How the ActiveCare 1-HD plan works

You must meet a deductible before the plan starts to pay benefits, except for

preventive care. The deductible can be met by one family member or a combination of family members. However, benefits are not paid for any family member's expenses until the entire deductible amount (\$5,000) is met (or \$2,500 for a person with individual coverage).

Once the deductible is met, you share in covered expenses. The plan pays a percentage of covered expenses (called coinsurance) and you pay part. Your share is less when you use in-network providers. To find them, go to **www.trsactivecareaetna.com** and click "Find a Doctor or Facility" on the right side of the home page.

The plan limits your out-of-pocket expenses. Once your share of expenses reaches the plan's out-of-pocket maximum, the plan pays benefits at 100% for the rest of the plan year.

NEW FOR 2016-2017: The ActiveCare 1-HD out-of-pocket maximum will work the same as the maximum in other plan options. That is, it will apply to each covered person individually, up to the maximum per family. The individual out-of-pocket maximum only includes covered expenses incurred by that individual. After each covered person meets his/her individual out-of-pocket maximum, the plan pays 100% of the benefits for that person.

Certain generic preventive drugs are available at no cost. The deductible and coinsurance will **not** apply to these generic medications. Go to **www.trsactivecareaetna.com/coverage** and click on "ActiveCare 1-HD" to view the list.

See the chart on page 12 for deductible, coinsurance and out-of-pocket maximum amounts.

Is your doctor in the network?

To find in-network providers, go to **www.trsactivecareaetna.com** and click "Find a Doctor or Facility" on the right side of the home page and follow the prompts.

You may have a health savings account (HSA). To be eligible for an HSA:

- You must be covered by a high-deductible health plan, such as ActiveCare 1-HD.*
- You must not be covered by other health insurance.**
- You must not be eligible for Medicare.
- You cannot be claimed as a dependent on someone else's tax return

TRS does not offer HSAs, but some entities participating in TRS-ActiveCare may. Contact your Benefits Administrator to find out. If not, you may be able to open an HSA at a local bank or credit union.

If you establish an HSA, you may use it to pay current qualified medical expenses or let it grow for future expenses, even those in retirement. Account contributions are tax-deductible, withdrawals to pay qualified expenses are not taxed and balances accumulate tax-free.

*ActiveCare 1-HD meets the current IRS definition of an HDHP for all tiers of coverage (employee only, employee and spouse, employee and child(ren), and employee and family). To learn what happens to your deductible and out-of-pocket expenses when you drop family members during the year, call TRS-ActiveCare Customer Service at **1-800-222-9205**.

**Does not apply to specific injury insurance and accident, disability, dental, vision and long-term care insurance.

ActiveCare Select

ActiveCare Select provides the essential health benefits required of all health plans. It covers care ranging from preventive services to hospital stays, and it offers the lowest out-of-pocket costs of all plan options. If you elect this plan, you will automatically be placed into ActiveCare Open Access or the ActiveCare Select Whole Health plan. Your plan placement is based on your physical address. Please refer to the ActiveCare Select network chart on page 10 to see which plan you will be assigned.

It's important to know that ActiveCare Select is a network-only plan. It pays benefits **only** when you receive care from doctors and other providers who belong to your dedicated network (except in a true medical emergency) as described on page 10. If you seek care outside your network, you will pay all billed charges out of your own pocket.

Is this plan for you?

You may want to consider ActiveCare Select if you:

- Understand which ActiveCare Select network you will be placed in based on the county you live in. See network chart on page 10.
- Want a lower deductible and a lower premium cost for coverage.
- Do not expect to use out-of-network providers.
- Do not cover dependents who live outside your plan's network area.

Note: If you are placed in a Select Whole Health network, non-emergency care is **not** covered for out-of-area dependents.

Need help to decide?

Check out ALEX, your new online benefits advisor. See page 7 to learn more.

