

The TRS Board of Trustees has approved the following rates and benefits for the five Health Maintenance Organizations (HMOs) participating in TRS-ActiveCare for the 2008-2009 plan year beginning September 1, 2008:

FirstCare Premiums

| Coverage Tier | 2008-2009 Plan Year |
|-----------------------|---------------------|
| Employee Only | \$394.00 |
| Employee & Spouse | \$977.00 |
| Employee & Child(ren) | \$627.00 |
| Employee & Family | \$981.00 |

FirstCare Benefit Changes

| Benefit | 2007-2008 Plan Year | Commencing 9-1-2008 |
|--|-------------------------|--|
| Per Member Annual Deductible | None | \$400 |
| Annual Out-of-pocket Maximum Per Member | 200% of Premium | \$3,500 |
| Radio-nuclide Stress Test Copay | \$75 | \$100 |
| Non-pregnancy Ultrasound Test Copay | 50% of Allowable Amount | \$100 |
| Bone Mass Measurement Copay | \$50 | \$40 |
| Sterilization performed at an Outpatient Surgical Facility | \$150 per procedure | \$150 per admission |
| Sterilization performed in a Physician's Office | Office Visit Copay | \$50 per procedure |
| Limited Dental-Related Services | No amount limit | \$10,000 annual maximum benefit |
| Prosthetics | \$250 per device | \$250 per device; \$10,000 Lifetime Maximum for External Devices |
| Orthotics | No amount limit | \$250 per device |
| Preferred Diabetic Testing Supplies | 20% Copay per item | 10% per item |
| Non-Preferred Diabetic Testing Supplies | 20% Copay per item | 20% per item |

FirstCare is expanding its service area to add Brazos, Burnet, Llano, Milam, McCulloch, Robertson, and San Saba counties for the 2008-2009 Plan Year.



Scott & White Premiums

| Coverage Tier | 2008-2009 Plan Year |
|-----------------------|---------------------|
| Employee Only | \$383.17 |
| Employee & Spouse | \$902.98 |
| Employee & Child(ren) | \$605.60 |
| Employee & Family | \$940.48 |

Scott & White Benefit Changes

| Benefit | 2007-2008 Plan Year | Commencing 9-1-2008 |
|---|---------------------|---------------------|
| Prescription Drug Annual Maximum Per Member | \$2,000 | \$3,000 |

Legacy Health Solutions Premiums

| Coverage Tier | 2008-2009 Plan Year |
|-----------------------|---------------------|
| Employee Only | \$389.00 |
| Employee & Spouse | \$877.00 |
| Employee & Child(ren) | \$615.00 |
| Employee & Family | \$965.00 |

Legacy Health Solutions Benefit Changes

| Benefit | 2007-2008 Plan Year | Commencing 9-1-2008 |
|---|---------------------|---------------------|
| Inpatient Hospital Per Day Copay | \$150 | \$300 |
| Inpatient Hospital Per Day Maximum | \$750 | \$1,500 |
| Outpatient Hospital Copay | \$150 | \$300 |
| Out-of-Pocket Maximum Per Member | \$2,000 | \$3,000 |
| Out-of-Pocket Maximum Per Family | \$6,000 | \$9,000 |
| Retail Brand Drug Copay for 30-day Supply | \$20 | \$35 |
| Mail Brand Drug Copay for 90-day Supply | \$40 | \$70 |

Mercy Health Plans Premiums

| Coverage Tier | 2008-2009 Plan Year |
|-----------------------|---------------------|
| Employee Only | \$607.70 |
| Employee & Spouse | \$1,210.40 |
| Employee & Child(ren) | \$1,144.10 |
| Employee & Family | \$1,969.80 |

Mercy Health Plans Benefit Changes

| Benefit | 2007-2008 Plan Year | Commencing 9-1-2008 |
|---------------------------------------|---------------------|---------------------|
| Office Visit Copay | \$10 | \$20 |
| Inpatient & Outpatient Coinsurance | None | 10% |
| Retail Prescription Drug Copays | \$5/\$20/\$35 | \$10/\$25/\$45 |

Valley Baptist Health Plans Premiums

| Coverage Tier | 2008-2009 Plan Year |
|-----------------------|---------------------|
| Employee Only | \$388.00 |
| Employee & Spouse | \$869.00 |
| Employee & Child(ren) | \$609.00 |
| Employee & Family | \$954.00 |

Valley Baptist Health Plans Benefit Changes - None