

Service Area **Customer Service**
 Statewide (866) 355-5999
 8 a.m. to 8 p.m. (Central Time) Monday through Friday

Type of Service	ActiveCare 1-HD		ActiveCare 1	
	Network	Non-Network	Network	Non-Network
General Provisions	No primary care physician required		No primary care physician required	
Deductible (per plan year)				
Individual–You pay	\$2,300 for employee only <small>(meets IRS definition of a high deductible health plan)</small>		\$1,150 <small>(meets IRS definition of a high deductible health plan)</small>	
Family–You pay	\$2,300 <small>(meets IRS definition of a high deductible health plan)</small>		\$3,000 <small>(does not meet IRS definition of a high deductible health plan)</small>	
Out-of-pocket maximum (per plan year)				
Individual–You pay	\$3,000 plus deductible for employee only		\$2,000 plus deductible	
Family–You pay	\$5,000 plus deductible		\$6,000 plus deductible	
Maximum Lifetime Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Doctor and Lab Services				
Doctor office visits–You pay	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Allergy injections–You pay	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Office surgery–You pay	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient surgery–You pay	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Maternity care (doctor charges only; see Hospital/Facility Services for inpatient charges)–You pay	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Inpatient doctor visits–You pay	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Contraceptive devices–You pay	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Preventive Care				
Doctor office visits	Plan pays 100% up to the first \$500 per individual, per plan year; remaining charges will be subject to deductible and coinsurance	40% after deductible	Plan pays 100% up to the first \$500 per individual, per plan year; remaining charges will be subject to deductible and coinsurance	40% after deductible
Services limited to one per person per plan year: routine physicals, OB/GYN well-woman exams, routine mammograms, and eye exams. Other services include well-baby exams, immunizations, hearing exams, and PSA, colorectal cancer, osteoporosis screenings				
Hospital/Facility Services				
Inpatient hospital and other inpatient charges–You pay	20% after deductible (preauthorization required)	40% after deductible (preauthorization required)	20% after deductible (preauthorization required)	40% after deductible (preauthorization required)
Outpatient surgery–You pay	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient hospital/facility–You pay	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency room care–You pay	20% after deductible		20% after deductible	

Type of Service	ActiveCare 2		ActiveCare 3	
	Network	Non-Network	Network	Non-Network
General Provisions	No primary care physician required		No primary care physician required	
Deductible (per plan year)				
Individual–You pay	\$500		None	\$500
Family–You pay	\$1,500		None	\$1,500
Out-of-pocket maximum (per plan year)				
Individual–You pay	\$2,000 plus deductible and copays		\$1,000 plus copays	\$3,000 plus deductible and copays
Family–You pay	\$6,000 plus deductible and copays		N/A	N/A
Maximum Lifetime Benefit	Unlimited	Unlimited	Unlimited	\$1,000,000
Doctor and Lab Services				
Doctor office visits–You pay	\$25 copay for primary \$35 copay for specialist 20% after deductible (when no office visit is billed)	40% after deductible	\$20 copay for primary \$30 copay for specialist 20% (when no office visit is billed)	40% after deductible
Allergy injections–You pay	20% after deductible	40% after deductible	20%	40% after deductible
Office surgery–You pay	20% after deductible	40% after deductible	20%	40% after deductible
Outpatient surgery–You pay	20% after deductible	40% after deductible	20%	40% after deductible
Maternity care (doctor charges only; see Hospital/Facility Services for inpatient charges)–You pay	\$25 copay for primary \$35 copay for specialist (for initial visit only; 20% after deductible for delivery)	40% after deductible	\$20 copay for primary \$30 copay for specialist (for initial visit only; 20% for delivery)	40% after deductible
Inpatient doctor visits–You pay	20% after deductible	40% after deductible	20%	40% after deductible
Contraceptive devices–You pay	20% after deductible	40% after deductible	20%	40% after deductible
Preventive Care				
Doctor office visits	\$25 copay for primary \$35 copay for specialist (includes all preventive care services billed with an office visit by a network doctor; coinsurance applies when no office visit is billed or services are performed outside the office – deductible waived)	40% after deductible	\$20 copay for primary \$30 copay for specialist (includes all preventive care services billed with an office visit by a network doctor; coinsurance applies when no office visit is billed or services are performed outside the office)	40% after deductible
Services limited to one per person per plan year: routine physicals, OB/GYN well-woman exams, routine mammograms, and eye exams. Other services include well-baby exams, immunizations, hearing exams, and PSA, colorectal cancer, osteoporosis screenings				
Hospital/Facility Services				
Inpatient hospital and other inpatient charges–You pay	20% after deductible plus \$100 copay per day (\$500 maximum copay per admission; \$1,500 maximum copay per plan year; preauthorization required)	40% after deductible plus \$100 copay per day (\$500 maximum copay per admission; \$1,500 maximum copay per plan year; preauthorization required)	20% plus \$100 copay per day (\$500 maximum copay per admission; \$1,500 maximum copay per plan year; preauthorization required)	40% after deductible plus \$100 copay per day (\$500 maximum copay per admission; \$1,500 maximum copay per plan year; preauthorization required)
Outpatient surgery–You pay	20% after deductible plus \$100 copay per visit	40% after deductible plus \$100 copay per visit	20% plus \$100 copay per visit	40% plus \$100 copay per visit
Outpatient hospital/facility–You pay	20% after deductible	40% after deductible	20%	40% after deductible
Emergency room care–You pay	20% after deductible, plus \$100 copay (copay waived if admitted)		20% after \$100 copay (copay waived if admitted)	

