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#ScholarsFirst

MANOR INDEPENDENT SCHOOL DISTRICT
 PAYROLL & BENEFITS OFFICE



2022-2023 MONTHLY & SEMI-MONTHLY MEDICAL INSURANCE RATES

Effective September 1, 2022 - August 31, 2023

TRS ACTIVECARE PRIMARY (BCBS)					
Coverage Tier	2021-2022 Plan Year	2022-2023 Plan Year	MISD Contribution	Monthly Employee Contribution	Semi-Monthly Employee Contribution
Employee Only	\$417.00	\$364.00	\$364.00	\$0.00	\$0.00
Employee and Spouse	\$1,176.00	\$1,026.00	\$417.00	\$609.00	\$304.50
Employee and Child(ren)	\$751.00	\$654.00	\$417.00	\$237.00	\$118.50
Employee and Family	\$1,405.00	\$1,228.00	\$417.00	\$811.00	\$405.50

TRS ACTIVECARE HD *HIGH DEDUCTIBLE PLAN (BCBS)					
Coverage Tier	2021-2022 Plan Year	2022-2023 Plan Year	MISD Contribution	Monthly Employee Contribution	Semi-Monthly Employee Contribution
Employee Only	\$429.00	\$376.00	\$376.00	\$0.00	\$0.00
Employee and Spouse	\$1,209.00	\$1,058.00	\$417.00	\$641.00	\$320.50
Employee and Child(ren)	\$772.00	\$675.00	\$417.00	\$258.00	\$129.00
Employee and Family	\$1,445.00	\$1,265.00	\$417.00	\$848.00	\$424.00

TRS ACTIVECARE PRIMARY + (BCBS)					
Coverage Tier	2021-2022 Plan Year	2022-2023 Plan Year	MISD Contribution	Employee Contribution	Semi-Monthly Employee Contribution
Employee Only	\$542.00	\$457.00	\$417.00	\$40.00	\$20.00
Employee and Spouse	\$1,334.00	\$1,117.00	\$417.00	\$700.00	\$350.00
Employee and Child(ren)	\$879.00	\$735.00	\$417.00	\$318.00	\$159.00
Employee and Family	\$1,675.00	\$1,405.00	\$417.00	\$988.00	\$494.00

TRS ACTIVECARE 2 - CLOSED TO NEW ENROLLEES (BCBS)					
Coverage Tier	2021-2022 Plan Year	2022-2023 Plan Year	MISD Contribution	Employee Contribution	Semi-Monthly Employee Contribution
Employee Only	\$1,013.00	\$1,013.00	\$417.00	\$596.00	\$298.00
Employee and Spouse	\$2,402.00	\$2,402.00	\$417.00	\$1,985.00	\$992.50
Employee and Child(ren)	\$1,507.00	\$1,507.00	\$417.00	\$1,090.00	\$545.00
Employee and Family	\$2,841.00	\$2,841.00	\$417.00	\$2,424.00	\$1,212.00

SCOTT & WHITE (HMO)					
Coverage Tier	2021-2022 Plan Year	2022-2023 Plan Year	MISD Contribution	Employee Contribution	Semi-Monthly Employee Contribution
Employee Only	\$542.48	\$491.55	\$417.00	\$74.55	\$37.28
Employee and Spouse	\$1,362.70	\$1,232.58	\$417.00	\$815.58	\$407.79
Employee and Child(ren)	\$872.16	\$789.39	\$417.00	\$372.39	\$186.20
Employee and Family	\$1,568.42	\$1,418.42	\$417.00	\$1,001.42	\$500.71

TRS-ActiveCare Medical Plan
TRS-Active Care Prescription Plan
Scott & White Plan

866-355-5999
866-355-5999
800-321-7947

www.bcbstx.com/trsactivecare
www2.caremark.com/trsactivecare
trs.swhp.org

2022-23 TRS-ActiveCare Plan Highlights Sept. 1, 2022 – Aug. 31, 2023



All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

How to Calculate Your Monthly Premium

Total Monthly Premium

⊖ Your District and State Contributions

⊖ **Your Premium**

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

- Being healthy is easy with:
- \$0 preventive care
 - 24/7 customer service
 - One-on-one health coaches
 - Weight loss programs
 - Nutrition programs
 - Ovia™ pregnancy support
 - TRS Virtual Health
 - Mental health benefits
 - And much more!

**Available for all plans. See the benefits guide for more details.*

Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Compatible with a Health Savings Account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet your deductible before plan pays for non-preventive care

TRS-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$364	\$	\$457	\$	\$376	\$
Employee and Spouse	\$1,026	\$	\$1,117	\$	\$1,058	\$
Employee and Children	\$654	\$	\$735	\$	\$675	\$
Employee and Family	\$1,228	\$	\$1,405	\$	\$1,265	\$

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

Plan Features	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$3,600	\$3,000/\$6,000	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	\$6,900/\$13,800	\$7,050/\$14,100	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	
PCP Required	Yes	Yes	No	

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

Doctor Visits				
Primary Care	\$30 copay	\$30 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

Immediate Care				
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
TRS Virtual Health-RediMD (™)	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation	
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation	\$42 per medical consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

Prescription Drugs			
Drug Deductible	Integrated with medical	\$200 brand deductible	Integrated with medical
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

Compare Prices for Common Medical Services

REMEMBER:

Log into Blue Access for MembersSM at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices through different providers.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

*Pre-certification for genetic and specialty testing may apply. Contact a Personal Health Guide at 1-866-355-5999 with questions.


www.trs.texas.gov

2022-23 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

REMEMBER:

Remember that when you choose an HMO, you're choosing a regional network.

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas additional options. Not all HMOs are available in all regions. Please verify your eligibility.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO <i>Brought to you by TRS-ActiveCare</i>
	<p>You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson</p>	<p>You can choose this plan if you live in one of these counties: Cameron, Hildalgo, Starr, Willacy</p>	<p>You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum</p>

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$491.55	\$	N/A	\$	\$689.60	\$
Employee and Spouse	\$1,232.58	\$	N/A	\$	\$1,672.26	\$
Employee and Children	\$789.39	\$	N/A	\$	\$1,083.58	\$
Employee and Family	\$1,418.42	\$	N/A	\$	\$1,755.58	\$

Plan Features			
Type of Coverage	In-Network Coverage Only	N/A	In-Network Coverage Only
Individual/Family Deductible	\$1,900/\$4,750	N/A	\$950/\$2,850
Coinsurance	You pay 20% after deductible	N/A	You pay 25% after deductible
Individual/Family Maximum Out of Pocket	\$8,000/\$15,000	N/A	\$7,450/\$14,900

Doctor Visits			
Primary Care	\$15 copay	N/A	\$20 copay
Specialist	\$70 copay	N/A	\$70 copay

Immediate Care			
Urgent Care	\$45 copay	N/A	\$50 copay
Emergency Care	\$500 copay after deductible	N/A	\$500 copay before deductible + 25% after deductible

Prescription Drugs			
Drug Deductible	\$200 (excl. generics)	N/A	\$150
Days Supply	30-day supply/90-day supply	N/A	30-Day Supply/90-Day Supply
Generics	\$12/\$30 copay	N/A	\$5/\$12.50 copay; \$0 for certain generics
Preferred Brand	You pay 30% after deductible	N/A	You pay 30% after deductible
Non-preferred Brand	You pay 50% after deductible	N/A	You pay 50% after deductible
Specialty	You pay 25%/35% after deductible (preferred/non-preferred)	N/A	You pay 15%/25% after deductible (preferred/non-preferred)

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