TRS-ActiveCare Medical Insurance

Lewisville ISD offers health insurance through TRS-ActiveCare. The following information applies only to TRS-ActiveCare:

District Contribution – All active, contributing members of TRS are eligible to receive the District Contribution toward their health insurance premium. The District Contribution is only available for the health insurance premium and cannot be used for any other benefit.

Eligibility - all active, contributing members of TRS are eligible to participate in TRS-ActiveCare. This includes full time and part time employees. Employees who are not active contributing members of TRS who work at least 10 hours per week are also eligible but do not qualify for the District Contribution.

Employees NOT eligible to enroll - State of Texas employees, higher education employees, TRS retirees including those back at work (These individuals are not eligible to enroll for TRS-ActiveCare coverage as employees, but they can be covered as a dependent of an eligible employee.)

Eligible dependents

- Spouse (including a common law spouse)
- Children under age 26 - natural child, adopted child, stepchild, foster child, child under the **legal guardianship** of the employee
- An unmarried child in a **regular parent-child relationship** with the employee if the child's primary residence is the household of the employee and the employee provides at least 50% of the child's support and neither of the child's natural parents resides in that household and the employee has the legal right to make decisions regarding the child's medical care.
- A **grandchild** whose primary residence is the household of the employee and who is a dependent of the employee for federal income tax purposes.
- A child (any age) who is mentally or physically disabled. Any other dependents required to be covered under applicable law.
- A newborn is automatically covered for the first 31 days from the date of birth and must be added to the employee's plan within 60 days of birth.

PPO Network – The TRS-ActiveCare plans are administered by Aetna for medical benefits and Caremark for prescription benefits. For a list of network providers click here – www.trsactivecareaetna.com. Access to Caremark information is available from this site.

Network for the Select Plan – the ActiveCare select plan utilizes an Exclusive Provider Organization (EPO) for medical providers/facilities. The EPO network in the DFW area is the Baylor Scott & White Quality Alliance network.

Pre-certification required - All inpatient hospital stays *(emergency and elective),* Home infusion therapy, Home health care, Hospice, Skilled nursing facilities/extended care facilities. **Network providers will pre-certify services for you.**

Premiums for TRS-ActiveCare (Employee Cost per month) – New Employees can elect coverage as of their hire date or first of the month following their hire date. If coverage is effective on the hire date then the full monthly premium will be deducted (TRS-ActiveCare does not allow LISD to pro-rate premiums).

Coverage	ActiveCare Plan 1 – High Deductible	ActiveCare Select Plan	ActiveCare Plan 2
Employee Only	**25.00**	**102.00**	**207.00**
Employee + Spouse	**485.00**	**666.00**	**909.00**
Employee + Child(ren)	**219.00**	**347.00**	**513.00**
Employee + Family	**776.00**	**855.00**	**940.00**
Employee & Family – Spouse an employee of LISD	**478.00**	**530.00**	**615.00**
Employee & Family – Split premium*	**239.00**	**265.00**	**307.50**

If employee and spouse both work for a participating entity: A spouse may be covered as an employee or as a dependent of an employee. Only one parent can cover dependent children. ***Married couples working for different participating entities may "pool" funds. This requires an Application to Split Premium form to be completed by both employers.** The form is available here: https://www.trsactivecareaetna.com/files/7214/0559/6116/Application_to_Split_Premium_FINAL2.pdf

A child (under age 26) employed by a participating entity and a contributing TRS member cannot be covered as a dependent. The child must be covered as an employee of the participating entity. If the child is not a contributing TRS member, the child may be covered as a dependent.

Questions concerning the TRS-ActiveCare plans should be directed to TRS – 1-800-222-9205 or visit the TRS website at trsactivecareaetna.com.

