

2011-2012 PLAN HIGHLIGHTS

Effective September 1, 2011 through August 31, 2012

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	\$750 per individual \$2,250 per family	\$300 per individual \$900 per family
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 See reverse side for a list of covered services	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
High-tech Radiology (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	20% after deductible	\$100 copay, plus 20% after deductible	\$100 copay, plus 20% after deductible
Inpatient Hospital (facility charges) Participant pays	20% after deductible	20% after deductible	\$150 copay per day, plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)	\$150 copay per day, plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)
Emergency Room Participant pays	20% after deductible	20% after deductible	\$150 copay plus 20% after deductible (copay waived if admitted)	\$150 copay plus 20% after deductible (copay waived if admitted)
Outpatient Surgery Participant pays	20% after deductible	20% after deductible	\$150 copay per visit plus 20% after deductible	\$150 copay per visit plus 20% after deductible
Prescription Drugs Drug Deductible (per plan year)	Subject to plan year deductible	Subject to plan year deductible	\$100 per person	\$75 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 \$15 \$35** \$60**	Participant pays \$15 \$35** \$60**
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 \$20 \$45** \$75**	Participant pays \$20 \$45** \$75**
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 \$ 45 \$105** \$180**	Participant pays \$ 45 \$105** \$180**
Specialty Drugs	Participant pays 20% after deductible	Participant pays 20% after deductible	\$200 per fill	\$200 per fill
Monthly Premium Cost				
Employee Only	\$287	\$325	\$ 434	\$ 584
Employee and Spouse	\$703	\$741	\$ 987	\$1,328
Employee and Child(ren)	\$448	\$519	\$ 690	\$ 931
Employee and Family***	\$920	\$817	\$1,085	\$1,461

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.

*** Employee and Family coverage is more expensive for ActiveCare 1-HD than ActiveCare 1 because the deductible and out-of-pocket maximum amounts for family are less and the plan may begin paying benefits sooner. Employee and Family coverage is less expensive for ActiveCare 1 than ActiveCare 1-HD because the deductible and out-of-pocket maximum amounts for family are greater, and it will take longer to accumulate the medical and prescription drug expenses to satisfy these amounts.



BlueCross BlueShield of Texas

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List of Covered Preventive Care Services
Effective September 1, 2011, Plans Pay 100% When Using Network Providers*

Children and Adolescents	Adults	
<p>Newborns</p> <ul style="list-style-type: none"> • Screening for hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) • Gonorrhea preventive medication for eyes <p>Immunizations</p> <ul style="list-style-type: none"> • Diphtheria, Tetanus, Pertussis • Haemophilus influenzae type B • Hepatitis A and B • Human Papillomavirus (HPV) • Influenza (Flu) • Measles, Mumps, Rubella • Meningococcal • Pneumococcal (pneumonia) • Inactivated Poliovirus • Rotavirus • Varicella (chickenpox) <p>Childhood health screenings</p> <ul style="list-style-type: none"> • Medical history for all children throughout development • Height, weight and Body Mass Index (BMI) measurements • Developmental screening • Autism screening • Behavioral assessment • Vision screening • Oral health risk assessment • Hematocrit or hemoglobin screening • Obesity screening and weight management counseling • Iron supplements • Fluoride supplements • Lead screening • Dyslipidemia screening • Tuberculin testing <p>Adolescent health screenings</p> <ul style="list-style-type: none"> • Depression screening • Alcohol and drug use assessment • Counseling to prevent sexually transmitted infections (STIs) • Cervical dysplasia screening • HIV screening 	<p>General health screenings</p> <ul style="list-style-type: none"> • Blood pressure screening • Cholesterol screening • Type 2 diabetes screening • HIV and sexually transmitted infections (STIs) screenings <p>Health Counseling</p> <p>Doctors are encouraged to counsel patients about these health issues and refer them to appropriate resources as needed:</p> <ul style="list-style-type: none"> • Healthy diet • Weight loss • Tobacco use • Alcohol misuse • Depression • Prevention of sexually transmitted infections (STIs) • Use of aspirin to prevent cardiovascular disease <p>Immunizations</p> <ul style="list-style-type: none"> • Hepatitis A and B • Herpes Zoster (Shingles) • Human Papillomavirus (HPV) • Influenza (Flu) • Measles, Mumps, Rubella • Meningococcal • Pneumococcal (pneumonia) • Tetanus, Diphtheria, Pertussis • Varicella (chickenpox) 	<p>Women</p> <ul style="list-style-type: none"> • Osteoporosis screening • Chlamydia infection screening • Gonorrhea and syphilis screening • BRCA counseling about genetic testing <p>Pregnant Women</p> <ul style="list-style-type: none"> • Folic acid supplements • Anemia screening for iron deficiency • Tobacco cessation counseling • Syphilis screening • Hepatitis B screening • Rh incompatibility blood type testing • Bacteriuria urinary tract infection screening • Breastfeeding education <p>Men</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm one-time screening <p>Cancer screenings</p> <ul style="list-style-type: none"> • Breast cancer mammography • Breast cancer chemoprevention counseling • Cervical cancer pap test for women • Colorectal cancer screenings including fecal occult blood testing, sigmoidoscopy or colonoscopy • Prostate cancer (PSA) screening for men
		

Note: If you receive preventive services during an office visit, you will be required to pay any applicable coinsurance or copayment if the doctor does not bill or code separately for the service and the primary reason for the visit is not to receive the preventive service. If you receive preventive services from a non-network provider, you will be responsible for any applicable deductible and coinsurance.