BlueCross BlueShield of Texas

ACTIVATE YOUR HEALTH

TRS-ActiveCare Annual Enrollment

July 15 – Aug. 21, 2020

Enrollment dates may vary.
Check with your district.

TRS ACTIVECARE
TEACHER RETIREMENT SYSTEM OF TEXAS

www.bcbstx.com/trsactivecare | 1-866-355-5999

Welcome

Welcome to the 2020-21 TRS-ActiveCare Annual Enrollment!
We connected with your districts, who shared your valuable feedback, and we listened.

You said you wanted:

- more affordable family coverage
- more network choices for quality care
- lower premiums and lower copays for doctor visits
- simplified coverage
- regional boundaries removed

Together with Blue Cross and Blue Shield of Texas (BCBSTX), the only statewide, customer-owned health insurer in Texas, we're providing several plans for Texas public education employees to meet a variety of health care needs and budgets.

The 2020-21 TRS-ActiveCare plans offer improved pricing, enhanced benefits, lower premiums for family coverage, a wider network of providers and hospitals and many wellness-focused tools to help Activate Your Health and empower you to live your healthiest life.

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Know the Terms

Coinsurance: The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e., you pay 20%, while the health care plan pays 80%.

Copay: The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.

Deductible: The annual amount for medical expenses you're responsible for paying before your plan begins to pay its portion.

Emergency: The sudden and unexpected change in a person's physical or mental condition which, if medical care is not given immediately, could, result in:

- placing the person's health in serious jeopardy
- serious impairment to bodily function
- serious dysfunction of a body part or organ
- serious disfiguration
- serious jeopardy to the health of a fetus

Generic drug: A prescription drug that is the generic equivalent of a brand name drug listed on your health plan's formulary and costs less than the brand name drug.

Maximum out-of-pocket (MOOP): The maximum amount you pay each year for medical costs. After reaching the maximum out-of-pocket, the plan pays 100% of allowable charges for covered services.

Preauthorization: The process by which participants or their primary care provider (PCP) notify the health plan in advance of treatment plans, such as a hospital admission or a complex diagnostic test.

Premium: The monthly amount you pay for health care coverage.

Preventive care services: Routine health care that includes screenings, check-ups and patient counseling to prevent illnesses, disease or other health problems.

Primary care provider (PCP): The provider you choose to be your primary source for medical care. With some plans, your PCP coordinates all your medical care, including hospital admissions and referrals to specialists. Not all health plans require a PCP.

Referral: A written authorization from a participant's PCP to receive care from a different contracted provider, specialist or facility.

Specialist: A health care professional whose practice is limited to a certain branch of medicine, including specific procedures, age categories, body systems or certain types of diseases.

What's New & What's Changing?

TRS-ActiveCare is a self-funded program, which means TRS pays health care claims out of its revenues.

Every year, we review the finances of the TRS-ActiveCare program to see if we need to make changes to stay in budget while still meeting the needs of our participants. This, along with the feedback we heard from your districts, is why BCBSTX will be your medical benefits carrier this year. With more than $300 million in savings from this change, we can put district feedback into action.

WHAT WE HEARD	OUR SOLUTIONS
Lower total premiums	• Premium decrease for many participants, including up to an 8% decrease in tiers for families with children • New plan with a lower premium and copays for doctor visits
Make coverage more affordable for families	• Lower individual deductibles for family plans so the plan begins to pay sooner
Simplify coverage	• Copays for doctor visits on new plan • Eliminate outpatient surgery and ER copays on TRS-ActiveCare Primary+ plan
Eliminate county boundaries in the TRS-ActiveCare Select Plan	• Offer statewide network instead of regional networks
Maintain a choice between a broad network and a more exclusive one	• Enhance existing plans and keep option for access to nationwide network

ACTIVATE YOUR HEALTH

With these big changes, we encourage participants to look closely at each plan and choose what best meets your needs. Use Annual Enrollment as an opportunity to Activate Your Health.

We have two new plans.

TRS-ActiveCare Primary (New)

- lowest premium and copays for doctor visits and generic drugs, before you meet your deductible
- new, statewide network replaces regional networks to give you more choices
- PCP required
- referrals needed for specialist visits

TRS-ActiveCare Primary+ (New, most similar to Select plan)

- 8% lower premiums for all coverage options
- lower maximum out-of-pocket (MOOP) amounts (-$1,000 individual/-$2,000 family)
- more provider options with new, statewide network replacing regional networks
- PCP required
- referrals needed for specialist visits
- lower out-of-pocket costs for outpatient surgery, ER visits, advanced imaging and hospital stay
- $30 copay for certain therapies, like physical or speech therapy — $40 less than last year

We've made some changes to these plans.

TRS-ActiveCare HD (formerly 1-HD)

- less than $20 increase in total monthly premium for employee-only coverage
- up to 3% lower premiums for plans covering children
- individuals on family plans only need to meet their individual deductible; coinsurance coverage begins sooner
- increase in deductibles (+$50 individual/+$100 family) and MOOPs (+$150 individual/+$300 family) to align with IRS guidelines

TRS-ActiveCare 2 (closed to new enrollees)

- 10% higher premiums for individual and family coverage that reflect the higher costs of those enrolled in this plan

The portion of the total premium employees pay varies by district. Check with your Benefits Administrator for your specific premium.

Enrollment Checklist

During Annual Enrollment, think about how you use health care and whether your current plan is still a good fit for you and your family in the future. Do you have any upcoming surgeries? Are you planning to start a family? Are you getting married?

Compare the benefits and costs of each plan before you make a decision. This checklist can help you remember what to think about as you go through the Annual Enrollment Guide.

Enroll between July 15 – Aug. 21, 2020
Enrollment dates may vary. Check with your district.

- ✓ Understand the difference in the types of plans – nationwide vs. statewide.
- ✓ Know what plans require a PCP.
- ✓ Understand what you'll pay for monthly premiums, copays, coinsurance and deductibles. Copays for specialists and for prescriptions may be different.
- ✓ Check to make sure the doctors and hospitals you prefer are in network for the plan you choose.
- ✓ Understand that going out of network will cost you more – or that you may not be covered at all.
- ✓ Make sure you know your annual maximum out-of-pocket (MOOP) amounts.
- ✓ Know the preventive screenings and care that are covered at no cost.
- ✓ Remember that once you've enrolled, you can't change plans during the plan year (Sept. 1, 2020 – Aug. 31, 2021) unless you have a special enrollment event (see page 48).

We're here to help.

Visit **www.bcbstx.com/trsactivecare** for information about the 2020-21 plans including premiums, copays and what's changed from last year.

Call a **Personal Health Guide** at **1-866-355-5999** Monday through Friday from 7 a.m. to 6 p.m.* to get help with:

- health plan and prescription drug benefits questions
- finding in-network providers
- choosing a PCP
- transition of care

*Beginning Sept. 1, 2020, hours are 24/7.

Watch our **Annual Enrollment video** at **www.bcbstx.com/trsactivecare** to get an overview of the new TRS-ActiveCare plans.

Ask Emma. She's your personalized virtual assistant. Emma can help choose the plan that's right for you based on things like your age, gender, where you live and your budget. She'll even look at your current health care needs, like prescription drugs you're taking or how often you may need to visit your doctor. Then, she'll find the plan that's right for you. You can find Emma at **trsactivecare.bswift.com**.

Talk with your **Benefits Administrator** if you have questions about TRS-ActiveCare. They can tell you what your district pays toward your premiums.

NEED TO KNOW

You'll have to actively enroll or decline coverage if you:

- are newly eligible
- are changing plans or adding/removing dependent(s)
- do not want coverage for 2020-21
- want to choose the TRS-ActiveCare Primary plan

Your 2019-20 plan election will carry forward from last year if you don't actively enroll in a 2020-21 TRS-ActiveCare plan. The chart below shows your new plan if you choose not to actively enroll.

2019-20 TRS-ACTIVECARE PLANS	PLAN YOU'LL BE ENROLLED IN ON SEPT. 1, 2020 IF NO ACTION IS TAKEN
TRS-ActiveCare 1-HD	TRS-ActiveCare HD
TRS-ActiveCare Select	TRS-ActiveCare Primary+
TRS-ActiveCare 2	TRS-ActiveCare 2
First Care Health Plan or Scott and White Health Plan - West Texas HMO	Blue Essentials - West Texas HMO
Scott and White Health Plan - Central and North Texas HMO	Scott & White Care Plans - Central and North Texas HMO
Blue Essentials℠ - South Texas HMO	Blue Essentials - South Texas HMO

Note: If you are currently enrolled in the TRS-ActiveCare Select plan and do not take action during Annual Enrollment, you will be enrolled in TRS-ActiveCare Primary+ plan, and a PCP will be assigned to you. We encourage you to actively choose a PCP if you will be on the new TRS-ActiveCare Primary+ plan.

Enrollment & Eligibility

Who Can Enroll in TRS-ActiveCare?

You

To be eligible for TRS-ActiveCare, an individual:

- must either be (i) a participating member who is currently employed by a participating district/entity who is also eligible for TRS pension membership, or (ii) an individual who's currently employed by a participating district/entity for 10 or more regularly scheduled hours each week in a position that is not eligible for TRS pension membership; and
- must **not be** receiving health care coverage as an employee or retiree under (i) the Texas State College and University Employees Uniform Insurance Benefits Act (for example, coverage offered by The University of Texas System or the Texas A&M University System); (ii) the Texas Employees Uniform Group Insurance Benefits Act (for example, coverage offered by ERS); or (iii) TRS-Care.

Although a retiree, a higher education employee, or a state employee may not be covered as an **employee** of a participating district/entity, they may be able to be covered as a **dependent** of an eligible employee. Employees covered as dependents by a higher education entity or a state program may also be able to be covered under TRS-ActiveCare as an employee.

Note: Under Section 22.004 of the Texas Education Code, and TRS rules, an employee participating in TRS-ActiveCare is entitled to continue participating if they resign after the end of the instructional year and, on the effective date of resignation, are in good standing with TRS-ActiveCare. TRS Rule 41.38 of the Texas Administrative Code, will be applied by TRS-ActiveCare to determine when TRS-ActiveCare coverage terminates. This is important when planning for retirement and determining when your TRS-Care coverage will begin. Be sure to talk with your employer about your health coverage options when planning for retirement.

Your Eligible Dependents

You can cover your eligible dependents including:

- Your spouse, including a common law spouse (a common law spouse is not considered eligible unless there is a Declaration of Informal Marriage filed with an authorized government agency)
- A child under the age of 26 who is:
  - a natural child
  - an adopted child or child lawfully placed for adoption
  - a stepchild
  - a foster child
  - a child under your legal guardianship
- A grandchild under age 26 whose primary residence is your household and who is your dependent for federal income tax reporting in the year when their coverage is in effect*
- Any 'other dependent' under the age of 26 in a regular parent-child relationship with you (other than described above), meeting all these requirements:
  - the child's primary residence is your household
  - you provide at least 50% of the child's support
  - neither of the child's natural parents live in your household
  - you have the legal right to make decisions about the child's medical care**
- Your child age 26 or older who is:
  - mentally or physically incapacitated
  - dependent on you on a regular basis, as determined by TRS
  - who meets other requirements, as determined by TRS

To add a child who is mentally or physically incapacitated, you and your child's doctor must fill out a *Dependent Child Statement of Disability* to provide satisfactory proof of the disability and dependency. These forms must be turned in no later than 31 days after the date the child turns age 26, or after the event date. To avoid gaps in coverage, the forms must be turned in and approved before the end of the month in which your child turns 26, or after the event date. The form is available at **www.bcbstx.com/trsactivecare**.

A dependent does **not** include your brother or sister unless they are **under** 26 years of age and either:

- under your legal guardianship, or
- in a regular parent-child relationship with you, as defined in the 'any other child' category

Your parents and grandparents are **not** eligible dependents.

Note: It's against the law to elect coverage for an ineligible person. Violations may result in prosecution and expulsion from the TRS-ActiveCare program for up to five years.

What Is CHIP and Is It Available to My Family?

The Children's Health Insurance Program (CHIP) provides low-cost children's health insurance. To find out if your family qualifies and to apply, call CHIP at **1-800-647-6558** or **211**, or visit **www.texaschildrenshealthplan.org**.

Note: A child can't receive coverage under both TRS-ActiveCare and CHIP.

* For the purposes of dependent eligibility under TRS-ActiveCare, a grandchild is not considered a child.

** This requirement does not apply to dependents age 18 and over.

What are the Differences Between the TRS Statewide and Nationwide Plans?

As you think about choosing a health plan during Annual Enrollment, it's important to understand the differences between our statewide and nationwide plans. This table summarizes the main differences.

STATEWIDE PLANS	NATIONWIDE PLANS
TRS-ActiveCare Primary TRS-ActiveCare Primary+	TRS-ActiveCare HD TRS-ActiveCare 2 *closed to new enrollees*
PCP is required	No PCP required
Statewide network of providers	Nationwide network of providers
No out-of-network coverage except in emergency situations	Out-of-network coverage, but it will cost more than in-network
Lower in-network deductibles and copays	Higher deductibles and coinsurance
Usually more affordable	Usually more expensive
Referrals are required to see specialists	No referrals are required to see specialists

Our statewide plans may be right for you if:

- one of your family members has a chronic health condition like arthritis or heart disease or if someone in your family has a risk factor, like high blood pressure
- you want your doctor to actively manage your health care with other providers
- you have specific health goals you'd like help achieving

Our nationwide plans might be right for you if:

- you or your family members don't have chronic health conditions
- you want the freedom to choose any provider, even out of network
- you live in Texas but must receive care from providers that are in another state

Regardless of what type of plan you choose, we highly encourage you to choose a PCP. TRS-ActiveCare Primary and TRS-ActiveCare Primary+ require you to have a PCP. Even if you don't enroll in one of those plans, a PCP can benefit your health and budget.