This is a general summary of your TRS-ActiveCare plan options. Please refer to your Benefits Booklet for details specific to your plan. Please see the Limitations and Exclusions section at the back of your enrollment guide.

20 PPO BENEFITS SUMMARIES AND PLAN COMPARISONS

www.txs.state.tx.us/irs-activecare



21

www.txs.state.tx.us/irs-activecare

Service Area **Customer Service**
 Statewide (866) 355-5999
 8 a.m. to 8 p.m. (Central Time) Monday through Friday

Type of Service	ActiveCare 1-HD		ActiveCare 1	
	Network	Non-Network	Network	Non-Network
General Provisions	No primary care physician required		No primary care physician required	
Behavioral Health (Mental Health and Chemical Dependency)				
Mental Health	Preauthorization required	Preauthorization required	Preauthorization required	Preauthorization required
Inpatient facility–You pay	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Maximum per plan year	30 days		30 days	
Inpatient physician charges–You pay	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Maximum per plan year	30 visits		30 visits	
Outpatient/office visit	20% after deductible	40% after deductible (maximum \$60 allowable per visit)	20% after deductible	40% after deductible (maximum \$60 allowable per visit)
Maximum per plan year	30 visits		30 visits	
Chemical dependency	Maximum of two separate series per lifetime		Maximum of two separate series per lifetime	
Inpatient facility–You pay	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Inpatient physician charges–You pay	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient–You pay	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Office visit–You pay	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Serious Mental Illness				
Inpatient facility–You pay	Preauthorization required	Preauthorization required	Preauthorization required	Preauthorization required
	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Maximum per plan year	45 days		45 days	
Inpatient physician charges–You pay	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Maximum per plan year	45 visits		45 visits	
Outpatient/office visit–You pay	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Maximum per plan year	60 visits		60 visits	
Prescription Drugs				
Drug deductible	Subject to plan year deductible		Subject to plan year deductible	
Retail Short-Term	Up to 30-day supply	Up to 30-day supply	Up to 30-day supply	Up to 30-day supply
Generic–You pay Preferred Brand–You pay Non-preferred Brand–You pay	20% after deductible	You will be reimbursed the amount that would have been charged by a network pharmacy less the required deductible and coinsurance	20% after deductible	You will be reimbursed the amount that would have been charged by a network pharmacy less the required deductible and coinsurance
Retail Maintenance (after second fill)	Up to 30-day supply	Up to 30-day supply	Up to 30-day supply	Up to 30-day supply
Generic–You pay Preferred Brand–You pay Non-preferred Brand–You pay	20% after deductible	You will be reimbursed the amount that would have been charged by a network pharmacy less the required deductible and coinsurance	20% after deductible	You will be reimbursed the amount that would have been charged by a network pharmacy less the required deductible and coinsurance
Medco by Mail	Up to 90-day supply	N/A	Up to 90-day supply	N/A
Generic–You pay Preferred Brand–You pay Non-preferred Brand–You pay	20% after deductible	N/A	20% after deductible	N/A
Maximum Plan Year Prescription Benefit	Unlimited	Unlimited	Unlimited	Unlimited

