

Site Map • Login • Contact Us • Comments • Home

Active Members | Retirees & Beneficiaries | Employers | General Inform

- Responsibilities as a TRS Member**
- Purchasing Service Credit Benefits**
- TRS-ActiveCare**
 - General
 - Plan Options by County
 - ActiveCare Plans 1-HD, 1,2, or 3
 - HMO Plans
 - Employers
 - Contact Numbers
- Long Term Care Insurance**
- Planning Your Retirement**
- TRS-Care for Retirement**
- Refunding Your Member Account**
- FAQs**
- Forms**
- Publications**
- QDRO / Divorce**
- Newsletter [pdf]**

2010–2011 Plan Year PPO Rates and Benefit Changes for TRS-ActiveCare 1-HD, 1, 2, and 3



[TRS-ActiveCare 1-HD](#) | [TRS-ActiveCare 1](#) | [TRS-ActiveCare 2](#) | [TRS-ActiveCare 3](#)

The TRS Board of Trustees has approved the following rates and benefit changes for TRS-ActiveCare for the 2010-2011 plan year beginning September 1, 2010:

TRS-ActiveCare 1-HD

Coverage Tier	2009-2010 Premium
Employee Only	\$262.00
Employee & Spouse	\$642.00
Employee & Child(ren)	\$409.00
Employee & Family	\$840.00

Benefit Change	2009-2010	2010-2011
Individual/Family Deductible	A deductible of \$2,300.	A deductible of \$2,400.

[\[TOP\]](#)

TRS-ActiveCare 1

Coverage Tier	2010-2011 Premium
Employee Only	\$297.00
Employee & Spouse	\$677.00
Employee & Child(ren)	\$474.00
Employee & Family	\$746.00

Benefit Change	2009-2010	2010-2011
Individual Deductible	A deductible of \$1,150 per individual.	A deductible of \$1,200 per individual.

- Quick**
- TRS Bene [pdf]
- TRS Bene (en Españ
- 403(b) Ce
- Product R
- Planning)
- Retiremen
- Employe
- Retiremen
- Partial Lur
- Option (PL
- TRS-Contr
- Request a
- Estimate
- Reso**
- TRS What
- TRS FAQ
- TRS Form
- TRS Publi
- TRS Medi
- Calculator
- Videos
- Glossary
- Related Si
- PDF Troub
- Reporting



[Get Adobe Reader](#)

All tiers of coverage for TRS-ActiveCare 1-HD qualify as a High Deductible Health Plan under current Federal guidelines for the 2010-2011 TRS-ActiveCare plan year. The Employee Only tier of coverage under TRS-ActiveCare 1 also qualifies, but the other tiers of coverage do not meet Federal guidelines for a High Deductible Health Plan.

[\[TOP\]](#)

TRS-ActiveCare 2

Coverage Tier	2010-2011 Premium
Employee Only	\$396.00
Employee & Spouse	\$901.00
Employee & Child(ren)	\$630.00
Employee & Family	\$991.00

Benefit Change	2009-2010	2010-2011
Primary Care Copay	\$25	\$30
Specialist Care Copay	\$35	\$50

[\[TOP\]](#)

TRS-ActiveCare 3

Coverage Tier	2010-2011 Premium
Employee Only	\$533.00
Employee & Spouse	\$1,213.00
Employee & Child(ren)	\$850.00
Employee & Family	\$1,334.00

The following benefit change applies to **ALL** TRS-ActiveCare PPO plan options for the 2010-2011 plan year:

Benefit Change	2009-2010	2010-2011
Allowable Amount for non-contracted provider services, before applicable deductibles and coinsurance are applied	Determined by Blue Cross and Blue Shield of Texas	50% of the non-contracted provider's billed charges

[\[TOP\]](#)

This document is intended as a high-level summary of key plan changes for the 2010-2011 plan year. Other minor changes and clarifications to the TRS-ActiveCare plan design will be communicated in the 2010-2011 Enrollment Guide and the TRS-ActiveCare Benefit Booklet (the official statement regarding TRS-ActiveCare plan design).