A PCP will:

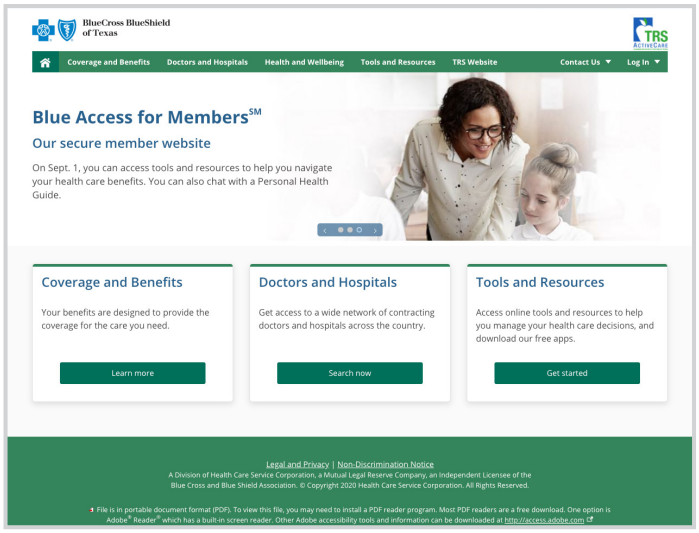
- manage your routine and preventive health care
- understand your unique needs and overall health
- coordinate care with other providers who treat chronic or serious health issues
- refer you to specialists and coordinate your care, so you're always in network

Remember, if you enroll in either the TRS-ActiveCare Primary plan or TRS-ActiveCare Primary+ plan, and you use any provider who is not your PCP or a specialist referred by your PCP, **your claims will be denied**, even if the provider is in-network. This means you'll have to pay full price for your care.

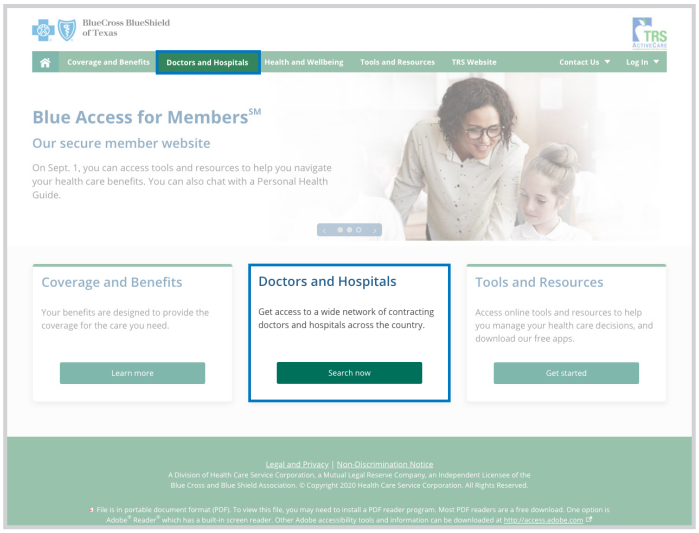
Finding and Choosing a PCP During Annual Enrollment

If you had the TRS-Active Care Select plan last year, the PCP selection fields of your enrollment application may be prepopulated with the name of a doctor who you've used in the past. If you're happy with that selection, you don't need to do anything. However, if you'd like to change it, please follow the instructions below. A Personal Health Guide can also help you. Just call **1-866-355-5999** Monday through Friday from 7 a.m. to 6 p.m.

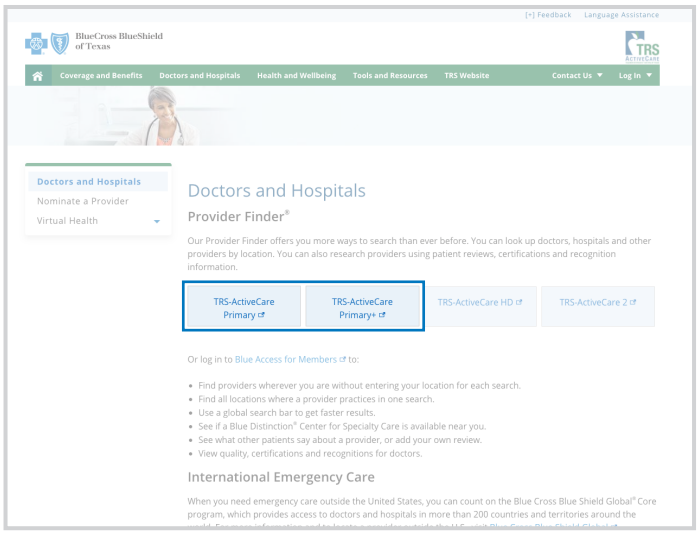
If you're enrolling in TRS-ActiveCare Primary or TRS-ActiveCare Primary+:



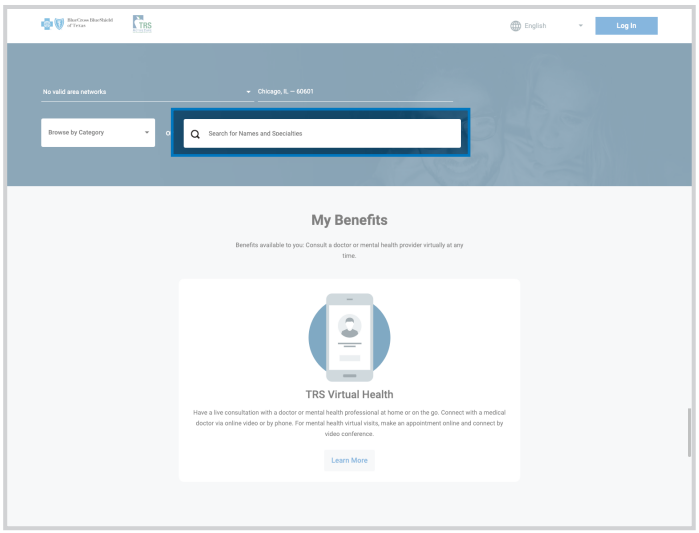
1. Go to **www.bcbstx.com/trsactivecare**



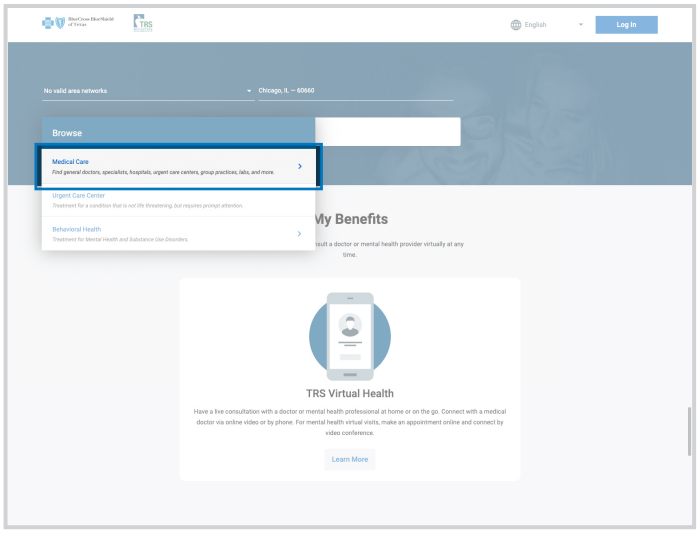
2. Click on the **Doctors and Hospitals tab**



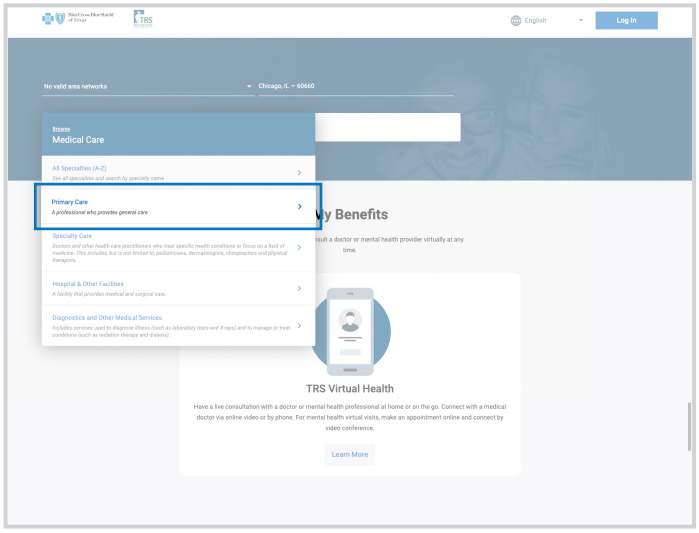
3. Click on **TRS-ActiveCare Primary** or **TRS-ActiveCare Primary+**



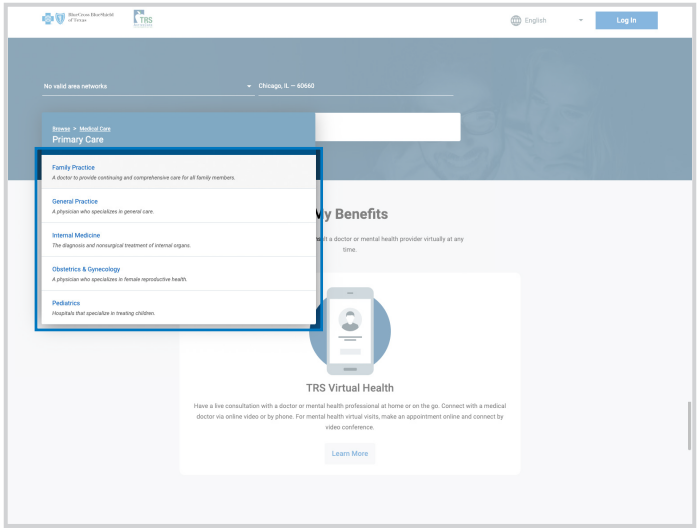
4. If you know the name of the PCP you would like to select, search by **Name and Specialties**



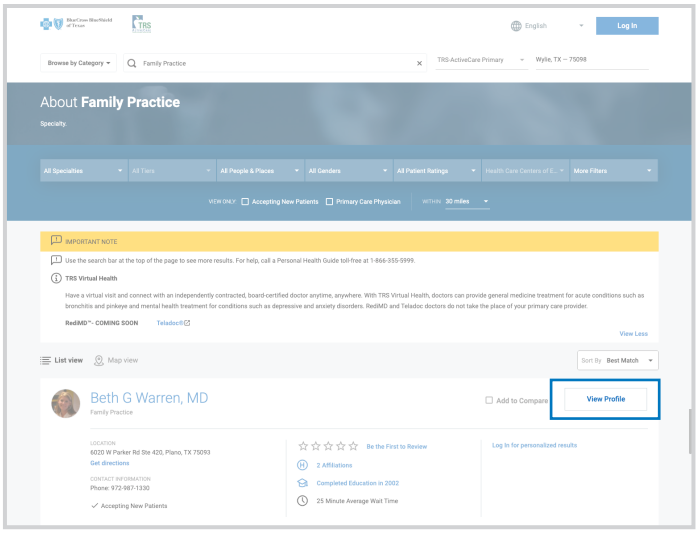
5. If you don't have a PCP in mind, **Browse by Category** and select **Medical Care** from the drop-down menu



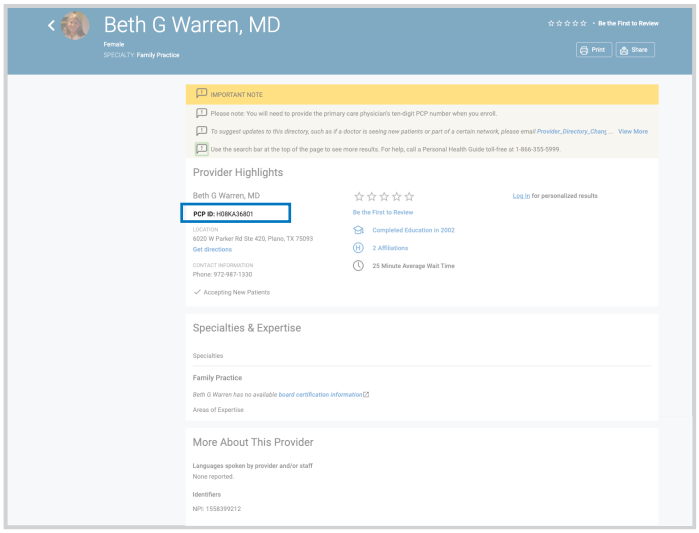
6. Next, select **Primary Care**



7. Choose **Family Practice**, **General Medicine, Internal Medicine, Obstetrics & Gynecology or Pediatrics** to narrow your search



8. Pick a **PCP** from the providers listed and click on **View Profile**



9. Locate the **10-digit provider ID number** at the very top of the page under **Provider Highlights**. You will need the PCP ID number for your enrollment application.

Important Tips:

- You will need to choose a PCP for each covered family member.
- The entire family can select the same PCP, or each family member can have a different PCP.
- If you don't choose a PCP, one will be assigned to you. You can always change it later, but it's recommended that you select a PCP you think would be a good fit for you and your family.

Changing Your PCP After Annual Enrollment

After Sept. 1, you're able to change your PCP at any time. You can call a Personal Health Guide 24/7 at **1-866-355-5999** to get help finding, choosing and changing your PCP. You can also visit **www.bcbstx.com/trsactivecare** to log into Blue Access for Members℠ (BAM℠) to change your PCP online. If you change your PCP online after Sept. 1, the change will be effective the first day of the following month. If you need the change to take effect sooner, call a Personal Health Guide for help.

Personal Health Guides are available Monday through Friday from 7 a.m. to 6 p.m. Beginning Sept. 1, hours are 24/7.

Overview of TRS-ActiveCare Plans

TRS-ActiveCare Primary *(New)*

This is a new plan for 2020-21. You must actively enroll to be in this plan.

This new physician-directed, statewide plan has a lower monthly premium and lower copays for doctor visits *before* your deductible is met, so you can lower your out-of-pocket costs sooner. You'll have to choose a PCP with this plan when you enroll. You'll have a statewide network of providers to choose from. There are no regional network boundaries with this plan.

Some highlights of this plan include:

No charge for diagnostic labs or preventive care. These services are covered at 100%, regardless of whether you've met your deductible. Diagnostic labs are covered at 100% only when they're performed at your doctor's office or at an independent lab. Preventive care services covered by this plan include routine, annual wellness exams, recommended vaccines and screenings for things like diabetes, cancer or depression.

