-Pocket Costs | $25 copay for 31-day supply;<br>$75 for 61- to 90-day supply | $25 copay for 31-day supply;<br>$75 for 61- to 90-day supply | You pay 25% after deductible | $25 copay for 31-day supply; $75 for 61- to 90-day supply |

**Questions?**

Call a Personal Health Guide at **1-866-355-5999** for help with medical services.
Call Express Scripts® by Evernorth Pharmacy Benefit Services at **1-844-367-6108** for help with your pharmacy benefits.

## Compare Prices for Common Medical Services

**Closed to new enrollees.**

| Benefit | TRS-ActiveCare Primary | TRS-ActiveCare Primary+ | TRS-ActiveCare HD | | TRS-ActiveCare 2 | |
|---|---|---|---|---|---|---|
| | In-Network Only | In-Network Only | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Diagnostic Labs | Office/Independent Lab: You pay $0 | Office/Independent Lab: You pay $0 | You pay 30% after deductible | You pay 50% after deductible | Office/Independent Lab: You pay $0 | You pay 40% after deductible |
| | Outpatient: You pay 30% after deductible | Outpatient: You pay 20% after deductible | | | Outpatient: You pay 20% after deductible | |
| High-Tech Imaging (like CT Scan, Mammogram and MRI) | You pay 30% after deductible | You pay 20% after deductible | You pay 30% after deductible | You pay 50% after deductible | You pay 20% after deductible + $100 copay per procedure | You pay 40% after deductible + $100 copay per procedure |
| Outpatient (like colonoscopy, cataract surgery and steroid injections) | You pay 30% after deductible | You pay 20% after deductible | You pay 30% after deductible | You pay 50% after deductible | You pay 20% after deductible ($150 facility copay per incident) | You pay 40% after deductible ($150 facility copay per incident) |
| Inpatient (like childbirth, complex joint replacement and cardiac surgery) | You pay 30% after deductible | You pay 20% after deductible | You pay 30% after deductible | You pay 50% after deductible ($500 facility per day maximum) | You pay 20% after deductible ($150 facility copay per day) | You pay 40% after deductible ($500 facility copay per incident) |
| Freestanding Emergency Room | You pay $500 copay + 30% after deductible | You pay $500 copay + 20% after deductible | You pay $500 copay + 30% after deductible | You pay $500 copay + 50% after deductible | You pay $500 copay + 20% after deductible | You pay $500 copay + 40% after deductible |
| Bariatric Surgery | Facility: You pay 30% after deductible | Facility: You pay 20% after deductible | Not Covered | Not Covered | Facility: You pay 20% after deductible ($150 facility copay per day) | Not Covered |
| | Professional Services: You pay $5,000 copay + 30% after deductible | Professional Services: You pay $5,000 copay + 20% after deductible | | | Professional Services: You pay $5,000 copay + 20% after deductible | |
| | Only covered if rendered at a BDC+ facility | Only covered if rendered at a BDC+ facility | | | Only covered if rendered at a BDC+ facility | |
| Annual Vision Exam (one per plan year) | Specialist: You pay $70 copay | Specialist: You pay $70 copay | You pay 30% after deductible | You pay 50% after deductible | Tier 1 Specialist: $55 copay<br>Tier 2 Specialist: $85 copay | You pay 40% after deductible |
| Annual Hearing Exam (one per plan year) | PCP: $30 copay<br>Specialist: $70 copay | PCP: $15 copay<br>Specialist: $70 copay | You pay 30% after deductible | You pay 50% after deductible | Tier 1 PCP: $20 copay<br>Tier 2 PCP: $40 copay<br>Tier 1 Specialist: $55 copay<br>Tier 2 Specialist: $85 copay | You pay 40% after deductible |