

TRS-ActiveCare PPO Rates and Benefits for 2011-2012
Effective September 1, 2011

TRS-ActiveCare 1

Plan Feature	2010-2011 Plan Year	2011-2012 Plan Year
Preventive Services*	100% of first \$500, then deductible and coinsurance	100% of A/B listed preventive services
Annual Skilled Nursing Limit*	\$10,000	25 days
Annual Home Health Limit*	\$10,000	60 visits
Chiropractic Services Limit*	\$1,500	35 visits
Hospice Lifetime Maximum*	\$20,000	Unlimited
Bariatric Surgery Copay	\$0	\$5,000

*Required by the Patient Protection and Affordable Care Act (PPACA)

TRS-ActiveCare 1	Gross Monthly Premium Before State and District Contributions	
Coverage Tier	2010-2011 Plan Year	2011-2012 Plan Year
Employee Only	\$297.00	\$325.00
Employee & Spouse	\$677.00	\$741.00
Employee & Children	\$474.00	\$519.00
Employee & Family	\$746.00	\$817.00

TRS-ActiveCare 1-HD

Plan Feature	2010-2011 Plan Year	2011-2012 Plan Year
Preventive Services*	100% of first \$500, then deductible and coinsurance	100% of A/B listed preventive services
Annual Skilled Nursing Limit*	\$10,000	25 days
Annual Home Health Limit*	\$10,000	60 visits
Chiropractic Services Limit*	\$1,500	35 visits
Hospice Lifetime Maximum*	\$20,000	Unlimited
Bariatric Surgery Copay	\$0	\$5,000

*Required by the Patient Protection and Affordable Care Act (PPACA)

TRS-ActiveCare 1-HD	Gross Monthly Premium Before State and District Contributions	
Coverage Tier	2010-2011 Plan Year	2011-2012 Plan Year
Employee Only	\$262.00	\$287.00
Employee & Spouse	\$642.00	\$703.00
Employee & Children	\$409.00	\$448.00
Employee & Family	\$840.00	\$920.00

The cost of “employee and family” coverage for ActiveCare 1-HD is correct as shown. “Employee and family” coverage is more expensive for ActiveCare 1-HD than ActiveCare 1 because the deductible and out-of-pocket maximum amounts for family are less and the plan may begin paying benefits sooner. For ActiveCare 1, “employee and family” coverage is less expensive than ActiveCare 1-HD because the deductible and out-of-pocket maximum amounts for family are greater, and it will take longer to accumulate the medical and prescription drug expenses to satisfy these amounts.

ActiveCare 1-HD is not for everyone. Employees should look beyond the premium to ensure the plan’s higher deductible and out-of-pocket maximums will meet the employee (and/or family’s) needs for health care coverage. For example, there is a \$38 cost difference between the premium for “employee only” coverage for ActiveCare 1-HD and ActiveCare 1. The annual savings would be \$456, yet the additional deductible amount would be \$1,200 and the additional out-of-pocket maximum would be \$1,000.

TRS-ActiveCare 2

Plan Feature	2010-2011 Plan Year	2011-2012 Plan Year
Preventive Services*	Office visit copay	100% of A/B listed preventive services
Individual Medical Deductible	\$500	\$750
Family Medical Deductible	\$1,500	\$2,250
Emergency Room Copay	\$100	\$150
High-tech Radiology Copay	20% after deductible	\$100 copay, plus 20% after deductible
Inpatient Copay	\$100/day with 5 day max.	\$150/day with 5 day max.
Outpatient Surgery	\$100 copay, plus 20% after deductible	\$150 copay, plus 20% after deductible
Annual Skilled Nursing Limit*	\$10,000	25 days
Annual Home Health Limit*	\$10,000	60 visits
Chiropractic Services Limit*	\$1,500	35 visits
Hospice Lifetime Maximum*	\$20,000	Unlimited
Bariatric Surgery Copay	\$0	\$5,000
Prescription Drug Deductible	\$50	\$100
Retail Rx	\$10/\$25/\$45	\$15/\$35/\$60
Retail Maintenance Rx (3 rd fill)	\$15/\$35/\$60	\$20/\$45/\$75
Mail Rx (up to 90 days)	\$20/\$62.50/\$112.50	\$45/\$105/\$180
Specialty Drugs	Standard copays	\$200 copay per fill

*Required by the Patient Protection and Affordable Care Act (PPACA)

TRS-ActiveCare 2	Gross Monthly Premium Before State and District Contributions	
Coverage Tier	2010-2011 Plan Year	2011-2012 Plan Year
Employee Only	\$396.00	\$434.00
Employee & Spouse	\$901.00	\$987.00
Employee & Children	\$630.00	\$690.00
Employee & Family	\$991.00	\$1,085.00

TRS-ActiveCare 3

Plan Feature	2010-2011 Plan Year	2011-2012 Plan Year
Preventive Services*	Office visit copay	100% of A/B listed preventive services
Individual Medical Deductible	\$0	\$300
Family Medical Deductible	\$0	\$900
Emergency Room Copay	\$100	\$150
High-tech Radiology Copay	20%	\$100 copay, plus 20% after deductible
Inpatient Copay	\$100/day with 5 day max.	\$150/day with 5 day max.
Outpatient Surgery	20% coinsurance	\$150 copay, plus 20% after deductible
Annual Skilled Nursing Limit*	\$10,000	25 days
Annual Home Health Limit*	\$10,000	60 visits
Chiropractic Services Limit*	\$1,500	35 visits
Hospice Lifetime Maximum*	\$20,000	Unlimited
Out-of-network Lifetime Max.*	\$1,000,000	Unlimited
Bariatric Surgery Copay	\$0	\$5,000
Prescription Drug Deductible	\$50	\$75
Retail Rx	\$10/\$25/\$40	\$15/\$35/\$60
Retail Maintenance Rx (3 rd fill)	\$15/\$35/\$55	\$20/\$45/\$75
Mail Rx (up to 90 days)	\$20/\$62.50/\$100	\$45/\$105/\$180
Specialty Drugs	Standard copays	\$200 copay per fill

*Required by the Patient Protection and Affordable Care Act (PPACA)

TRS-ActiveCare 3	Gross Monthly Premium Before State and District Contributions	
Coverage Tier	2010-2011 Plan Year	2011-2012 Plan Year
Employee Only	\$533.00	\$584.00
Employee & Spouse	\$1,213.00	\$1,328.00
Employee & Children	\$850.00	\$931.00
Employee & Family	\$1,334.00	\$1,461.00