Low copays. You'll pay $30 copays for primary care, mental health services and physical therapy and $70 copays for specialist visits.

No charge for TRS Virtual Health visits. Have a cold or another minor condition? You can get quality medical care without going to a doctor's office. When medically necessary, you can also have a prescription sent straight to your pharmacy.

You choose a PCP. You're required to choose a PCP to manage your care and refer you to any specialists.

TRS-ActiveCare Primary+ *(New, most similar to Select)*

If you're currently enrolled in the TRS-ActiveCare Select plan and don't actively choose another plan during Annual Enrollment, this will be your plan for 2020-21.

This physician-directed, statewide plan has a higher premium and lower deductible and copays for many health care services and medications. You'll have to choose a PCP with this plan when you enroll and you'll have a statewide network of providers to choose from. There are no regional network boundaries with this plan.

Some highlights of this plan include:

No charge for diagnostic labs and preventive care. These services are covered at 100%, regardless of whether you've met your deductible. Diagnostic labs are covered at 100% only when they're performed at your doctor's office or at an independent lab. Covered preventive care services include routine, annual wellness exams, recommended vaccines and screenings for things like diabetes, cancer or depression.

No charge for TRS Virtual Health. Have a cold or another minor condition? You can get quality medical care without having to go to a doctor's office. When medically necessary, you can also have a prescription sent straight to your pharmacy.

Low copays. You'll pay $30 for doctor's visits, mental health services and physical therapy and $70 copays for specialist visits.

You choose a PCP. You're required to choose a PCP to manage your care and refer you to any specialists.

Need to Know:

The TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans *only pay benefits* when you receive care from doctors and other providers **who are in network** (except in a true medical emergency) as described on page 3. **If you get out-of-network care, you won't have coverage and you'll be responsible for paying all associated costs.**

See pages 28-29 for details and a comparison of benefits for all plans.

Both the TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans use the BCBSTX statewide network of hospitals and doctors. You'll select a PCP from the network. Your PCP will oversee your routine care and make referrals to see specialists. All your care will be coordinated by your PCP, so make sure the specialists and hospitals you prefer are in the network.

You can select a PCP from any of the following types of providers:

- family or general practitioner
- pediatrician
- OB/GYN
- geriatric practitioner
- internist

You can choose the same PCP for the whole family or a different PCP for each family member. For instructions on choosing a PCP, see pages 13-14.

For gynecological or maternity care, female participants may see an in-network OB/GYN without getting a referral. Female participants don't have to choose an OB/GYN; they can see their PCP for OB/GYN services.

Need to Know:

In most cases, if you don't choose a PCP, one will be selected for you. Also, if you go to another doctor other than your PCP or one referred by your PCP, your services may not be covered – even if they are in-network.

Services that don't require a referral from your PCP include:

- services provided by a back-up PCP
- emergency services
- OB/GYN
- student health centers
- services where Medicare or another type of insurance retains primary liability
- Durable Medical Equipment
- TRS Virtual Health visits powered by Teladoc and RediMD
- urgent care
- labs
- routine eye exams
- mental health visits
- retail health clinics

Coverage for Out-of-State Dependents

If you enroll in TRS-ActiveCare Primary or TRS-ActiveCare Primary+ and have dependents who live out of state, they may be able to still receive coverage outside of Texas. You'll have to complete an *Out-of-State Dependent/Attestation Form*, which you can get from your district Benefits Administrator or a Personal Health Guide. Once you complete the form and BCBSTX approves it, your dependent will receive a *Coverage Exception Letter* stating they can receive out-of-state coverage through the Participating Provider (PAR) nationwide network. They will need to provide a copy of this letter when accessing services through the PAR nationwide network. Everyone else on your plan will still need to see in-network providers and get referrals for specialists and other providers within Texas.

Out-of-state dependents can search for a participating provider at **www.bcbstx.com**. They can find a doctor or hospital and choose the **ParPlan Network**.

TRS-ActiveCare HD and TRS-ActiveCare 2 are offered through a nationwide network. All participants and dependents enrolled on these plans will have out-of-state coverage and will not need to complete a form.

Member Rewards Program for TRS-ActiveCare Primary and TRS-ActiveCare Primary+ Plans

Prices for the same quality medical services can differ by thousands of dollars within the same area network. That's why TRS-ActiveCare offers Member Rewards that reward you for choosing a cost-effective, quality provider.

Here's how the Member Rewards Program works:

1. When a doctor recommends treatment, go to **www.bcbstx.com/trsactivecare** to log in to BAM.
2. Click the **Doctors and Hospitals** tab – then on **TRS-ActiveCare Primary** or **TRS-ActiveCare Primary+**, depending on your plan.
3. Search for a Member Rewards eligible facility for treatment by checking the **Member Rewards** box when searching.
4. Call your PCP and ask for a referral to the Member Rewards eligible facility or provider. Your PCP can give you a referral and, if needed, send the preauthorization to BCBSTX for approval.
5. When you've completed your treatment, a deposit will be made to a health care account (HCA).

Here are some features of the Member Rewards Program:

- Your rewards may apply toward the costs of future medical or pharmacy expenses, by reducing copayments or coinsurance, for you or your covered dependents.
- Rewards range from $25 to $500, with a maximum of $599 per family, per plan year.
- Unused rewards roll over to the next plan year, but you will lose your rewards if you cancel your health plan.

Need to know:

The Member Rewards Program is only available with the TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans. Participants whose PCP is part of Kelsey-Seybold are not qualified for this program.

Sapphire Digital, an independent company, administers the Member Rewards program for Blue Cross and Blue Shield of Texas. Program incentives are available for select procedures only. Members with coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the Member Rewards program.

Blue Cross and Blue Shield of Texas makes no endorsement, representation or warranty regarding Sapphire Digital's administration of the Member Rewards program. Information received through the Member Rewards program is not meant to replace advice of a health care professional, and decisions regarding course and place of treatment remain with the member and his or her health care provider. Eligibility for rewards is subject to terms and conditions of the Member Rewards program.

TRS-ActiveCare HD *(formerly 1-HD)*

If you're currently enrolled in the TRS-ActiveCare 1-HD plan and don't actively choose another plan during Annual Enrollment, this will be your plan for 2020-21.

This is a high-deductible, nationwide plan with a lower monthly premium. In-network preventive care is 100% covered on this plan, but for everything else, you'll have to meet your deductible before the plan pays for any care. Coinsurance applies for services like telemedicine, lab work, mental health appointments and all out-of-network care.

This plan works with a health savings account (HSA) to help you pay for qualified medical expenses, tax-free. An HSA is a tax-advantaged savings account you own so you choose how much you want to contribute, up to the legal limit, and how to use the funds. Any investments and earnings from the account are also tax-free. Talk with your Benefits Administrator for more information about HSAs. TRS does not administer HSAs, but many districts and financial institutions do.

Some highlights of this plan include:

No PCP or referrals required. You don't have to choose a PCP or ask for referrals on this plan. You can use any provider you want — even if they're not in network. But keep in mind that out-of-network providers cost significantly more.

No charge for preventive care. Annual wellness visits and other preventive health care and screenings are 100% covered when you see an in-network provider.

Out-of-network coverage. You're covered even if you go out-of-network, but seeing a provider in your network always costs less.

Nationwide network of providers. You'll have in-network coverage, even when you're outside Texas.

TRS-ActiveCare 2

This plan is closed to new enrollees. If you're currently enrolled in this plan, you can stay on the plan for 2020-21. If you move to another plan for 2020-21, you won't be able to return to TRS-ActiveCare 2.

TRS-ActiveCare 2 is only for TRS participants who are currently enrolled in this plan. If you stay in this plan, you'll have access to a nationwide network of providers and out-of-network coverage without choosing a PCP. You can also choose specialists without referrals. Coinsurance applies for services like telemedicine and all out-of-network providers.

Some of the highlights of this plan include:

No charge for preventive care. Annual wellness visits and other preventive health care and screenings are 100% covered when you see an in-network provider.

Low copays. You'll pay $30 for doctors' visits and $70 for specialists.

No PCP or referrals required. You don't have to choose a PCP or ask for referrals on this plan.

Out-of-network coverage. You're covered even if you go out-of-network, but seeing a provider in your network always costs less.

Nationwide network of providers. You'll have in-network coverage even when you're outside Texas.

See pages 28-29 for details and a comparison of benefits for all plans.

Understanding Your Family Deductible and Out-of-Pocket Limits

If you cover dependents, it's important to understand how deductibles and out-of-pocket limits work so you're not hit with any surprises. The deductible is the amount you pay annually for covered health care services before your health plan starts to pay. Health plans pay the full cost of certain preventive benefits and medications even before you meet your deductible.

Everyone in the family has their own deductible and maximum out-of-pocket (MOOP). There is also a family deductible and MOOP.

This year, for all TRS-ActiveCare plans, individuals must only meet their own deductible before the plan begins to pay coinsurance. They don't have to meet the family deductible for coverage to kick in.

This is great news because it means individuals get benefits sooner.

This is how deductibles work:

- Claims that count toward an individual's deductible also count toward the family's deductible. Once an individual meets their deductible, they then pay coinsurance and copays, which don't count toward the family deductible.
- After the family deductible is met by *any* combination of family members, the entire family only pays coinsurance and copays for medical care and prescriptions for the rest of the plan year.

MOOPs work the same way:

- An individual's deductible, copays and coinsurance all count toward both individual and family MOOPs. Once an individual meets their MOOP, their allowable expenses are covered at 100% for the rest of the year.
- After the family MOOP is met by *any* combination of family members, the entire family's medical care and prescriptions are covered at 100% for the rest of the year.

But remember:

- Costs for out-of-network providers will be higher or may not be covered at all, depending on the plan you choose.

Let's look at three TRS-ActiveCare plans with different deductibles and MOOPs to see examples of how deductibles work.

Here's how it works with the TRS-ActiveCare Primary plan.

Individual deductible: **$2,500** | Individual MOOP: **$8,150** | Family deductible: **$5,000** | Family MOOP: **$16,300**
Copay: **$30** PCP/**$70** Specialist/**$0** TRS Virtual Health
Coinsurance: **30% after deductible** | Out-of-network coverage: **none**

September

Jack breaks his arm riding his bike. His hospital bill is **$2,500**, which he pays. This meets Jack's **$2,500** individual deductible and counts toward Jack's deductible and both MOOPs. Now, for the rest of the year, he only pays coinsurance and copays for medical care and prescriptions, until his MOOP is met.

Jack's individual deductible:
$2,500 - $2,500 = **$0 remaining**

Family deductible:
$5,000 - $2,500 = **$2,500 remaining**

Jack's individual MOOP:
$8,150 - $2,500 deductible = **$5,650 remaining**

Family MOOP:
$16,300 - $2,500 deductible = **$13,800 remaining**

October

Sue goes to her PCP for a minor allergic reaction. She pays her PCP a **$30 copay**. Copays and coinsurance do not count toward deductibles, but they do count toward MOOPs.

Sue's individual deductible:
$2,500 - $0 = **$2,500 remaining**

Family deductible:
$2,500 - $0 = **$2,500 remaining**

Sue's individual MOOP:
$8,150 - $30 copay = **$8,120 remaining**

Family MOOP:
$13,800 - $30 copay = **$13,770 remaining**

November

Alex needs knee surgery after a soccer injury. His bill is **$38,000**. Alex pays **$2,500**, which meets his individual deductible and the rest of the family's deductible. It also counts toward his individual and the family's MOOPs.

Alex's coinsurance (**30%** of the remaining **$35,500** balance) is **$10,650**. However, because this is greater than his remaining individual MOOP, Alex pays **$5,650** to meet the remainder of his MOOP. This also counts toward the total family MOOP. The plan pays the remaining **$29,850** for Alex's surgery.

Alex's individual deductible:
$2,500 - $2,500 = **$0 remaining**

Family deductible remaining:
$2,500 - $2,500 = **$0 remaining**

Alex's individual MOOP:
$8,150 - $2,500 deductible - $5,650 in coinsurance = **$0 remaining**

Family MOOP:
$13,770 - $8,150 = **$5,620 remaining**

For the remainder of the plan year, Alex's medical care and prescriptions are covered at 100% because he met his individual MOOP. Because the total family deductible is also met, other family members only pay coinsurance or copays for medical care and prescriptions until they meet their individual or family MOOPs.

Let's see how their deductibles work with the TRS-ActiveCare Primary+ plan.

Individual deductible: **$1,200** | Individual MOOP: **$6,900** | Family deductible: **$3,600** | Family MOOP: **$13,800**
Copay: **$30** PCP/**$70** Specialist/**$0** TRS Virtual Health
Coinsurance: **20% after deductible** | Out-of-network coverage: **none**

September

Jack breaks his arm riding his bike. His hospital bill is **$2,500**. He pays the **$1,200** deductible and **$260**, which is **20%** of the remaining balance. Copays and coinsurance do not count toward deductibles, but they do count toward MOOP.

Jack's **$1,200** individual deductible is met and counts toward the family deductible. Now, for the rest of the year, he pays only applicable coinsurance and copays for medical care and prescriptions until either of the MOOPs are met. Please note that prescriptions have a separate brand deductible that also needs to be met.

Jack's individual deductible:
$1,200 - $1,200 deductible = **$0 remaining**

Family deductible:
$3,600 - $1,200 deductible = **$2,400 remaining**

Jack's individual MOOP:
$6,900 - $1,200 deductible
- $260 coinsurance = **$5,440 remaining**

Family MOOP:
$13,800 - $1,200 deductible
- $260 coinsurance = **$12,340 remaining**

October

Sue goes to her PCP for a minor allergic reaction. She pays her PCP a **$30 copay**. Copays and coinsurance do not count toward deductibles, but they do count toward MOOPs.

Sue's individual deductible:
$1,200 - $0 = **$1,200 remaining**

Family deductible:
$2,400 - $0 = **$2,400 remaining**

Sue's individual MOOP:
$6,900 - $30 copay = **$6,870 remaining**

Family MOOP:
$12,340 - $30 copay = **$12,310 remaining**

November

Alex needs knee surgery after a soccer injury. His bill is **$38,000.** He pays the **$1,200** deductible, leaving a balance of **$36,800.** Alex's coinsurance (**20%**) is **$7,360** which exceeds his individual MOOP.