Contact our toll-free Customer Service Lines.

Blue Cross and Blue Shield of Texas and Medco Health: 1-866-355-5999

FIRSTCARE: 1-800-884-4901

Scott & White Health Plan: 1-800-321-7947

Valley Baptist Health Plan: 1-800-829-6440

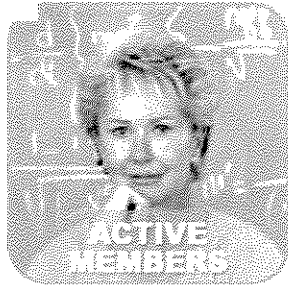
[\[back to Top \]](#)

[Active Members](#) • [Retirees & Beneficiaries](#) • [Employers](#) • [General Information](#)
[Site Map](#) • [Contact Us](#) • [Legal](#) • [Privacy Policy](#) • [Web Site Accessibility Statement](#) • [Search](#) • [Home](#)

[Trail](#) • [Texas Homeland Security](#) • [Texas Online](#) • [Where the Money Goes](#)

1000 Red River St. • Austin, Texas 78701 • 512-542-6400 • 1-800-223-8778 • TRS TDD 512-542-6444 or 1-800-841-449

COPYRIGHT ©2007, Teacher Retirement System of Texas



Site Map • Login • Contact Us • Comments • Home

Active Members | Retirees & Beneficiaries | Employers | General Inform

Responsibilities as a TRS Member

Purchasing Service Credit Benefits

TRS-ActiveCare

General

Plan Options by County

ActiveCare Plans 1-HD, 1,2, or 3

HMO Plans

Employers

Contact Numbers

Long Term Care Insurance

Planning Your Retirement

TRS-Care for Retirement

Refunding Your Member Account

FAQs

Forms

Publications

QDRO / Divorce

Newsletter [pdf]

2010-2011 Plan Year HMO Rates & Benefits



[FirstCare](#) | [Scott & White](#) | [Valley Baptist Health](#)

The TRS Board of Trustees has approved the following rates and benefits for the three Health Maintenance Organizations (HMOs) participating in TRS-ActiveCare for the 2010-2011 plan year beginning September 1, 2010:

FirstCare Premiums

Coverage Tier	2010-2011 Plan Year
Employee Only	\$351.36
Employee & Spouse	\$870.48
Employee & Child(ren)	\$558.82
Employee & Family	\$874.02

FIRSTCARE Benefit Change Highlights *

Benefit	2009-2010 Plan Year	Commencing 9-1-2010
Annual Deductible (Medical)		
Per Member	\$100	\$250
Per Family		\$500
Out-of-pocket Maximum		
Per Member	\$3,500	\$3,000
Per Family	None	\$6,000
Aggregate Lifetime Maximum	Unlimited	\$2,000,000
Inpatient Services (you pay)	\$150 per day (\$750 maximum) after deductible	10% copay after deductible
Observation Unit	\$150 per admission after deductible	10% copay after deductible



Quick

- TRS Bene [pdf]
- TRS Bene (en Españ
- 403(b) Cer Product R
- Planning Y Retirement
- Employe Retirement
- Partial Lur Option (PL
- TRS-Contr
- Request a Estimate

Reso

- TRS What
- TRS FAQ:
- TRS Form
- TRS Publi
- TRS Medi
- Calculator
- Videos
- Glossary
- Related Si
- PDF Trout
- Reporting



