

## FOCUS on TRS ActiveCare

#2 – 10/01/2010

### Important Terms and Example

Also, when choosing a health plan, be sure to consider the total cost of your options, including:

- **Coinsurance:** The percentage of medical expenses that you and the plan share. For example, if the network coinsurance amount is “80/20,” that means that the plan pays 80% and you pay 20% of the allowable amount after any applicable deductible is paid.
- **Copayments:** The set amount you pay for certain medical services and prescription drugs at the time of service.
- **Deductibles:** The set amount of out-of-pocket expense, if applicable, that must be paid for health care services by the covered person before the plan begins to share costs.
- **Employee contributions:** The expense paid by the employee for coverage through the TRS-ActiveCare program.
- **District Contribution:** A defined dollar amount determined and paid by your district on a monthly basis to offset the covered person's plan costs
- **Lifetime Maximum:** This maximum indicates the most an individual can receive in benefits while covered by TRS-ActiveCare. This applies only to non-network benefits under ActiveCare 3..
- **Out-of-Pocket Maximum:** If you reach your plan's out-of-pocket maximum, the plan then pays 100% of any eligible expenses for the remainder of the plan year. Office visit copays continue after the out-of-pocket maximum is reached. Copays do not apply to the out-of-pocket maximums for the ActiveCare 1-HD, 1, 2 and 3 plans. Copays do apply to the out-of-pocket maximums for the HMO plans, with the exception of pharmacy copays.

For more terms, go to [http://www.bcbstx.com/trs/pdf/1011\\_trs\\_enroll.pdf](http://www.bcbstx.com/trs/pdf/1011_trs_enroll.pdf) and turn to page 31.

#### Example: Meeting a deductible and applying coinsurance and copays

Jim has PPO health coverage with a \$500 deductible and 20 percent coinsurance. His health plan pays 80 percent after the deductible is satisfied. Jim didn't have any health care services until he began to experience severe pain in his lower back. He went to the ER for treatment. They found he had kidney stones and admitted him for surgery. Jim was in the hospital for three days. He used network providers for his care. His total hospital bill was \$16,680, and the health plan covered \$9,800.

**Note:** The allowed amount for covered services is usually less than the billed charge. Network (contracted) providers will write off the difference. Non-network (non-contracted) providers may decide not to write off the difference and the member may be responsible for paying the difference in charges.

Billed charge:	\$16,680
Plan allowed amount for covered services:	\$ 9,800
Jim is responsible for his \$100 copay per day for his 3-day inpatient hospital stay:	\$ 300
Jim must also meet his AC2 deductible. He is responsible for:	\$ 500
Balance after deductible and copay:	\$ 9,000
The plan pays 80% of Jim's hospital bill:	\$ 7,200
Jim is responsible for 20% coinsurance:	\$ 1,800
Jim's total responsibility for this claim is: (hospital copay plus deductible plus 20% coinsurance)	\$ 2,600 for his hospital stay

For more information, please contact:

EPISD Employee Benefits  
Human Resources Division  
(915) 881-2670

Web Site [www.episdbenefits.org](http://www.episdbenefits.org)

Blue Cross Blue Shield of Texas  
Customer Service for TRS ActiveCare  
1-866-355-5999

<http://www.bcbstx.com/trs/>

This is a general summary of your TRS-ActiveCare plan options. Please refer to your benefit booklet for details specific to your plan.