Alex pays **$5,700** which meets the remainder of his MOOP. This counts toward the family MOOP. The plan will pay the remaining **$31,100** for Alex's surgery.

Alex's individual deductible:
$1,200 - $1,200 = **$0 remaining**

Family deductible remaining:
$2,400 - $1,200 = **$1,200 remaining**

Alex's individual MOOP:
$6,900 - $1,200 deductible - $5,700 in coinsurance = **$0 remaining**

Family MOOP:
$12,310 - $1,200 deductible - $5,700 coinsurance = **$5,410 remaining**

For the remainder of the plan year, Alex's medical care and prescriptions are covered at 100% because he met his individual MOOP. Jack met his deductible and will only pay applicable coinsurance or copays until either his individual or the family MOOP are met, whichever comes first.

Everyone else in the family, beside Alex and Jack, has a $1,200 family deductible left, which needs to be met before the plan pays, unless the family MOOP is met first.

After the remaining $1,200 family deductible is met, then family members except for Alex pay coinsurance or copays until their individual or family MOOP is met.

Finally, let's look at how their deductibles work with the TRS-ActiveCare HD plan.

This example assumes that all services were in-network. Costs would be much higher for out-of-network providers.

In-network Individual/Family deductible: **$2,800/$5,600** | Out-of-network Individual/Family deductible: **$5,500/$11,000**
In-network Individual/Family MOOP: **$6,900/$13,800** | Out-of-network Individual/Family MOOP: **$20,250/$40,500**
In-network Individual/Family Coinsurance (in-network): **20% after deductible**
Out-of-network Individual/Family Coinsurance (in-network): **40% after deductible**
Copay: **$30** TRS Virtual Health

September

Jack breaks his arm riding his bike. His in-network hospital bill is **$2,500.** He pays **$2,500** out of pocket to the hospital, which counts toward both his individual and the family deductibles and MOOPs.

Jack's individual in-network deductible:
$2,800 - $2,500 = **$300 remaining**

Family in-network deductible:
$5,600 - $2,500 = **$3,100 remaining**

Jack's in-network MOOP:
$6,900 - $2,500 = **$4,400 remaining**

Family in-network MOOP:
$13,800 - $2,500 = **$11,300 remaining**

October

Sue goes to her PCP for a minor allergic reaction. The cost for the visit is **$200**, which she pays out of pocket. This counts toward both the individual and the family deductibles and MOOPs.

Sue's individual in-network deductible:
$2,800 - $200 = **$2,600 remaining**

Family in-network deductible remaining:
$3,100 - $200 = **$2,900 remaining**

Sue's in-network MOOP:
$6,900 - $200 = **$6,700 remaining**

Family in-network MOOP:
$11,300 - $200 = **$11,100 remaining**

November

Alex needs knee surgery after a soccer injury. His bill is **$38,000**. He pays the **$2,800** individual deductible. The amount due for Alex's coinsurance (**20%**) is **$7,040** which exceeds his individual MOOP.

Alex pays **$4,100** in coinsurance to meet the remainder of his individual MOOP, which also counts toward his family MOOP. The plan pays the remaining **$31,100**.

Alex's in-network individual deductible:
$2,800 - $2,800 = **$0 remaining**

Family in-network deductible remaining:
$2,900 – $2,800 = **$100 remaining**

Alex's in-network MOOP:
$6,900 – $2,800 deductible - $4,100 coinsurance = **$0 remaining**

Family in-network MOOP:
$11,100 - $2,800 deductible - $4,100 coinsurance = **$4,200 remaining**

For the remainder of the plan year, Alex's medical care and prescriptions are 100% covered. The family only needs to spend $100 more until the family deductible is met.

After that, every family member, except Alex, only pays applicable coinsurance or copays, until their remaining individual or family MOOP is met, whichever comes first.

Once MOOPs are met, all medical care and prescriptions are 100% covered for the remainder of the plan year.

Prescription Drug Benefits

All TRS-ActiveCare plan options include prescription drug benefits administered by CVS Caremark®. When you enroll in a TRS-ActiveCare plan, you'll receive a CVS Caremark prescription ID card in the mail.

How Prescription Drug Benefits Work

Similar to medical benefits, you have to meet a deductible before the plan starts paying its share of prescription drug costs.

TRS-ActiveCare Primary+ and TRS-ActiveCare 2 plans:

- There is no deductible for generic drugs.
- There is a $200 deductible for brand-name drugs.
- The deductible is not integrated with medical.

TRS ActiveCare Primary and TRS-ActiveCare HD plans:

- There is no cost for certain generic drugs classified as preventive. These may include drugs used for hypertension or depression, for example.
- There is no deductible for generic preventive medications on the Generic Preventive Drug list. The list can be found at **https://info.caremark.com/trsactivecare.**
- The deductible is integrated with medical.
- For the Primary plan only, there is no deductible for all generic medications.
- The convenience fee does not apply to the TRS-ActiveCare HD plan.

CVS Caremark is an independent company that contracts directly with Teacher Retirement System of Texas to provide prescription drug programs. CVS Caremark does not provide Blue Cross and Blue Shield products or services and are solely responsible for the products and services they provide.

Visit **https://info.caremark.com/trsactivecare** or call **1-866-355-5999** to find the Generic Preventive Drug list.

When You Need to Fill a Prescription

You have a choice of ways to fill prescriptions and save on the medications you use.

For short-term prescriptions (up to a 31-day supply), you can visit any pharmacy in the Caremark retail network. To find a network pharmacy, visit **https://info.caremark.com/trsactivecare**. You can also use out-of-network pharmacies, but you may pay more out of pocket.

Retail Maintenance Costs

A convenience fee will be applied after the first time you fill a maintenance drug (up to a 31-day supply) at a local pharmacy. *This does not apply to the TRS-ActiveCare HD plan.*

For long-term prescriptions (up to a 90-day supply):

- Use the Caremark Mail Order Pharmacy. Order up to a 90-day supply of your medication and have it delivered to you. You can pay via credit card, check or money order.

Note: You can split payments for a 90-day supply into three payments over the three months.

- Visit a Caremark Retail-*Plus* pharmacy. Retail pharmacies that are in the Retail-*Plus* network can fill a 60- to 90-day supply of medication.

To set up mail order prescriptions or to find Retail-*Plus* pharmacies near you, go to **https://info.caremark.com/trsactivecare** or call **1-866-355-5999**.

For specialty medications, you must use the CVS Caremark Specialty Pharmacy. Specialty medications are drugs used to manage a chronic or genetic condition. They may be injected, infused, inhaled, or taken orally and may require special handling. pecialty medications are limited to a 31-day supply.

To use this service, call Caremark Customer Care toll-free at **1-866-355-5999** or visit **https://info.caremark.com/trsactivecare**.

Specialty Medication Discount Program

Some specialty medications may qualify for third-party copayment assistance programs, which can lower your out-of-pocket costs. When you use third-party copayment assistance for any specialty medication, you will not receive credit toward your out-of-pocket maximum or deductible for any copayment or coinsurance amounts that are applied by a manufacturer coupon or rebate. *Only the amount you pay out of pocket will apply toward your deductible and out-of-pocket maximum.*

Prescription Answers and Information Online 24/7

Once you're enrolled in a TRS-ActiveCare plan, you can register with Caremark at **https://info.caremark.com/trsactivecare**. You can then log in anytime to fill or refill long-term prescriptions, find drug coverage, price information, talk with a registered pharmacist, view your prescription history, download the Caremark mobile app and much more.

What Is a Maintenance Drug?

Maintenance drugs are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

When Does the Convenience Fee Apply?

For example, if you are covered under the TRS-ActiveCare Primary plan, the first time you fill a 31-day supply or less of a generic maintenance drug at a local pharmacy, you will pay $15. Then you will pay $30 each time you fill 31-day supply or less of a that generic maintenance drug at a local pharmacy.

Save Money with Mail Order and Retail-*Plus*

You can avoid paying this convenience fee if you fill your long-term maintenance drugs (up to a 90-day supply) at a Retail-*Plus* pharmacy or through the Caremark Pharmacy mail-order service.

Prescription Drug Benefits Summary

BENEFIT	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD	TRS-ACTIVECARE 2
Drug Deductible (per person, per plan year)	$0 generic, $2,500 individual, $5,000 family	$200 brand only Rx	$2,800 individual, $5,600 family	$200 brand only Rx
Maximum Out-of-Pocket	Medical + Pharmacy Combined $8,150 individual, $16,300 family	Medical + Pharmacy Combined $6,900 individual, $13,800 family	Medical + Pharmacy Combined $6,900 individual, $13,800 family	Medical + Pharmacy Combined $7,900 individual, $15,800 family
Short-Term Supply at a Retail Location (up to a 31-day supply limit)				
Generic	$15 copay, $0 for certain generics before the deductible	$15 copay	20% coinsurance, $0 for certain generics before the deductible	$20 copay
Preferred Brand	30% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance (Min $40/Max $80)
Non-Preferred Brand	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance (Min $100/Max $200)
Extended-Day Supply at Mail Order or Retail - Plus Pharmacy Location (60- to 90- day supply)				
Generic	$45 copay, $0 for certain generics before the deductible	$45 copay	20% coinsurance, $0 for certain generics before the deductible	$45 copay
Preferred Brand	30% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance (Min $105/Max $210)
Non-Preferred Brand	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance (Min $215/Max $430)
Specialty Medications 31-Day Supply Limit	30% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance (Min $200/Max $900)

Coinsurance applies after deductible.

Diabetic Meter and Supplies

If you have diabetes, you may qualify for a preferred-brand blood glucose meter at no cost to you. Participants can also get other diabetic supplies at no cost.

Meter and Supplies	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD	TRS-ACTIVECARE 2
Preferred Brand Blood Glucose Meter	$0	$0	$0	$0
Short-Term Retail Supplies	Copays waived for needles and syringes only if purchased same day as insulin.	Copays waived for needles and syringes only if purchased same day as insulin.	Copays waived for needles and syringes only if purchased same day as insulin.	Copays waived for needles and syringes only if purchased same day as insulin*.
90-Day Supply at Retail-Plus or Mail Order Service	Copays waived for all needles, lancets and syringes, regardless of brand. To receive test strips at no cost, you must use the preferred brand.*	Copays waived for all needles, lancets and syringes, regardless of brand. To receive test strips at no cost, you must use the preferred brand.*	Copays waived for all needles, lancets and syringes, regardless of brand. To receive test strips at no cost, you must use the preferred brand.	Copays waived for all needles, lancets and syringes, regardless of brand. To receive test strips at no cost, you must use the preferred brand.*

*You will not be charged the Dispense as Written penalty for $0 copay medications or supplies.

For more details, call the CVS Caremark Diabetic Meter Program at **1-800-588-4456**.

TRS-ActiveCare Plan Benefits Comparison Chart

	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD		TRS-ACTIVECARE 2 NOTE: CLOSED PLAN; NO NEW ENROLLMENTS.	
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/ $3,600	$2,800/ $5,600	$5,500/ $11,000	$1,000/ $3,000	$2,000/ $6,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual/ Family Out-of-Pocket Maximum	$8,150/ $16,300	$6,900/ $13,800	$6,900/ $13,800	$20,250/ $40,500	$7,900/ $15,800	$23,700/ $47,400
Network	Statewide Network	Statewide Network	Nationwide Network		Nationwide Network	
Primary Care Provider (PCP) Required	Yes	Yes	No		No	
DOCTOR VISITS						
Primary Care	$30 copay	$30 copay	You pay 20% after deductible	You pay 40% after deductible	You pay $30 copay	You pay 40% after deductible
Specialist	$70 copay	$70 copay	You pay 20% after deductible	You pay 40% after deductible	You pay $70 copay	You pay 40% after deductible
TRS Virtual Health	$0 per consultation	$0 per consultation	$30 per consultation		$0 per consultation	
IMMEDIATE CARE						
Urgent Care	$50 copay	$50 copay	You pay 20% after deductible	You pay 40% after deductible	$50 copay	You pay 40% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible		You pay a $250 copay plus 20% after deductible	
Freestanding Emergency Room	You pay $500 copay + 30% after deductible	You pay $500 copay + 20% after deductible	You pay 20% after deductible + $500 copay	You pay 40% after deductible + $500 copay	You pay $500 copayment + 20% after deductible	You pay $500 copayment + 40% after deductible
OTHER SERVICES						
Diagnostic labs	Office/Independent lab: You pay $0 Outpatient: You pay 30% after deductible	Office/Independent lab: You pay $0 Outpatient: You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible	Office/Independent lab: You pay $0 Outpatient: You pay 20% after deductible	You pay 40% after deductible
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible + $100 per procedure copay	You pay 40% after deductible + $100 per procedure copay
Outpatient costs *(Professional and facility)*	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible ($150 facility copay per incident)	You pay 40% after deductible ($150 facility copay per incident)
Inpatient costs *(Professional and facility)*	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible ($500 facility per day maximum)	You pay 20% after deductible ($150 facility copay per day)	You pay 40% after deductible ($500 facility per day maximum)

	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD		TRS-ACTIVECARE 2 NOTE: CLOSED PLAN; NO NEW ENROLLMENTS.	
OTHER SERVICES (CONTINUED)						
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Bariatric Surgery	Facility – You pay 30% after deductible Professional – You pay $5,000 copay + 30% after deductible (Only covered if rendered at a BDC+ facility)	Facility – You pay 20% after deductible Professional – You pay $5,000 copay + 20% after deductible (Only covered if rendered at a BDC+ facility)	Not Covered	Not Covered	Facility – You pay 20% after deductible ($150 facility copay per day) Professional – You pay $5,000 copayment + 20% after deductible (Only covered if rendered at a BDC+ facility by an in-network physician)	Not Covered
Annual Vision Examination *(one per plan year; performed by an ophthalmologist or optometrist)*	PCP You pay $30 copay Specialist You pay $70 copay	PCP You pay $30 copay Specialist You pay $70 copay	You pay 20% after deductible	You pay 40% after deductible	PCP You pay $30 copay Specialist You pay $70 copay	You pay 40% after deductible
Annual Hearing Exam *(one per plan year)*	PCP You pay $30 copay Specialist You pay $70 copay	PCP You pay $30 copay Specialist You pay $70 copay	You pay 20% after deductible	You pay 40% after deductible	PCP You pay $30 copay Specialist You pay $70 copay	You pay 40% after deductible

AT A GLANCE			
	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD
Premiums	Lowest	Higher	Lower
Deductible	Mid-Range	Low	High
Copays	Yes	Yes	No
Network	Statewide	Statewide	Nationwide
PCP Required?	Yes	Yes	No
HSA-eligible?	No	No	Yes

Blue Distinction+ Facilities

Blue Distinction® Centers+ (BDC+) are designated specialty care facilities that have met national measures for quality and cost-efficient care. When you use a BDC+, you'll receive the most from your benefits and know the facility has a record of providing quality care, treatment expertise and better overall patient results. To find a BDC+ go to **www.bcbstx.com/trsactivecare**, then **Doctors and Hospitals**. Click on your health care plan from the list. Choose **Hospital** in the **Common Searches** section. From the blue bar at the top of the page, make a selection from the **All Blue Distinction Programs** menu to filter search results.

