

2024-25 Medical Plans

Who Can Enroll:	Eligible For:
❶ Employees/TRS Members working 25 or more hours per week (63-100%)	All types of plans, and the District Contribution to the medical premium
❷ Employees/TRS Members working between 20-24 hours per week (50-62%)	Medical plan only, with the District Contribution to the premium
❸ Employees working between 10-19.9 hours per week (25-49%)	Medical plan only, no District Contribution
❹ Substitutes regularly working 10 or more hours per week	Medical plan only, no District Contribution

ActiveCare Primary	Total Monthly Cost (groups ❸ & ❹)	PISD Contribution	Reduced Monthly Cost (groups ❶ & ❷)
Employee Only	\$501	\$330	\$171
Employee & Spouse	\$1,353	\$330	\$1,023
Employee & Child(ren)	\$852	\$330	\$522
Employee & Family	\$1,704	\$330	\$1,374

Plan At a Glance
Mid-range deductible Copays for doctor visits Statewide network PCP referrals required

ActiveCare HD	Total Monthly Cost (groups ❸ & ❹)	PISD Contribution	Reduced Monthly Cost (groups ❶ & ❷)
Employee Only	\$513	\$330	\$183
Employee & Spouse	\$1,386	\$330	\$1,056
Employee & Child(ren)	\$873	\$330	\$543
Employee & Family	\$1,745	\$330	\$1,415

High deductible Nationwide network HSA-eligible

ActiveCare Primary +	Total Monthly Cost (groups ❸ & ❹)	PISD Contribution	Reduced Monthly Cost (groups ❶ & ❷)
Employee Only	\$588	\$330	\$258
Employee & Spouse	\$1,529	\$330	\$1,199
Employee & Child(ren)	\$1,000	\$330	\$670
Employee & Family	\$1,941	\$330	\$1,611

Lower deductible Copays for doctor visits Statewide network PCP referrals required

ActiveCare 2	Total Monthly Cost (groups ❸ & ❹)	PISD Contribution	Reduced Monthly Cost (groups ❶ & ❷)
Employee Only	\$1,013	\$330	\$683
Employee & Spouse	\$2,402	\$330	\$2,072
Employee & Child(ren)	\$1,507	\$330	\$1,177
Employee & Family	\$2,841	\$330	\$2,511

Closed to new enrollees Lower deductible Nationwide network
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ActiveCare 2 remains available to current enrollees only. It is not available to new enrollees.

See Plan Summaries on the following pages

	ActiveCare Primary <i>(Blue Cross Blue Shield)</i>	ActiveCare HD <i>(Blue Cross Blue Shield)</i>	ActiveCare Primary + <i>(Blue Cross Blue Shield)</i>
Plan Summary	<ul style="list-style-type: none"> • Lowest premium • Copays for doctor visits • Statewide network¹ • PCP referrals required to see specialists • Not compatible with HSA • No out-of-network coverage 	<ul style="list-style-type: none"> • Compatible with HSA • Nationwide network with out-of-network coverage • No requirement for PCP referrals • Must meet deductible before plan pays for non-preventive care 	<ul style="list-style-type: none"> • Lower deductible than HD and Primary plan • Copays for doctor visits • Statewide network¹ • PCP referrals required to see specialists • Not compatible with HSA • No out-of-network coverage

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network	Out-of-Network	In-Network Coverage Only
Individual/Family Deductible	\$2,500 / \$5,000	\$3,200 / \$6,400	\$6,400 / \$12,800	\$1,200 / \$2,400
Coinsurance	You pay 30% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible
Individual/Family Max Out-of-Pocket	\$8,050 / \$16,100	\$8,050 / \$16,100	\$20,250 / \$40,500	\$6,900 / \$13,800
Network	Statewide Network ¹	Nationwide Network		Statewide Network ¹
Primary Care Provider (PCP) Required	Yes	No		Yes

Doctor Visits				
Primary Care	\$30 copay	You pay 30% after deductible	You pay 50% after deductible	\$15 copay
Specialist	\$70 copay	You pay 30% after deductible	You pay 50% after deductible	\$70 copay

Immediate Care				
Urgent Care	\$50 copay	You pay 30% after deductible	You pay 50% after deductible	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% after deductible		You pay 20% after deductible
Virtual Health Programs	RediMD \$0 medical consultation Teladoc \$12 medical consultation	RediMD \$30 medical consultation Teladoc \$42 medical consultation		RediMD \$0 medical consultation Teladoc \$12 medical consultation

Prescription Drugs <i>(avoid additional costs by filling 90-day supplies of long-term medications)</i>			
Drug Deductible	Integrated with medical	Integrated with medical	\$200 brand deductible
Generics (30 day / 90 day supply)	\$15 / \$45 copay \$0 copay for certain generics	You pay 20% after deductible; \$0 copay for certain generics	\$15 / \$45 copay
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31 day max)	\$0 if SaveOnSP eligible; or You pay 30% after deductible	You pay 20% after deductible	\$0 if SaveOnSP eligible; or You pay 30% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply \$75 copay for 61-90 day supply	You pay 25% after deductible	\$25 copay for 31-day supply \$75 copay for 61-90 day supply