Get Adot Read

MRI/CT Scan/PET Scan/Nuclear Stress Test	\$100 per procedure after deductible	\$100 per procedure after deductible
Physician Office Visit	\$20 PCP	\$25 PCP
Skilled Nursing Facilities	\$150 per day (\$750 maximum) after deductible	10% copay after deductible (60 Day limit per year)
Outpatient Services:		
<ul style="list-style-type: none"> • Facility charges • Surgical procedures • Physician services • Diagnostic tests 	\$150 copay after deductible	20% copay after deductible
Outpatient Behavioral Health		
<ul style="list-style-type: none"> • Primary care • Specialists 	\$40 copay	\$20 copay \$40 copay
Short-term Mental Health	Limited to 20 visits	No Limit
Emergency Room	\$100 copay after deductible (waived if admitted)	20% copay after deductible (waived if admitted)
Ambulance	\$100 copay after deductible	20% copay after deductible
Minor emergency/Urgent care	\$40 copay after deductible	\$75 copay
Physician Office Services		
<ul style="list-style-type: none"> • Primary care • Specialists • Diagnostic tests • Surgical procedures 	\$20 copay \$40 copay \$50 copay per procedure after deductible	\$25 copay \$40 copay 20% copay after deductible 20% copay after deductible
Preventive Services	\$20 copay	No copay, except \$50 copay for Colorectal Cancer Screening
Allergy Testing	\$20 PCP copay \$40 Specialist copay	20% copay after deductible
Rehab/Speech/Occupational Therapy	\$40 copay after deductible	20% copay after deductible
Home Health Services	No copay	\$40 per visit

	after deductible	after deductible
Hospice Care Lifetime Max	Unlimited	\$10,000
Spinal Manipulation	\$40 copay after deductible (no visit max)	20% copay after deductible (10 visit limit)
Prosthetics	\$250 per device after deductible	20% copay after deductible
Orthotics	\$250 per device after deductible (no lifetime max)	20% copay after deductible (\$10,000 lifetime max)
Drugs associated with:		
<ul style="list-style-type: none"> ● Chemotherapy ● Anti-rejection ● Immunosuppressant ● Radiation Therapy 	Included in office visit, outpatient or inpatient copay after deductible	20% copay after deductible
Injectable Medications	\$100 per injectable, subject to out- of-pocket max after deductible	20% copay after deductible
Sterilization Procedures		
<ul style="list-style-type: none"> ● Outpatient Facility ● Physician Office 	\$150 copay after deductible \$50 copay after deductible	20% copay after deductible 20% copay after deductible
Outpatient Prescription Drugs		
<ul style="list-style-type: none"> ● Tier 4 contract year out-of-pocket max ● Tier 5 contract year out-of-pocket max 	Unlimited Unlimited	\$5,000 per member \$10,000 per member

* Other minor benefit changes will be reflected in the Enrollment Guide and the HMO's Evidence of Coverage

[TOP]

Scott & White Premiums

Coverage Tier	2010-2011 Plan Year
Employee Only	\$456.70
Employee & Spouse	\$1,077.58
Employee & Child(ren)	\$722.39
Employee & Family	\$1,122.36

Scott & White Benefit Change Highlights *

Benefit	2009-2010 Plan Year	Commencing 9-1-2010
Out-of-pocket Maximum Per Member	\$3,000	\$2,000
Primary Care Office Visit	\$25 copay	\$20 copay
Outpatient Surgery	\$20% copay	\$100 copay plus 20%
Eye Exams, Speech/Hearing/Physical Therapy, Education & Nutrition Counseling	\$25 copay	\$35 copay
Outpatient Mental Health, SMI, and Alcohol/Drug Dependency	\$25 copay	\$35 copay
Home Health Services	\$25 copay	\$35 copay
Annual Prescription Drug Benefit	\$4,000	Unlimited

* Other minor benefit changes will be reflected in the Enrollment Guide and the HMO's Evidence of Coverage

[\[TOP\]](#)

Valley Baptist Health Plan Premiums

Coverage Tier	2010-2011 Plan Year
Employee Only	\$368.96
Employee & Spouse	\$827.32
Employee & Child(ren)	\$579.32
Employee & Family	\$907.20

Valley Baptist Health Plan Benefit Change Highlights *

Benefit	2009-2010 Plan Year	Commencing 9-1-2010
Annual Deductible (Medical)		
Per Member	None	\$250
Per Family	None	\$500
Out-of-pocket Maximum	\$3,000	