Note: Designation as BDC means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at any facilities, please call your local BCBSTX Plan. Call your provider before making an appointment to verify the most current information on its network participation status. Neither Blue Cross and Blue Shield Association nor any of its licensees are responsible for any damages, losses or noncovered charges that may result from receiving care from a provider designated as a Blue Distinction Center.

Preauthorization Requirements

TRS-ActiveCare requires advance approval by BCBSTX for certain services. This is called preauthorization. It establishes in advance, or within 48 hours after an emergency hospital admission, the medical necessity of certain covered care and services.

Preauthorization is required for inpatient hospital admissions and inpatient behavioral health services.

Preauthorization is required for certain medical services and procedures, including:

- ear, nose and throat treatments such as cochlear implants and sinus surgery
- surgical procedures such as facial reconstruction, face lifts and breast reduction
- gastric electrical stimulation (GES)
- neurological procedures including deep brain stimulation
- hyperbaric oxygen (HBO2) therapy for wound care
- lipid apheresis
- non-emergency air ambulance transportation
- coordinated home care program services, such as hemodialysis, home hospice and private duty nursing
- advanced imaging including computerized tomography (CT) scans, magnetic resonance imaging (MRI) and position emission tomography (PET) scans
- cardiology services including stress testing, cardiac CT and MRI and nuclear medicine/myocardial perfusion imaging (MPI)
- sleep medicine services, including sleep studies
- joint and spine surgery including shoulder, knee and hip surgeries and spinal decompression and fusion
- pain management including epidural and facet joint injections
- genetic testing
- radiation therapy

Preauthorization is also required for inpatient behavioral health services including**:**

- rehabilitation
- residential and Partial Hospital Programs (PHP)
- certain outpatient behavioral health services

Transition of Care

If you or a covered dependent is getting care from a doctor or other provider who is not in BCBSTX's networks on or after Sept. 1, 2020, you can apply to keep seeing that provider temporarily. If you are approved, benefits will be paid at the in-network rates for a certain time.

Examples of some conditions that may qualify you for transitional care include:

- cancer treatment/therapies
- treatment for a terminal illness
- second trimester pregnancy care
- cardiac rehabilitation

To apply, you'll need to submit a *Transition of Care* form by Sept. 1, 2020. Submitting the form doesn't guarantee your request will be approved. We'll send you a decision by mail. You can find the form at **www.bcbstx.com/trsactivecare**.

TRS Virtual Health

Your coverage includes TRS Virtual Health choices powered by Teladoc® and RediMD™. This allows you access to convenient, quality health care from home or on the go, without traveling to a doctor's office.

Teladoc and RediMD are independent companies that contract directly with TRS to provide telehealth services. Teledoc and RediMD do not provide Blue Cross and Blue Shield products or services and are solely responsible for their operations and contracted providers.

TRS VIRTUAL HEALTH

TRS Virtual Health powered by Teladoc

Teladoc physicians have an average of 15-20 years of clinical experience and are board-certified in family medicine, internal medicine, pediatrics or emergency medicine.

You can use Teladoc for general medicine, including a variety of acute, non-urgent conditions. Confidential mental health services for adults 18 and older from a licensed therapist, psychologist, psychiatrist or certified drug and alcohol abuse counselor are also available. You can even have prescription medication sent right to your home, when medically necessary.

General medical conditions treated include:

- cold and flu symptoms
- allergies
- bronchitis
- respiratory infections
- stomach upset
- sinus problems
- skin problems

Mental health conditions treated include:

- depressive and anxiety disorders
- bipolar, schizophrenia and psychotic disorders
- attention disorders
- alcoholism and addiction and substance-related disorders
- obsessive compulsive and related disorders
- eating disorders
- personality disorders
- neurocognitive disorders and dementia

For more information and to set up your account, visit **www.teladoc.com/trsactivecare**. You can also download the Teladoc mobile app from the Apple Store or Google Play Store or call **1-855-Teladoc (1-855-835-2362)** for help from a representative.

TRS Virtual Health powered by RediMD

RediMD provides quality primary care medical service with live, face-to-face diagnosis and treatment online or by phone. You can see or speak with a board-certified physician who can diagnose and recommend conservative treatment 24/7.

Conditions treated by RediMD include:

- back and shoulder strains
- ankle injuries
- shoulder strains
- pulled muscles
- contusions/bruises
- asthma
- shortness of breath
- infections
- allergies
- chemical exposure

Registration is a one-time process and can be done without having to schedule an appointment. To **set up your account**, visit **www.redimd.com/trsactivecare** and click **Register**. Enter the code **'trsactivecare,'** click **Next** and follow the directions to complete your profile. You can also register by calling the RediMD customer service provider line at **1-866-989-Cure (1-866-989-2873),** option 3.

TRS-ActiveCare Health and Wellness Tools & Resources

All TRS-ActiveCare health plans come with many tools, resources and support to help you commit to wellness and Activate Your Health.

Personal Health Guides

Personal Health Guides are here to help you every step of the way, starting with Annual Enrollment.

They can help you with:

- selecting a health plan
- transition of care
- finding in-network providers
- choosing a PCP

After you're enrolled in your new TRS-ActiveCare plan, they can help you with:

- claims questions
- cost estimates
- scheduling appointments
- preauthorization
- and more

Call a Personal Health Guide at **1-866-355-5999**.
7 a.m. to 6 p.m. CT Monday through Friday
Beginning Sept. 1, the hours are 24/7.

Blue Access for Members (BAM)

Get information about your health benefits, anytime, anywhere.

Use your computer, phone or tablet to:

- search for an in-network health care provider, hospital or pharmacy
- request or print an ID card
- check the status or history of a claim
- view or print Explanation of Benefits
- download the BCBSTX app
- sign up for text or email alerts

Once you have your ID card, you can register on BAM at **www.bcbstx.com/trsactivecare**. You can also call a Personal Health Guide at **1-866-355-5999** to help you register.

Provider Finder®

Provider Finder is a fast, easy-to-use tool that can help you see which doctors, hospitals and drugstores are in network.

You can:

- search by specialty, ZIP code, language, gender and more
- see certifications and recognitions
- compare quality awards
- read reviews

To access Provider Finder, go to **www.bcbstx.com/trsactivecare** and click on the **Doctors and Hospitals** tab. Then, click on your plan. If you don't find your provider in the directory, call a Personal Health Guide at **1-866-355-5999**.

See pages 14-15 for instructions on choosing a PCP during Annual Enrollment.

Health Cost Estimator

There's a lot to think about when deciding where to get health care. Just take a look at how much prices differ for the same procedure in the same area.

Procedure	Provider A	Provider B	Difference
MRI of the Brain	$5,131	$4,0731	**$3,560**
Hysterectomy	$7,433	$35,039	**$27,606**
Hernia Repair	$3,170	$10,723	**$7,553**
Knee Replacement	$17,003	$61,930	**$44,927**

Note that costs are only examples and will vary by region.

Use Provider Finder to help make more informed health care choices by checking costs before your appointment. We're here to help you find quality independently contracted health care providers that may cost less and to help you understand what you may need to pay based on your plan's copay, coinsurance, deductible and other benefits. The Health Cost Estimator will be available Sept. 1, 2020.

Activate Your Health with Tools for a Healthier You

Live Well With Well onTarget®

The Well onTarget website and mobile app can help you manage your health conditions and reach your wellness goals – all in one place.[1]

Check Your Health Status

Take a health assessment to find out how your health measures up. Just answer a few questions about your health and lifestyle, and you'll get recommendations for programs that can help you get and stay healthier.

Improve Your Health and Wellbeing

Videos, podcasts and other online tools can help you with things like:

- asthma
- back pain
- diabetes
- eating well
- sleep issues
- stress

Work with a Coach

Get one-on-one support by phone or secure online messaging – whatever works for you! Your health coach will help you set and reach goals like losing weight, improving your blood pressure and quitting smoking.

Focus on Fitness

Take on your health goals by joining the Fitness Program. With affordable, no-contract memberships, you can go to any gym facility within the nationwide network. You can exercise even when you're traveling! Plus, save on wellbeing services like acupuncture, massage and personal training.[2]

24/7 Nurseline

Health happens – good or bad, 24 hours a day, seven days a week. That's why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline. Our nurses can answer your health questions and try to help you decide whether you should go to an emergency room, urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:[3]

- dizziness or severe headaches
- cuts or burns
- back pain
- high fever
- sore throat
- a baby's nonstop crying
- and other health issues

Plus when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics also available in Spanish.

Call the 24/7 Nurseline at **1-866-355-5999** for help.

The Well onTarget program is offered to you as a part of your employer-sponsored benefits. Participation in the Well onTarget program, including the completion of a Health Assessment, is voluntary and you are not required to participate. Visit Well onTarget for complete details and terms and conditions.

Individuals must be at least 18 years old to purchase a membership. The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

For medical emergencies, call 911. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

Women's and Family Health: Pregnancy and Parenting Support

Whether you're pregnant or planning to get pregnant, you should prepare as much as you can. We have tools to help you – at no extra cost. **Ovia Health®*** apps will guide you step-by-step through fertility, pregnancy and parenting. All Ovia apps include support from a registered nurse. If you have a high-risk pregnancy, you'll also get phone support from a maternity specialist.

Ovia Fertility

- understand and track your cycle
- read daily articles and tips just for you
- find out when you're most fertile

Ovia Pregnancy Tracker

- watch your baby grow week by week
- read daily articles and tips just for you
- look up food and medication safety
- search helpful videos about pregnancy
- use tools to plan your return to work

Ovia Parenting

- learn about your child's health and development
- read thousands of expert parenting articles and tips
- receive tools and support for balancing life as a working parent
- share family photos and videos with loved ones

Ovia Health is an independent company that provides maternity and family benefits solutions for Blue Cross and Blue Shield of Texas.

You can download any of the Ovia Health mobile apps from the Apple App Store or Google Play. During sign-up, **choose "I have Ovia Health as a benefit."** Then, select **BCBSTX** as your health plan and enter **Teacher Retirement System of Texas** in the **Employer** field.

Take Care of Your Mental Health

Your mental health is just as important as your physical health. You'll have mental health benefits, so you can get care for:

- alcohol or drug use
- stress
- depression
- eating disorders
- anxiety
- autism
- other mental health or substance use conditions

Connect with a Cancer Specialist

Cancer can be scary. Cancer specialists can make it a little less scary by helping you understand your care options and your health benefits. And they'll be there to support you throughout your journey – from finding a provider through treatment and beyond.

Get Extra Support for Complex Health Issues

You'll have extra support when you need it most. Health advisors, who are nurses or other health care professionals, will be there to help during certain health situations, such as a serious illness, injury, surgery or hospitalization.

Reward Yourself with Blue Points℠

With the Blue Points program, you can earn points for regularly participating in many different healthy activities like:

- taking a health assessment twice a year
- linking a fitness device
- completing a wellness program
- working with a health coach
- and more

You can redeem these points in the online shopping mall, which provides a wide variety of merchandise. Redeem your points for books, music, sporting goods – anything that inspires you to keep making healthy choices.

It's easy to get started with Blue Points:

1. Go to **www.bcbstx.com/trsactivecare**
2. Log in to your **BAM** account.
3. Go to the **Quick Links** and select **Well onTarget**.

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information.

Regional Health Maintenance Organization (HMO) Plans

If you live or work in certain counties, you can enroll in one of our regional HMO plans. These are new HMO plans for the 2020-21 plan year. The chart on the next page shows the HMO plan options and benefits summaries.

	Scott & White Care Plans - Central and North Texas HMO Brought to you by TRS-ActiveCare	Blue Essentials - South Texas HMO Brought to you by TRS-ActiveCare	Blue Essentials - West Texas HMO Brought to you by TRS-ActiveCare
	You can choose this plan if you live in one these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson.	**You can choose this plan if you live in one these counties:** Cameron, Hildalgo, Starr, Willacy	**You can choose this plan if you live in one these counties:** Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	$950/$2,850	$500/$1,000	$950/$2,850
Coinsurance	20% after deductible	20% after deductible	25% after deductible
Individual/Family Out-of-Pocket Maximum	$7,450/$14,900	$4,500/$9,000	$7,450/$14,900
Primary Care	$20 copay First primary care visit for illness - $0 copay Primary care for dependents (under age 19) - $0 copay	$25 copay	$20 copay
Specialist	$70 copay	$60 copay	$70 copay
Urgent Care	$50 copay	$75 copay	$50 copay
Emergency Care	$500 copay after deductible	20% after deductible	$500 copay before deductible plus 25% after deductible
Drug Deductible	$150 (excl. generics)	$100	$150
Days Supply	30-day supply/90-day supply	30-day supply/90-day supply	30-day supply/90-day supply
Generics	$5/$12.50 copay, ACA preventive: $0	$10/$30 copay	$5/$12.50 copay, ACA preventive: $0
Preferred Brand	30% after deductible	$40/$120 copay	30% after deductible
Non-preferred Brand	50% after deductible	$65/$195 copay	50% after deductible
Specialty	15%/25% after deductible (preferred/non-preferred)	20% after deductible	15%/25% after deductible (preferred/non-preferred)

HMO Wellness Resources

SCOTT & WHITE CARE PLANS - CENTRAL AND NORTH TEXAS HMO

Your health plan offers a variety of programs to help meet your health and wellness needs.