¹ Call 1-866-355-5999 to expand network coverage on the Primary and Primary+ plans for kids at college out-of-state

	ActiveCare 2 (Blue Cross Blue Shield)
Plan Summary	<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Copays for doctor visits • Nationwide network with out-of-network coverage • No requirement for PCP referrals • Not compatible with HSA

Plan Features		
Type of Coverage	In-Network	Out-of-Network
Individual/Family Deductible	\$1,000 / \$3,000	\$2,000 / \$6,000
Coinsurance	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Max Out-of-Pocket	\$7,900 / \$15,800	\$23,700 / \$47,400
Network	Nationwide Network	
Primary Care Provider (PCP) Required	No	

Doctor Visits		
Primary Care	\$30 copay	You pay 40% after deductible
Specialist	\$70 copay	You pay 40% after deductible

Immediate Care		
Urgent Care	\$50 copay	You pay 40% after deductible
Emergency Care	\$250 copay plus 20% after deductible	
Virtual Health Programs	RediMD \$0 medical consultation Teladoc \$12 medical consultation	

Prescription Drugs	
Drug Deductible	\$200 brand deductible
Generics (30 day / 90 day supply)	\$20 / \$45 copay
Preferred Brand	You pay 25% after deductible (30-day \$40 min/\$80 max / 90-day \$105 min/\$210 max)
Non-preferred Brand	You pay 50% after deductible (30-day \$100 min/\$200 max / 90-day \$215 min/\$430 max)
Specialty (31 day max)	\$0 if SaveOnSP eligible; or You pay 30% after deductible (\$200 min/\$900 max)
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply \$75 copay for 61-90 day supply

Important Notes

Provider Network Search

Review each plan's list of in-network providers. Even for Blue Cross Blue Shield, a doctor may be in-network for one plan but not another.

The Primary and Primary + plans use a specially curated network that some doctors refer to as an HMO network. If you select either of these plans, the plan will only cover doctors within this network. Do some extra checking if you have specific doctors that you need to see.

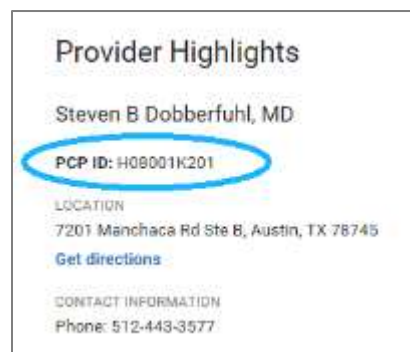
www.bcbstx.com/trsactivecare/doctors-and-hospitals

Choose a PCP

If you enroll in the Primary or Primary + plans, you must [select a PCP](#). Your PCP will help you manage your health care journey and must provide referrals to specialists.

www.bcbstx.com/trsactivecare/doctors-and-hospitals

Make note of the provider's 10-digit PCP ID shown in their profile, which you will need to complete your online enrollment.



ID Cards

You will receive a card from BCBS for medical services, and a separate card from Express Scripts for prescriptions.

www.bcbstx.com/trsactivecare
www.esrx.com/trsactivecare

Included on All Medical Plans

Learn More at www.bcbstx.com/trsactivecare

\$0 Preventive Care

100% coverage for in-network preventive care:

- Annual routine physicals (age 12+)
- Annual mammogram (age 35+)
- Annual OBGYN exam & pap smear (age 18+)
- Annual prostate cancer screening (age 45+)
- Colonoscopy (age 45+ once every 10 years)
- Well-child care
- Healthy diet counseling
- Smoking cessation counseling

Pregnancy Support

Ovia Health apps for health trackers, videos, tips, coaching, and more

Coverage for **breast pump** purchase or rental

Lactation specialist covered 100% (6 visits per year)

Digital self-guided courses through **Well onTarget**

Virtual Options

Teladoc – virtual doctor visits for cold and flu, allergies, acute illnesses, asthma, mental health, and more

RediMD – virtual doctor visits for skin issues, muscle strains, respiratory infections, digestive problems, and more

Well onTarget & Fitness Program

Well onTarget – digital self-guided courses, or one-on-one support from a wellness coach, on a wide variety of topics

Fitness Program – affordable, no-contract memberships at gyms nationwide. There's also a virtual-only option.

Additional Mental Health Support

Teladoc – speak with a licensed mental health provider online or over the phone (\$0 on Primary and Primary + plans)

Learn to Live – free online program to get help with stress, anxiety, depression, substance abuse, and more

Headway – search for and schedule an appointment with an in-network licensed therapist or psychiatrist

Member Rewards

When you choose to use a cost-effective, trusted provider for services like MRI, CT scan, mammogram, and colonoscopy, you can **earn rewards** to apply towards the cost of future medical expenses

Earn up to \$599 per person per year to reduce future copays or coinsurance

Airrosti Musculoskeletal Care

Virtual and in-person options to help provide **pain relief** in the back, knee, arm, foot, wrist, and more

Blue Points & Blue365

Blue Points – earn and redeem points for participating in healthy activities

Blue365 – save money on health and wellness products from top retailers