ActiveCare 2	ActiveCare 3	
	Network	Non-Network
No primary care physician required		No primary care physician required
Preauthorization required	Preauthorization required	Preauthorization required
20% after deductible plus \$100 copay per day (\$500 maximum copay per admission; \$1,500 maximum copay per plan year; preauthorization required)	40% after deductible plus \$100 copay per day (\$500 maximum copay per admission; \$1,500 maximum copay per plan year; preauthorization required)	20% plus \$100 copay per day (\$500 maximum copay per admission; \$1,500 maximum copay per plan year; preauthorization required)
30 days	30 days	30 days
20% after deductible	40% after deductible	20%
30 visits	30 visits	30 visits
20% after deductible	40% after deductible (maximum \$60 allowable per visit)	20%
30 visits	30 visits	30 visits
Maximum of two separate series per lifetime		Maximum of two separate series per lifetime
20% after deductible plus \$100 copay per day (\$500 maximum copay per admission; \$1,500 maximum copay per plan year; preauthorization required)	40% after deductible plus \$100 copay per day (\$500 maximum copay per admission; \$1,500 maximum copay per plan year; preauthorization required)	20% plus \$100 copay per day (\$500 maximum copay per admission; \$1,500 maximum copay per plan year; preauthorization required)
20% after deductible	40% after deductible	20%
20% after deductible	40% after deductible	20%
\$25 copay for primary \$35 copay for specialist	40% after deductible	\$20 copay for primary \$30 copay for specialist
Preauthorization required	Preauthorization required	Preauthorization required
20% after deductible plus \$100 copay per day (\$500 maximum copay per admission; \$1,500 maximum copay per plan year; preauthorization required)	40% after deductible plus \$100 copay per day (\$500 maximum copay per admission; \$1,500 maximum copay per plan year; preauthorization required)	20% plus \$100 copay per day (\$500 maximum copay per admission; \$1,500 maximum copay per plan year; preauthorization required)
45 days	45 days	No day limitations
20% after deductible	40% after deductible	20%
45 visits	45 visits	No visit limitations
\$25 copay for primary \$35 copay for specialist (for other services, 20% after deductible)	40% after deductible	\$20 copay for primary \$30 copay for specialist (20% for other services)
60 visits	60 visits	No visit limitations
\$50 per person, per plan year		\$50 per person, per plan year
Up to 30-day supply	Up to 30-day supply	Up to 30-day supply
\$10 copay \$25 copay* \$45 copay*	You will be reimbursed the amount that would have been charged by a network pharmacy less the required copay	\$10 copay \$25 copay* \$40 copay*
Up to 30-day supply	Up to 30-day supply	Up to 30-day supply
\$15 copay \$35 copay* \$60 copay*	You will be reimbursed the amount that would have been charged by a network pharmacy less the required copay	\$15 copay \$35 copay* \$55 copay*
Up to 90-day supply	N/A	Up to 90-day supply
\$20 copay \$62.50 copay* \$112.50 copay*	N/A	\$20 copay \$62.50 copay* \$100 copay*
Unlimited	Unlimited	Unlimited

* If you obtain a brand-name drug when a generic equivalent is available, you are responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug. This is a general summary of your TRS-ActiveCare plan options. Please refer to your Benefits Booklet for details specific to your plan. Please see the Limitations and Exclusions section at the back of your Enrollment Guide.