

2009-2010 PLAN HIGHLIGHTS

Effective September 1, 2009 through August 31, 2010

Network Level of Benefits*



TRS-ActiveCare[®]

TEACHER RETIREMENT SYSTEM OF TEXAS

	ActiveCare 1-HD	ActiveCare 1	ActiveCare 2	ActiveCare 3
Deductible (per plan year)	\$2,300 employee-only \$2,300 employee and spouse, employee and child(ren), employee and family	\$1,150 per individual \$3,000 per family	\$500 per individual \$1,500 per family	None
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	\$25 for primary \$35 for specialist	\$20 for primary \$30 for specialist
Preventive Care Copay 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)
Prescription Drugs Drug Deductible (per plan year)	Subject to plan year deductible	Subject to plan year deductible	\$50 per person	\$50 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 \$10 \$25** \$45**	Participant pays \$10 \$25** \$40**
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 \$15 \$35** \$60**	Participant pays \$15 \$35** \$55**
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 \$20.00 \$62.50** \$112.50**	Participant pays \$20.00 \$62.50** \$100.00**
Monthly Premium Cost				
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.



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