Per Member	(Hospital only)	\$3,000
	\$6,000	
Per Family	(Hospital only)	\$6,000
Aggregate Lifetime Maximum	Unlimited	\$2,000,000
Inpatient Services (you pay)	\$300 per day (\$1,500 maximum)	20% copay after deductible
Observation Unit	\$250 copay	20% copay after deductible
MRI/CT Scan/PET Scan/Nuclear Stress Test	No copay	20% copay after deductible
Outpatient Services	\$250 copay	20% copay after deductible
Skilled Nursing Facilities	Limited to 100 days	Limited to 60 days
Emergency Room	\$150 copay per ER visit	20% copay after deductible
Ambulance	\$25 copay per trip	20% copay after deductible
Minor emergency/Urgent care	\$25 copay	\$75 copay
Surgical procedures performed in Physician's office	Included in OV copay	20% copay after deductible
Allergy Testing	\$25 PCP copay \$35 Specialist copay	20% copay after deductible
Rehab/Speech/Occupational Therapy	\$35 copay	20% copay after deductible
Home Health Services	\$25 copay per visit	\$35 copay per visit after deductible
Hospice Care Lifetime Max	Unlimited	\$10,000
Spinal Manipulation	Not covered	20% copay after deductible (10 visit limit)
Prosthetics	20% copay per device (No lifetime max)	20% copay after deductible (\$10,000 lifetime max)
Orthotics	20% copay per orthotic (no lifetime max)	20% copay after deductible (\$10,000 lifetime max)
Short term mental health – Outpatient visit limit	15 visits	No limit
Drugs associated with:		
<ul style="list-style-type: none"> ● Chemotherapy ● Anti-rejection ● Immunosuppressant ● Radiation Therapy 	Included in office visit, outpatient or inpatient copay	20% copay after deductible
Injectable Medications	If administered in	20% copay

	physician's office, no copay	after deductible
Sterilization Procedures		
• Outpatient Facility	\$250 copay	20% copay after deductible
• Physician Office	\$25 PCP/\$35 Specialist	20% copay after deductible
Outpatient Prescription Drugs Contract Year Max	Unlimited	\$10,000 per member
Outpatient Retail Drugs		
• Tier 1	\$15	\$10
• Tier 2	\$25	\$30
• Tier 3	\$45	\$60
Outpatient Mail Drugs		
• Tier 1	\$30	\$30
• Tier 2	\$50	\$90
• Tier 3	\$90	\$180

* Other minor benefit changes will be reflected in the Enrollment Guide and the HMO's Evidence of Coverage

This document is intended as a high-level summary of key plan changes for the 2010-2011 plan year. Other minor changes and clarifications to the TRS-ActiveCare plan design will be communicated in the 2010-2011 TRS-ActiveCare Enrollment Guide and each HMO's Evidence of Coverage (the official statement regarding HMO plan design).

Contact our toll-free Customer Service Lines.

Blue Cross and Blue Shield of Texas and Medco Health: 1-866-355-5999

FIRSTCARE: 1-800-884-4901

Scott & White Health Plan: 1-800-321-7947

Valley Baptist Health Plan: 1-800-829-6440

[\[back to Top \]](#)

[Active Members](#) • [Retirees & Beneficiaries](#) • [Employers](#) • [General Information](#)
[Site Map](#) • [Contact Us](#) • [Legal](#) • [Privacy Policy](#) • [Web Site Accessibility Statement](#) • [Search](#) • [Home](#)

[Trail](#) • [Texas Homeland Security](#) • [Texas Online](#) • [Where the Money Goes](#)

1000 Red River St. • Austin, Texas 78701 • 512-542-6400 • 1-800-223-8778 • TRS TDD 512-542-6444 or 1-800-841-449

COPYRIGHT ©2007, Teacher Retirement System of Texas