Wellness Assessment: The Well-Being Assessment is a simple, digital health survey that helps you take steps toward a more vibrant and healthier life. The Well-Being Assessment asks questions about your life and delivers customized action steps from our Lifestyle Management Program. Modules are self-paced, available online, and convenient for promoting physical and mental health — all things to help you feel your best. You'll find a link to the assessment on the Health and Wellness Programs page at **www.trs.swhp.org**.

Naturally Slim: Naturally Slim is available at NO COST to you and is accessible by computer and mobile device so you can participate whenever it's convenient, wherever you are. For more information about Naturally Slim, visit **www.trs.swhp.org**.

Nurse Advice Line: Talk to a nurse 24 hours a day when you need help deciding whether you should see a doctor, visit the urgent care clinic or go to the emergency room. To talk to a nurse, call **1-877-505-7947.**

Expecting the Best® Maternity Program: We are pleased to offer a maternity program for pregnant Scott & White Care Plans participants. This initiative is focused on helping expectant mothers enjoy a healthy pregnancy. Sign up by calling the customer service number on the back of your ID card or send an email to: **hpmaternitycasemanagement@bswhealth.org**.

Member Portal: Log in to the Member Portal at **www.trs.swhp.org** or use the MyBSWHealth app to access online tools to help you:

- find a provider or pharmacy
- view a Summary of Benefits and Coverage
- view Explanation of Benefits statements
- order ID cards
- get an electronic ID card
- make an appointment with a BSWH doctor
- send an email to a customer service advocate and receive a response through the portal's secure messaging feature
- message your BSWH doctor

Visit **www.trs.swhp.org/health** for these wellness tools.

BLUE ESSENTIALS - WEST TEXAS HMO BLUE ESSENTIALS - SOUTH TEXAS HMO

Your health benefits include tools, information and support to help you live a healthy lifestyle.

Fitness Program: Take advantage of a discounted gym membership to a nationwide network of fitness centers. There is no long-term contract. Membership is month to month. Monthly fees are $25 per month, per member, with a one-time enrollment fee of $25 per member.

24/7 Nurseline: When a health issue pops up, it can be hard to know what to do. Call a registered nurse anytime, day or night, to answer your health questions and help you decide where to go. Call a nurse at **1-800-581-0368.***

Extra Support: You'll have extra support when you need it most. Health advisors, who are nurses or other health care professionals, will be there to help during certain health situations, such as a serious illness, injury, surgery or hospitalization.

Women's and Family Health Pregnancy and Parenting Support: Whether you're pregnant or planning to get pregnant, you should prepare as much as you can. We have tools to help you – at no extra cost. **Ovia Health®** apps will guide you step-by-step through fertility, pregnancy and parenting. All Ovia apps include support from a registered nurse. If you have a high-risk pregnancy, you'll also get phone support from a maternity specialist. Download any of the Ovia Health mobile apps from the Apple App Store or Google Play. During sign-up, choose **"I have Ovia Health as a benefit."** Then, select **BCBSTX** as your health plan and enter **Texas Retirement System of Texas** in the **Employer** field.

BAM: To find in-network providers, access your health and wellness tools, and get information about your health care benefits and coverage, log in to BAM at **www.bcbstx.com/trshmo**.

**For medical emergencies, call 911 or your local emergency services first. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.*

Cost of Coverage

Your monthly cost for TRS-ActiveCare coverage is determined by available state and district funding, as well as your choice of health plan.

TRS works to set competitive total premiums to pay health care claims. Each school district then determines its contribution. During Annual Enrollment, check with your district or your Benefits Administrator to determine what you'll pay.

School districts combine funding with state funding to contribute at least $225 per employee per month toward premiums. Many districts contribute more.

Pooling

Married employees who are active, contributing TRS participants may 'pool' their local district and state funding and use it toward the cost of TRS-ActiveCare coverage.

If an employee and spouse both work for the same participating district/entity, funds may be pooled. To pool funds:

- one employee selects employee and spouse coverage, and the spouse declines coverage, or
- one employee selects employee and family coverage, and the spouse declines coverage

Split

If an employee and their spouse work for different participating districts/entities, they may wish to pool funds. The decision to enter into a split premium arrangement must be made during Annual Enrollment or within the election period of a special enrollment event. To split funds:

- one employee selects employee and spouse coverage, and the spouse declines coverage, or
- one employee selects employee and family coverage, and the spouse declines coverage.

The paper version of the *Application to Split Premium* form is no longer available. Each employee must work with their Benefits Administrator to complete the form online. This form should be submitted during Annual Enrollment each plan year.

Monthly Premiums for 2020-21 Plan Year

The costs of coverage in the chart below are effective Sept. 1, 2020 through Aug. 31, 2021. The full monthly premium is the cost of coverage before state and district funding are applied. Check with your Benefits Administrator to find out what your district contributes toward your premiums in addition to the minimum required $225 per month.

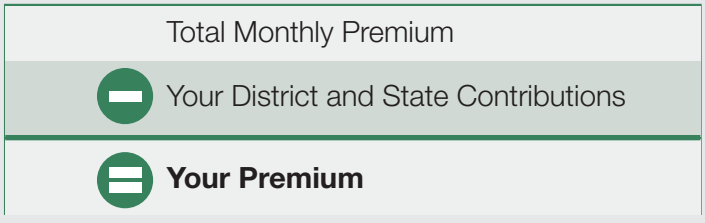
	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY+	TRS-ACTIVECARE HD	TRS-ACTIVECARE 2 Only available for participants already on this plan
	Full Monthly Premiums (before state and district contributions are applied)			
Employee	$386	$514	$397	$937
Employee + Spouse	$1,089	$1,264	$1,120	$2,222
Employee + Children	$695	$834	$715	$1,393
Employee + Family	$1,301	$1,588	$1,338	$2,627

Regional HMO Premiums

	SCOTT & WHITE CARE PLANS - CENTRAL AND NORTH TEXAS HMO Brought to you by TRS-ActiveCare	BLUE ESSENTIALS - SOUTH TEXAS HMO Brought to you by TRS-ActiveCare	BLUE ESSENTIALS - WEST TEXAS HMO Brought to you by TRS-ActiveCare
Employee	$551.10	$491.54	$534.42
Employee + Spouse	$1,382.06	$1,182.52	$1,287.58
Employee + Children	$883.50	$766.96	$835.68
Employee + Family	$1,478.56	$1,258.52	$1,370.12

Need to Know.
What you pay will be less than what is listed above. Many districts contribute more than the minimum requirement of $225 per employee, per month. Check with your Benefits Administrator to find out what your district contributes.

How to Calculate **Your Monthly Premium**



Enroll in Your New TRS-ActiveCare Health Plan

Annual Enrollment is July 15 - Aug. 21, 2020.

Enrollment dates may vary. Check with your district.

How to Enroll

Remember, your 2019-20 plan election will carry forward to the 2020-21 plan year.

You don't have to actively enroll for coverage this year, UNLESS:

- You're newly eligible for coverage.
- You're changing plans or adding/removing dependent(s) for the coming plan year.
- You want to decline coverage for 2020-21.
- You want to enroll in the TRS-ActiveCare Primary plan.

The chart below shows which plan will be your new plan if you choose not to actively enroll.

CURRENT TRS-ACTIVECARE PLAN	PLAN YOU'LL BE ENROLLED IN ON SEPT. 1, 2020 IF NO ACTION IS TAKEN
TRS-ActiveCare 1-HD	TRS-ActiveCare HD
TRS-ActiveCare Select	TRS-ActiveCare Primary+
TRS-ActiveCare 2	TRS-ActiveCare 2
First Care Health Plan or Scott and White Health Plan - West Texas HMO	Blue Essentials - West Texas HMO
Scott and White Health Plan - Central and North Texas HMO	Scott & White Care Plans - Central and North Texas HMO
Blue Essentials - South Texas HMO	Blue Essentials - South Texas HMO

Note: If you are currently enrolled in the TRS-ActiveCare Select plan and do not take action during Annual Enrollment, you will be enrolled in TRS-ActiveCare Primary+ plan, and a PCP will be assigned to you. We encourage you to actively choose a PCP if you will be on the new TRS-ActiveCare Primary+ plan.

Your district/entity will provide instructions to enroll using one of these options (as available):

The Self-Service bswift® Enrollment Portal*

If this option is available to you, your district/entity will provide instructions for logging in and using the system. If you're currently covered, you'll find your address, dependents, plan and coverage type already entered. You'll be able to change your address, who you're covering and your plan. You can print a confirmation of your enrollment when you're finished.

Some districts/entities may offer electronic enrollment through a web portal other than bswift. See your Benefits Administrator for details. Be sure to keep a copy of any confirmation of coverage you receive from the other enrollment system.

The *Enrollment, Change and Declination Form*

You can use this form to enroll in, change or decline coverage. The form is available from your Benefits Administrator or at **www.bcbstx.com/trsactivecare**. To complete the online form:

- Visit **www.bcbstx.com/trsactivecare** and click **Tools and Resources** at the top of the home page.
- Click the **Downloadable Forms** tab
- Click on the ***Enrollment, Change and Declination Form.***
- Enter your information on the form, and provide all information requested.
- Print the form.
- Sign, date and return the form to your Benefits Administrator within the plan enrollment period.

Enrollment Deadlines for First Time Enrollees and New Hires

Enrolling in TRS-ActiveCare for the first time

You'll need to enroll online through bswift or another electronic web portal offered by your district/entity, or by using the *Enrollment, Change and Declination Form* as instructed in this guide. You need to do this before:

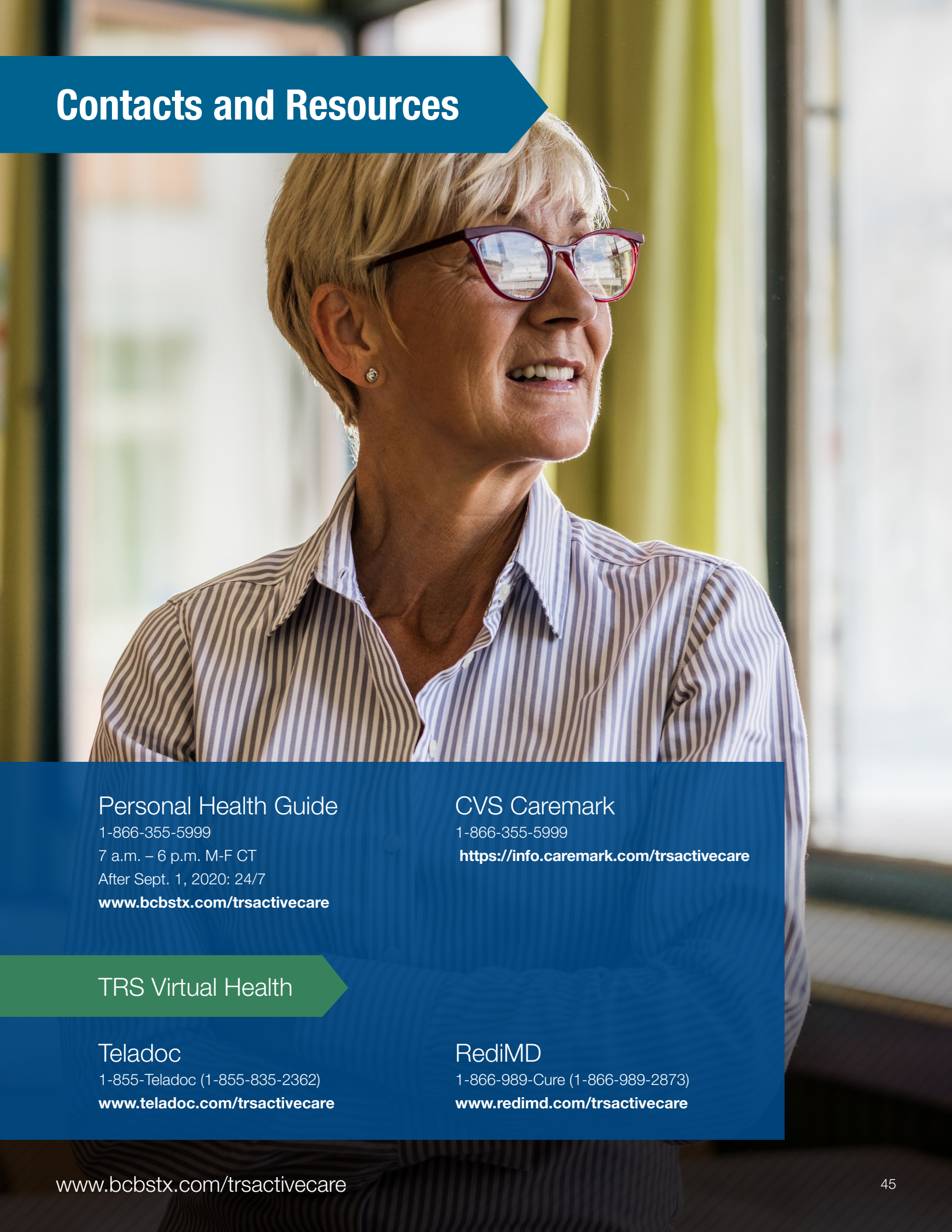
- the end of the plan enrollment period, or
- 31 calendar days after your actively-at-work date, or
- 31 calendar days after a special enrollment event. Newborns must also be enrolled within 31 days of thier birth, regardless of their coverage. (See pages 48-49 for more information.)

New Hire

You have 31 days after your first day of employment to elect health coverage through TRS-ActiveCare. You may choose your actively-at-work date (the date you started work) or the first of the month following your actively-at-work date as your effective date of coverage. **If you choose the actively-at-work date, the full premium for the month will be due.** Premiums are not prorated.