2014-2015 TRS-ActiveCare Plan Highlights

Effective September 1, 2014 through August 31, 2015 | Network Level of Benefits*

TRS ACTIVECARE
TEACHER RETIREMENT SYSTEM OF TEXAS

Type of Service	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2
Deductible (per plan year)	$2,500 employee only $5,000 employee and spouse; employee and child(ren); employee and family	$1,200 individual $3,600 family	$1,000 individual $3,000 family
Out-of-Pocket Maximum (per plan year; does include medical deductible/any medical copays/ coinsurance)	$6,350 employee only** $9,200 employee and spouse; employee and child(ren); employee and family**	$6,350 individual $9,200 family	$6,000 per individual $12,000 family
Coinsurance Plan pays (up to allowable amount) Participant pays (after deductible)	 80% 20%	 80% 20%	 80% 20%
Office Visit Copay Participant pays	20% after deductible	$30 copay for primary $60 copay for specialist	$30 copay for primary $50 copay for specialist
Diagnostic Lab	20% after deductible	Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility	Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility
Preventive Care See reverse side for a list of services	Plan pays 100%	Plan pays 100%	Plan pays 100%
Teladoc Physician Services	$40 consultation fee (applies to deductible and out-of-pocket maximum)	Plan pays 100%	Plan pays 100%
High-Tech Radiology (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	$100 copay plus 20% after deductible	$100 copay plus 20% after deductible
Inpatient Hospital (preauthorization required) (facility charges) Participant pays	20% after deductible	$150 copay per day plus 20% after deductible ($750 maximum copay per admission)	$150 copay per day plus 20% after deductible ($750 maximum copay per admission; $2,250 maximum copay per plan year)
Emergency Room (true emergency use) Participant pays	20% after deductible	$150 copay plus 20% after deductible (copay waived if admitted)	$150 copay plus 20% after deductible (copay waived if admitted)
Outpatient Surgery Participant pays	20% after deductible	$150 copay per visit plus 20% after deductible	$150 copay per visit plus 20% after deductible
Bariatric Surgery Physician charges (only covered if performed at an IOQ facility) Participant pays	$5,000 copay plus 20% after deductible	Not covered	$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible
Prescription Drugs Drug deductible (per plan year)	Subject to plan year deductible	$0 for generic drugs $200 per person for brand-name drugs	$0 for generic drugs $200 per person for brand-name drugs
Retail Short-Term (up to a 31-day supply) • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list) Participant pays	20% after deductible	 $20 $40*** 50% coinsurance	 $20 $40*** $65***
Retail Maintenance (after first fill; up to a 31-day supply) • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list) Participant pays	20% after deductible	 $25 $50*** 50% coinsurance	 $25 $50*** $80***
Mail Order and Retail-*Plus* (up to a 90-day supply) • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list) Participant pays	20% after deductible	 $45 $105*** 50% coinsurance	 $45 $105*** $180***
Specialty Drugs Participant pays	20% after deductible	20% coinsurance per fill	$200 per fill (up to 31-day supply) $450 per fill (32- to 90-day supply)

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician. *Illustrates benefits when network providers are used. For some plans non-network benefits are also available; see Enrollment Guide for more information. Non-contracting providers may bill for amounts exceeding the allowable amount for covered services. Participants will be responsible for this balance bill amount, which may be considerable. **Includes prescription drug coinsurance ***If the patient obtains a brand-name drug when a generic equivalent is available, the patient will be responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug.