**This may not apply to districts/entities with third-party administrators.*

Contacts and Resources



Personal Health Guide

1-866-355-5999
7 a.m. – 6 p.m. M-F CT
After Sept. 1, 2020: 24/7
www.bcbstx.com/trsactivecare

CVS Caremark

1-866-355-5999
https://info.caremark.com/trsactivecare

TRS Virtual Health

Teladoc

1-855-Teladoc (1-855-835-2362)
www.teladoc.com/trsactivecare

RediMD

1-866-989-Cure (1-866-989-2873)
www.redimd.com/trsactivecare

Because Your Health Counts

It's Important to Know Where to Go

If you aren't having an emergency, knowing where to go for medical care may save you time and money. You have choices for where you get non-emergency care. Use these places instead of the emergency room (ER). Plus, when you visit in-network providers, you may pay less for care.

Your Doctor's Office

Your own doctor's office may be the appropriate place to go for non-emergency care, such as health exams, routine shots, colds, flu and minor injuries. Your doctor knows your health history, the medicine you take, your lifestyle and can decide if you need tests or specialist care. Your doctor can also help you with care for a chronic health issue, such as asthma or diabetes.

Retail Health Clinic

When you can't get to your regular doctor, walk-in clinics – available in many retail stores – can be a lower-cost choice for treatment. Many stores have a physician assistant or nurse practitioner who can help treat ear infections, rashes, minor cuts and scrapes, allergies and colds.

Urgent Care Center

These facilities can treat you for more serious health issues, such as when you need an X-ray or stitches. You'll probably have a lower out-of-pocket cost than at an ER, and you may have a shorter wait.

Emergency Room

Any life-threatening or disabling health problem is a true emergency. You should go to the nearest hospital ER or call 911. When you use the ER for true emergencies, you help keep your out-of-pocket costs lower.

Knowing where to go for care can make a big difference in cost and time. Here's how your options compare†:

	Average Costs	Average Wait Times	Examples of Health Issues	
Your Doctor's Office Your doctor knows your medical history best	$	18 minutes*	• Fever, colds and flu • Sore throat • Minor burns • Stomach ache	• Ear or sinus pain • Physicals • Shots • Minor allergic reactions
Retail Health Clinic Convenient, low-cost care in stores and pharmacies	$	15 minutes	• Infections • Cold and flu • Minor injuries or pain • Shots	• Flu shots • Sore and strep throat • Skin problems • Allergies
Urgent Care Clinic Immediate care for issues that are not life-threatening	$$	16-24 minutes**	• Migraines or headaches • Cuts that need stitches • Abdominal pain	• Sprains or strains • Urinary tract infection • Animal bites • Back pain
Hospital Emergency Room For serious or life-threatening conditions	$$$	35 - 49 minutes (variable)***	• Chest pain • Stroke • Seizures • Head or neck injuries • Sudden or severe pain	• Fainting, dizziness, weakness • Uncontrolled bleeding • Problem breathing • Broken bones

* Vitals Annual Wait Time Report, 2017.

** Wait Time Trends in Urgent Care and Their Impact on Patient Satisfaction, 2017.

*** National Center for Health Statistics, Centers for Disease Control and Prevention. 2019.

Urgent Care or Freestanding Emergency Room

Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs often look a lot like urgent care centers and treat most major injuries, except for trauma, but costs are higher. Unlike urgent care centers, freestanding ERs are often out of network and can charge patients up to 10 times more for the same services.[1] Below are some ways to know if you are at a freestanding ER.

Freestanding ERs:

- Look like urgent care centers, but have the word "Emergency" in their name or on the building.
- Are open 24 hours a day, seven days a week.
- Aren't attached to and may not be affiliated with a hospital.
- Are subject to the same ER cost share which may include a copay, coinsurance and applicable deductible.
- Find urgent care centers[2] near you by texting[3] **URGENTTX** to **33633**.

Need help with knowing where to go?

Call a Personal Health Guide or 24/7 Nurseline at **1-866-355-5999**. If you need emergency care, call **911** or get help from any doctor or hospital right away.

† Relative costs described are for independently contracted network providers. Costs for out-of-network providers may be higher.

[1] The Texas Association of Health Plans.

[2] The closest urgent care center may not be in your network. Be sure to check Provider Finder to make sure the center you go to is in-network.

[3] Message and data rates may apply. Read terms, conditions and privacy policy at bcbstx.com/mobile/text-messaging.

Important Notices

Summary of Benefits and Coverage

The Patient Protection and Affordable Care Act requires all insurers and group health plans to provide consumers with a Summary of Benefits and Coverage (SBC). The SBC describes key plan features, benefits and coverage, and provides a glossary of health care coverage terms.

To view your plan's SBC, visit the website or call the number below.

TRS-ActiveCare Primary TRS-ActiveCare Primary+ TRS-ActiveCare HD TRS-ActiveCare 2	www.bcbstx.com/trsactivecare	1-866-355-5999
Blue Essentials - West Texas HMO	www.bcbstx.com/trshmo	1-888-378-1633
Blue Essentials - South Texas HMO	www.bcbstx.com/trshmo	1-888-378-1633
Scott & White Care Plans - Central and North Texas HMO	www.trs.swhp.org	1-800-321-7947

To view a glossary of terms, visit **www.dol.gov/ebsa/pdf/sbcuniformglossary.pdf**.

Initial Notice About Special Enrollment Rights

In your group health plan, a federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about a very important provision in the program. You have the right to enroll in the program under its "special enrollment provisions" if (i) you acquire a new dependent or if (ii) you decline coverage under this program for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Special Enrollment Provisions

Loss of other coverage (excluding Medicaid or a state Children's Health Insurance Program) If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other available group health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this program if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops all contributions towards other coverage for you and your dependents). However, you must request enrollment, and BCBSTX must receive your request, within 31 days after coverage ends for you or your dependents (or you move out of the prior plan's HMO service area, or after the employer stops all contributions toward the other coverage, including employer-paid COBRA paid premiums).

Loss of coverage for Medicaid or a state Children's Health Insurance Program If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under the Texas Children's Health Insurance Program is in effect, you may be able to enroll yourself and your dependents in this program if you or your dependents lose eligibility for that other coverage. However, you must request enrollment, and BCBSTX must receive your request, within 60 days after your or your dependents' coverage ends under Medicaid or a state Children's Health Insurance Program.

New dependent by marriage, birth, adoption or placement for adoption

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in this program. However, you must request enrollment, and BCBSTX must receive your request, within 31 days after the marriage, birth, adoption or placement for adoption.

Eligibility for state premium assistance for enrollees of Medicaid or a state Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state Children's Health Insurance Program with respect to coverage under this program, you may be able to enroll yourself and your dependents in this program. However, you must request enrollment, and BCBSTX must receive your request, within 60 days after the determination is made concerning eligibility for such assistance for you or your dependents.

Additional information

To request special enrollment or obtain more information, call the phone number or visit the website for your plan listed on page 48.

Medicare Beneficiaries and Medicare Part D

Effective January 1, 2006, a Medicare prescription drug plan, called Medicare Part D, has provided and continues to provide Medicare benefits for prescription drugs to those Medicare beneficiaries who enroll in Part D. Medicare Part D is an optional benefit and is available only to individuals who have Medicare Part A and/or Part B. TRS-ActiveCare coverage will not be affected by enrollment in Medicare Part D for these individuals. That is, your TRS-ActiveCare coverage will continue to be your primary coverage; Medicare Part D will be secondary. However, the TRS-ActiveCare plan you have may influence your decision on whether or not to enroll in Medicare Part D. The Centers for Medicare & Medicaid Services administers Medicare, and a link to their website is available on the TRS-ActiveCare page of the TRS website: **www.trs.texas.gov**. If you or your dependent is covered by TRS-ActiveCare and is at least age 65, you will receive additional information on Medicare Part D from TRS (if covered by TRS-ActiveCare Primary, TRS-ActiveCare Primary+, TRS-ActiveCare HD or TRS-ActiveCare 2) or from your HMO plan before the end of the calendar year.

For Medicare-eligible individuals and individuals expecting to be Medicare-eligible this plan year:

- The TRS-ActiveCare Primary, TRS-ActiveCare Primary+, TRS-ActiveCare HD or TRS-ActiveCare 2 plans have been determined to be creditable coverage for Medicare Part D purposes under current Medicare guidelines.
- Each HMO has determined that the coverage it is offering is creditable coverage for Medicare Part D purposes under current Medicare guidelines.
- Disclosure notices are posted on the creditable coverage web page at **www.cms.hhs.gov/creditablecoverage.**
- Questions about Medicare Part D should be directed to Medicare at **1-800-MEDICARE (1-800-633-4227).**

Teacher Retirement System of Texas Notice of Privacy Practices

The Teacher Retirement System of Texas (TRS) administers your health benefits plan and your pension plan pursuant to federal and Texas law. This notice is required by the privacy regulations adopted pursuant to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH).

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully. This notice also sets out TRS' legal obligations concerning your health information. Additionally, this notice describes your rights to control your health information.

Federal law requires TRS to maintain and protect the privacy of your health information. Your protected health information is individually identifiable health information, including genetic information and demographic information, collected from you or created or received by TRS that relates to:

- your past, present or future physical or mental health or condition;
- the health care you receive; or
- the past, present or future payment for the provision of health care for you.

Unsecured protected health information is protected health information that is not secured through the use of a technology or methodology that renders the protected health information unusable, unreadable or indecipherable.

The effective date of this notice was April 14, 2003, and it has been revised effective June 10, 2017. Texas law already makes your member information, including your protected health information, confidential. Therefore, following the original implementation of this notice and the implementation of this notice as revised, TRS did not and is not changing the way it protects your information. On April 14, 2003, the new rights and other terms in this notice, as originally drafted, automatically applied. Likewise, as subsequently revised, the rights and other terms of this notice continue to automatically apply. You do not need to do anything to get privacy protection for your health information.

Federal law requires that TRS provide you with this notice about its privacy practices and its legal duties regarding your protected health information. This notice explains how, when and why TRS uses and discloses your protected health information. By law, TRS must follow the privacy practices that are described in the most current privacy notice.

TRS reserves the right to change its privacy practices and the terms of this notice at any time. Changes will be effective for all of your protected health information that TRS maintains. If TRS makes an important change that affects what is in this notice, TRS will mail you a new notice within 60 days of the change. This notice is on the TRS website, and TRS will post any new notice on its website at **www.trs.texas.gov**.

How TRS May Use and Disclose Your Protected Health Information

Certain uses and disclosures do not require your written permission. For any use or disclosure of your protected health information that is described immediately below, TRS and/or Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare may use and disclose your protected health information without your written permission (an authorization).

- **For all activities that are included within the definitions of "payment," "treatment" and "health care operations" as set out in 45 C.F.R. Section 164.501, including the following noted below**. This notice does not contain all of the activities found within these definitions; refer to 45 C.F.R. Section 164.501 for a complete list. When "TRS" is used below in describing these reasons, the auditors, actuarial consultants, lawyers, health plan administrators and pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare are intended to be included.

- **For treatment**. TRS is not a medical provider and does not directly participate in decisions about what kind of health treatment you should receive. TRS also does not maintain your current medical records. However, TRS may disclose your protected health information for treatment purposes. For example, TRS may disclose your protected health information if your doctor asks that TRS disclose the information to another doctor to help in your treatment.
- **For payment**. Here are two examples of how TRS might use or disclose your protected health information for payment. TRS may use or disclose your information to prepare a bill for medical services to you or another person or the company responsible for paying the bill. The bill may include information that identifies you, the health services you received and why you received those services. The second example is that TRS could use or disclose your protected health information to collect your premium payments.
- **For health care operations**. TRS may use or disclose your protected health information to support health plan administration functions. TRS may provide your protected health information to its accountants, attorneys, consultants and others in order to make sure TRS is complying with the laws that affect it. For example, your protected health information may be given to people looking at the quality of the health care you received. Another example of health care operations is TRS using and sharing this information to manage its business and perform its administrative activities.

- When federal, state or local law, judicial or administrative proceedings, or law enforcement requires a use or disclosure. For example, upon receipt of your request for disability retirement benefits, TRS and members of the Medical Board may use your protected health information to determine if you are entitled to a disability retirement. TRS may disclose your protected health information:
  - To a federal or state criminal law enforcement agency that asks for the information for a law enforcement purpose;
  - To a law enforcement official for the purpose of alerting law enforcement of your death if TRS has a suspicion that your death may have resulted from criminal conduct;
  - To the Texas Attorney General to collect child support or to ensure health care coverage for your child;
  - In response to a subpoena if the TRS Executive Director determines that you will have a reasonable opportunity to contest the subpoena;
  - To a governmental entity, an employer or a person acting on behalf of the employer to the extent that TRS needs to share the information to perform TRS's business;
  - To the Texas Legislature or agencies of the state or federal government, including, but not limited to health oversight agencies for activities authorized by law, such as audits; investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities. Oversight agencies seeking this information include government agencies that oversee; (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs, and (iv) compliance with civil rights laws;
  - To a public health authority for the purpose of preventing or controlling disease; and
  - If required by other federal, state or local law.
- **For specific government functions.** TRS may disclose protected health information of military personnel and veterans in certain situations. TRS may also disclose protected health information to authorized federal officials for conducting national security, such as protecting the President of the United States, or conducting intelligence activities, or to the Texas Legislature or agencies of the state or federal government, including, but not limited to health oversight agencies, for activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, civil, administrative, or criminal proceedings or actions, or other activities. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs, and (iv) compliance with civil rights laws.

- **Business associates.** TRS has contracts with individuals and companies (business associates) that help TRS in its business of providing health care coverage and in making disability retirement benefit decisions. For example, several companies assist TRS with the TRS-Care and TRS-ActiveCare programs: BCBSTX, UnitedHealthCare, Humana, Aetna, CVS/Caremark, SilverScripts and Gabriel, Roeder, Smith & Company. Some of the functions these companies provide are: performing audits; performing actuarial analysis; adjudication and payment of claims; customer service support; utilization review and management; coordination of benefits; subrogation; pharmacy benefit management; and technological functions. TRS may disclose your protected health information to its business associates so that they can perform the services that TRS has asked them to do. To protect your health information, however, TRS requires that these companies follow the same rules that are set out in this notice and to notify TRS in the event of a breach of your unsecured protected health information.
- **Executor or Administrator.** TRS may disclose your protected health information to the executor or administrator of your estate.
- **Health-Related Benefits.** TRS or one of its business associates may contact you to provide appointment reminders. They may also contact you to give you information about treatment alternatives or other health benefits or services that may be of interest to you.
- **Legal Proceedings.** TRS may disclose your protected health information: (1) in the course of any judicial or administrative proceeding, including, but not limited to, an appeal of denial of coverage or benefits; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized by law); and (3) when necessary to provide evidence of a crime that occurred on our premises.
- **Coroners, Medical Examiners, Funeral Directors, and Organ Donation.** TRS may disclose protected health information to a coroner or medical examiner for purpose of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. TRS also may disclose, as authorized by law, protected health information to funeral directors so that they may carry out their duties. Further, TRS may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.
- **Research.** TRS may disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.
- **To Prevent a Serious Threat to Health or Safety.** Consistent with applicable federal and state laws, TRS may disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, such as disclosures to prevent disease, help with product recalls, report adverse reactions to medications, or report suspected abuse, neglect or domestic violence.
- **Inmates.** If you are an inmate of a correctional institution, TRS may disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.
- **Workers' Compensation.** TRS may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work related injuries or illnesses.
- **To your personal representative.** TRS may provide your protected health information to a person representing or authorized by you, or any person that you tell TRS in writing is acting on your behalf.
- **To an entity assisting is disaster relief.** TRS may also disclose your protected health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your protected health information, then TRS may, using our professional judgment, determine whether the disclosure is in your best interest. TRS will attempt to gain your personal authorization when possible before making such disclosures.

Certain Uses and Disclosures Requiring an Opportunity to Agree or to Object.

Under the following circumstances, TRS may use or disclose protected health information, provided that TRS informs you in advance of the use or disclosure and you have an opportunity to agree to or prohibit or restrict the use or disclosure of your protected health information. TRS may inform you orally or in writing of and obtain your oral or written agreement or objection to the use or disclosure of your protected health information. TRS will follow your instructions.

- TRS may disclose to a family member, other relative, or a close personal friend, or any other person you identify, your protected health information that (i) is directly relevant to such person's involvement with your health care or payment related to your health care, or (ii) serves to notify or assist in the notification of your location, general condition, or death.
- TRS may use or disclose your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of notifying or assisting in the notification of your location, general condition, or death.

If you are not able to communicate your preference to TRS, for example because you are unconscious, TRS may share your protected health information if TRS believes it is in your best interest to do so.

Certain Disclosures that TRS is Required to Make.

The following is a description of disclosures that TRS is required by law to make:

- **Disclosures to the Secretary of the U.S. Department of Health and Human Services.** TRS is required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Regulations.
- **Disclosures to you.** TRS is required to disclose to you most of your protected health information in a "designated record set" when you request access to this information, including information maintained electronically. Generally, a "designated record set" contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. TRS is also required to provide, upon you request, an accounting of the disclosures of your protected health information. In many cases, your protected health information will be in the possession of a plan administrator or pharmacy benefits manager. If you request protected health information, TRS will work with the administrator or pharmacy benefits manager to provide your protected health information to you.

Certain Uses and Disclosures of Genetic Information that Cannot Be Made.

TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare are prohibited from using or disclosing genetic information for underwriting purposes.

Certain Uses and Disclosures of Protected Health Information that Will Not Be Made.

The following uses and disclosures of protected health information will not be made by TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare:

- Uses and disclosures that constitute marketing purposes;
- Uses and disclosures that constitute the sale of your protected health information; and
- Uses and disclosures that constitute fundraising purposes.

All Other Uses and Disclosures Require Your Prior Written Authorization.

The following uses and disclosures will be made by TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare only with a written permission (an authorization) from you:

- Most uses and disclosures of psychotherapy notes; and
- For any other use or disclosure of your protected health information that is not described in this notice.

If you provide TRS with such an authorization, you may cancel (revoke) the authorization in writing at any time, and this revocation will be effective for future uses and disclosures of your protected health information. Revoking your written permission will not affect a use or disclosure of your protected health information that TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare already made, based on your written authorization.

Your Rights

The following is a description of your rights with respect to your protected health information:

- **The Right to Request Limits on Uses and Disclosures of Your Protected Health Information.** You can ask that TRS limit how it uses and discloses your protected health information. TRS will consider your request but is not required to agree to it. If TRS agrees to your request, TRS will put the agreement in writing and will follow the agreement unless you need emergency treatment, and the information that you asked to be limited is needed for your emergency treatment. You cannot limit the uses and disclosures that TRS is legally required to make. If you are enrolled in TRS-ActiveCare, you may request a restriction in writing to: Blue Cross and Blue Shield of Texas, P.O. Box 805106, Chicago, IL 60680-4112. In your request, state: (1) the information whose disclosure you want to limit, and (2) how you want to limit our use and/or disclosure of the information. If you are enrolled in TRS-Care, you may request a restriction by writing to: Blue Cross and Blue Shield of Texas, P.O. Box 805106, Chicago, IL 60680-4112. In your request, state: (1) the information whose disclosure you want to limit, and (2) how you want to limit our use and/or disclosure of the information. You have the right to request that your protected health information not be disclosed to TRS if you have paid for the service received in full.
- **The Right to Choose How TRS Sends Protected Health Information to You**. You can ask that 'TRS send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, courier service instead of U.S. mail) only if not changing the address or the way TRS communicates with you could put you in physical danger. You must make this request in writing. You must be specific about where and how to contact you. TRS must agree to your request only if:
  - You clearly tell TRS that sending the information do your usual address or in the usual way could put you in physical danger; and
  - You tell TRS a specific alternative address or specific alternative means of sending protected health information to you. If you ask TRS to contact you via an email address, TRS will not send protected health information by email unless it is possible for the protected health information to be encrypted.

- **The Right to See and Get Copies of Your Protected Health Information.** You can look at or get copies of your protected health information that TRS has or that a business associate maintains on TRS' behalf. You must make this request in writing. If your protected health information is not on file at TRS and TRS knows where the information is maintained, TRS will tell you where you can ask to see and get copies of your information. You may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set that is in the possession of TRS or a business associate of TRS. If you request copies of your protected health information, TRS can charge you a fee for each page copied, for the labor involved in compiling and copying the information, and for postage if you request that the copies be mailed to you. Instead of providing the protected health information you request, TRS may provide you with a summary or explanation of the information, but only if you agree in advance to:
  - Receive a summary or explanation instead of the detailed protected health information; and
  - Pay the cost of preparing the summary or explanation.

The fee for the summary or explanation will be in addition to any copying, labor, and postage fees that TRS may require. If the total fees will exceed $40, TRS will tell you in advance. You can withdraw or change your request at any time. TRS may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your protected health information, you may request that the denial be reviewed, TRS will choose a licensed health care professional to review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, the denial will not be reviewable. If this event occurs, TRS will inform you in our denial that the decision is not reviewable.

- **The Right to Get a List of TRS' Uses and Disclosures of Your Protected Health Information.** You have the right to get a list of TRS' uses and disclosures of your protected health information. By law, TRS is not required to create a list that includes any uses or disclosures:
  - To carry out treatment, payment, or health care operations;
  - To you or your personal representative;
  - Because you gave your permission;
  - For national security or intelligence purposes;
  - To corrections or law enforcement personnel; or
  - Made prior to three (3) years before the date of your request, but in no event made before April 14, 2003.
- TRS will respond to your request within 60 days of receiving it. TRS can extend this deadline one time by an additional 30 days. If TRS extends its response time, TRS will tell you in writing the reasons for the delay and the date by which TRS will provide the list. The list will include:
  - The date of the disclosure or use;
  - The person or entity that received the protected health information;
  - A brief description of the information disclosed; and
  - Why TRS disclosed or used the information.
- If TRS disclosed your protected health information because you gave TRS written permission to disclose the information, instead of telling you why TRS disclosed information, TRS will give you a copy of your written permission. You can get a list of disclosures for free every 12 months. If you request more than one list during a 12-month period, TRS can charge you for preparing the list, including charges for copying, labor, and postage to process and mail each additional list. These fees will be the same as the fees allowed under the Texas Public Information Act. TRS will tell you in advance of the fees it will charge. You can withdraw or change your request at any time.

- **The Right to Correct or Update Your Protected Health Information.** If you believe there is a mistake in your protected health information or that a piece of important health information is missing, you can ask TRS to correct or add the information. You must request the correction or addition in writing. Your letter must tell TRS what you think is wrong and why you think it is wrong. TRS will respond to your request within 60 days of receiving it. TRS can extend this deadline one time by an additional 30 days. If TRS extends its response time, it must tell you in writing the reasons for the delay and the date by which TRS will respond. Because of the technology used to store information and laws requiring TRS to retain information in its original text, TRS may not be able to change or delete information, even if it is incorrect. If TRS decides that it should correct or add information, it will add the correct or additional information to your records and note that the new information takes the place of the old information. The old information may remain in your record. TRS will tell you that the information has been added or corrected. TRS will also tell its business associates that need to know about the change to your protected health information. TRS will deny your request if your request is not in writing or does not have a reason why the information is wrong or incomplete. TRS will also deny your request if the protected health information is:
  - Correct and complete;
  - Not created by TRS; or
  - Not part of TRS' records.

TRS will send you the denial in writing. The denial will say why your request was denied and explain your right to send TRS a written statement of why you disagree with TRS' denial. TRS' denial will also tell you how to complain to TRS or the Secretary of the Department of Health and Human Services. If you send TRS a written statement of why you disagree with the denial, TRS can file a written reply to your statement. TRS will give you a copy of any reply. If you file a written statement disagreeing with the denial, TRS must include your request for an amendment, the denial, your written statement of disagreement and any reply when TRS discloses the protected health information that you asked to be changed; or TRS can choose to give out a summary of that information with a disclosure of the protected health information that you asked to be changed. Even if you do not send TRS a written statement explaining why you disagree with the denial, you can ask that your request and TRS' denial be attached to all future disclosures of the protected health information that you wanted changed.

- **The Right to be Notified of a Breach of Unsecured Protected Health Information.** You have the right to be notified and TRS has the duty to notify you of a breach of your unsecured protected health information. A breach means the acquisition, access, use, or disclosure of your unsecured protected health information in a manner not permitted under HIPAA that compromises the security or privacy of your protected health information. If this occurs, you will be provided information about the breach and how you can mitigate any harm as a result of the breach.
- **The Right to Get This Notice.** You can get a paper copy of this notice on request.
- **The Right to File a Complaint.** If you think that TRS has violated your privacy rights concerning your protected health information, you can file a written complaint with the TRS Privacy Officer by mailing your complaint to:

  Privacy Officer
  Teacher Retirement System of Texas
  1000 Red River Street
  Austin, Texas 78701

  All complaints must be in writing.
  You may also send a written complaint to:

  Region VI, U.S. Department of Health & Human Services
  Regional Manager, Office for Civil Rights
  1301 Young Street, Suite 106
  Dallas, Texas 75202
  Email to OCRmail@hhs.gov

Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

Finally, you may send a written complaint to:

Texas Office of the Attorney General
P.O. Box 12548
Austin, Texas, 78711-2548
1-800-806-2092

TRS will not penalize or in any other way retaliate against you if you file a complaint.

More information

Please contact in writing the Privacy Officer, at the following address, if you have any questions about the privacy practices described in this notice or how to file a complaint.

Privacy Officer
Teacher Retirement System of Texas
1000 Red River Street
Austin, TX 78701

If you want more information about this notice or how to exercise your rights, please contact the TRS Telephone Counseling Center at **1-800-223-8778**. For the Hearing Impaired: Dial Relay Texas 711.

NOTICE OF NON-DISCRIMINATION AND AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES

DISCRIMINATION IS AGAINST THE LAW

The Teacher Retirement System of Texas (TRS) complies with applicable Federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability or sex. TRS provides free aids and services, such as: written information in other formats (large print, audio, accessible electronic formats, other formats), qualified interpreters (including sign language interpreters), and written information in other languages.

If you need these services, call **1-888-237-6762 (TTY: 711).**

If you believe that TRS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance in person or by mail, fax or email:

MAIL: Section 1557 Coordinator,
1000 Red River Street,
Austin, TX, 78701

FAX: 1-512-542-6575

EMAIL: **section1557coordinator@trs.texas.gov**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services online, by mail or by phone at:

ONLINE: **www.ocrportal.hhs.gov/ocr/portal/lobby.jsf**

MAIL: U.S. Department of Health and Human Services,
200 Independence Avenue, SW, Room 509F, HHH Building,
Washington, D.C. 20201

PHONE: 1-800-368-1019, 1-800-537-7697 (TDD)

Initial Notice About Special Enrollment Rights In Your Group Health Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about a very important provision in the program. You have the right to enroll in the program under its “special enrollment provisions” if (i) you acquire a new dependent or if (ii) you decline coverage under this program for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Teladoc is being provided to TRS-ActiveCare members and members of plans administered by TRS-ActiveCare. Teladoc and Teladoc physicians are independent contractors and are neither agents nor employees of TRS-ActiveCare or plans administered by TRS-ActiveCare. Teladoc is not available in all states. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.

Virtual and telephonic visits are powered by exclusive software own and operated by RediMD. It is important to verify and understand the terms and conditions of your benefit plan. Terms and conditions may apply based on plan design with limitations and exclusions. Virtual and telephonic services provided are not to be accepted as a health plan or act as a pharmacy distributor or prescription manager. RediMD reserves to sole right to deny care when it believes the risk of possible abuse is present. A virtual visit with RediMD does not provide assurances prescription orders will be issued and RediMD does not prescribe DEA-controlled substances, non-therapeutic drugs or drugs which may be harmful or lead to abuse. RediMD operates in many different states and is subject to regulatory rules and jurisdictional limitations.

Oversight and program management, including contracted providers, of the virtual medicine services provided are solely controlled by RediMD. RediMD and the RediMD logo are registered trademarks of RediMD LLC and may not be used without written permission.

Naturally Slim is an independent company that contracts directly with Scott and White to provide weight management programs. Naturally Slim does not provide Blue Cross and Blue Shield products or services and are solely responsible for the products and services they provide.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

BlueCross BlueShield of Texas

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