2014-2015 TRS-ActiveCare Plan Highlights

TRS-ActiveCare Plans – Preventive Care

Preventive Care Services	Network Benefits When Using Network Providers (Provider must bill services as "preventive care")		
	ActiveCare 1-HD	ActiveCare Select	ActiveCare 2 Network
Evidence–based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF) Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) with respect to the individual involved Evidence–informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for infants, children and adolescents. Additional preventive care and screenings for women, not described above, as provided for in comprehensive guidelines supported by the HRSA. For purposes of this benefit, the current recommendations of the USPSTF regarding breast cancer screening and mammography and prevention will be considered the most current (other than those issued in or around November 2009). The preventive care services described above may change as USPSTF, CDC and HRSA guidelines are modified. Examples of covered services included are routine annual physicals (one per year); immunizations; well-child care; breastfeeding support, services and supplies; cancer screening mammograms; bone density test; screening for prostate cancer and colorectal cancer (including routine colonoscopies); smoking cessation counseling services and healthy diet counseling; and obesity screening/counseling. Examples of covered services for women with reproductive capacity are female sterilization procedures and specified FDA-approved contraception methods with a written prescription by a health care practitioner, including cervical caps, diaphragms, implantable contraceptives, intra-uterine devices, injectables, transdermal contraceptives and vaginal contraceptive devices. Prescription contraceptives for women are covered under the pharmacy benefits administered by Caremark. To determine if a specific contraceptive drug or device is included in this benefit, contact Customer Service at **1-800-222-9205**. The list may change as FDA guidelines are modified.	Plan pays 100% (deductible waived)	Plan pays 100% (deductible waived; no copay required)	Plan pays 100% (deductible waived; no copay required)
Annual Vision Examination (one per plan year)	After deductible, plan pays 80%; participant pays 20%	$30 copay for primary $60 copay for specialist	$30 copay for primary $50 copay for specialist
Annual Hearing Examination	After deductible, plan pays 80%; participant pays 20%	$30 copay for primary $60 copay for specialist	$30 copay for primary $50 copay for specialist

Note: Covered services under this benefit must be billed by the provider as "preventive care." If you receive preventive services from a non-network provider, you will be responsible for any applicable deductible and coinsurance under the ActiveCare 1-HD and ActiveCare 2. There is no coverage for non-network services under the ActiveCare Select plan.

TRS-ActiveCare 3 to be discontinued effective September 1, 2014

The Teacher Retirement System of Texas (TRS) regularly reviews the TRS-ActiveCare plan options to ensure the plans meet the health care needs of public school employees and their families. Based on this review, TRS will eliminate the ActiveCare 3 option for the 2014-2015 plan year.

TRS-ActiveCare Plan Limitations and Exclusions

Initial Notice about Special Enrollment Rights and Preexisting Condition Exclusion Rules in Your Group Health Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about two very important provisions in the plan. The first is your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Second, this notice advises you of the plan's preexisting condition exclusion rules that may temporarily exclude coverage for certain preexisting conditions that you or a member of your family may have.

A. 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 health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan 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 Blue Cross and Blue Shield of Texas (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 (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan 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.

Loss of Coverage as a Result of a Lifetime Limit on All Benefits

You or your spouse or dependents may also have special enrollment rights in this plan at the time a claim is denied by another group health plan as a result of a lifetime limit on all benefits in the other group health plan. However, you must request enrollment, and BCBSTX must receive your request, within 31 days after the claim has been denied by the other group health plan.

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 plan. However, you must request enrollment, and BCBSTX must receive your request, within 31 days after the marriage, birth*, adoption, or placement for adoption.

*Special rules apply to newborns; refer to your TRS-ActiveCare Benefits Booklet or the HMO's Evidence of Coverage.

Eligibility for State Premium Assistance for Enrollees (HIPP) 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 plan, you may be able to enroll yourself and your dependents in this plan. 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 Customer Service at the phone number on the back of your TRS-ActiveCare ID card.

B. PREEXISTING CONDITION EXCLUSION RULES

Most health plans impose pre-existing condition exclusions. This means that if you have a medical condition before coming to our plan you might have to wait a certain period of time before the plan will provide coverage Notices for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within the six- month period before your enrollment date. Generally, this six-month period ends the day before your coverage becomes effective. The preexisting condition exclusion does not apply to pregnancy. Also, preexisting condition exclusions do not apply to employees that initially enroll when a participating entity begins participating in TRS-ActiveCare or to new hires who enroll within 31 days after their actively-at-work date. However, if you were covered by TRS-ActiveCare at any point in time since the program's inception in 2002, and have been hired by a different participating entity (or rehired by same participating entity), preexisting limitation exclusions may apply. Finally, the preexisting condition exclusion rule does not apply to an individual under the age of 19. This preexisting condition exclusion may last up to 12 months from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days you had prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage that you have. If you do not have a certificate, but you do have prior health coverage, you have a right to request one from your prior plan or issuers. There are also other ways that you can show that you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

For more information about the preexisting condition exclusion and creditable coverage rules affecting your plan, call Customer Service at the phone number on the back of your TRS-ActiveCare ID card.