

2016-17 TRS Active Care Monthly Payroll Deductions

PPO	Active Care 1-HD		
	2015-16	Increase	2016-17
Employee Only	\$ 91.00	\$ -	\$ 91.00
Employee & Spouse	\$ 664.00	\$ -	\$ 664.00
Employee & Child(ren)	\$ 365.00	\$ -	\$ 365.00
Employee & Family	\$ 981.00	\$ -	\$ 981.00

TRS-ActiveCare 1-HD Benefit Changes

Benefit	2015-2016 Plan Year	2016-2017 Plan Year
Deductible	Individual - \$2,500 Family - \$5,000	No changes
Out-of-Pocket Maximum	Individual - \$6,450 Family - \$12,900	Individual - \$6,550 Family - \$13,100

PPO	Active Care Select		
	2015-16	Increase	2016-17
Employee Only	\$ 223.00	\$ 11.00	\$ 234.00
Employee & Spouse	\$ 872.00	\$ 25.00	\$ 897.00
Employee & Child(ren)	\$ 512.00	\$ 17.00	\$ 529.00
Employee & Family	\$ 1,081.00	\$ 30.00	\$ 1,111.00

TRS-ActiveCare Select Benefit Changes

Benefit	2015-2016 Plan Year	2016-2017 Plan Year
Deductible	Individual - \$1,200 Family - \$3,600	No changes
Out-of-Pocket Maximum	Individual - \$6,600 Family - \$13,200	Individual - \$6,850 Family - \$13,700
Retail Maintenance (after 1 st fill, up to 31-day supply)		
Generic	\$25 copay	\$35 copay
Preferred Brand	\$50 copay	\$60 copay
Non-Preferred Brand	50% coinsurance	50% coinsurance

PPO	Active Care 2		
	2015-16	Increase	2016-17
Employee Only	\$ 364.00	\$ 31.00	\$ 395.00
Employee & Spouse	\$ 1,228.00	\$ 74.00	\$ 1,302.00
Employee & Child(ren)	\$ 742.00	\$ 50.00	\$ 792.00
Employee & Family	\$ 1,271.00	\$ 76.00	\$ 1,347.00

TRS-ActiveCare 2 Benefit Changes

Benefit	2015-2016 Plan Year	2016-2017 Plan Year
Deductible	Individual - \$1,000 Family - \$3,000	No changes
Out-of-Pocket Maximum	Individual - \$6,600 Family - \$13,200	Individual - \$6,850 Family - \$13,700
Retail Maintenance (after 1 st fill, up to 31-day supply)		
Generic	\$25 copay	\$35 copay
Preferred Brand	\$50 copay	\$60 copay
Non-Preferred Brand	\$80 copay	\$90 copay

HMO	Scott & White		
	2015-16	Increase	2016-17
Employee Only	\$ 253.60	\$ 26.56	\$ 280.16
Employee & Spouse	\$ 885.62	\$ 57.20	\$ 942.82
Employee & Child(ren)	\$ 548.30	\$ 40.86	\$ 589.16
Employee & Family	\$ 1,009.76	\$ 63.22	\$ 1,072.98

Scott & White Benefit Changes

Benefit	2015-2016 Plan Year	2016-2017 Plan Year
Deductible	Individual - \$800 Family - \$2,400	Individual - \$1,000 Family - \$3,000
Out-of-Pocket Maximum	Individual - \$5,000 Family - \$10,000	No change
Primary Care Office Visit Copay	\$20	\$20; copay for the first visit for illness waived, does not apply to wellness or preventive visits
Durable Medical Equipment Coinsurance	50% after deductible	20% after deductible
Manipulative Therapy	N/A	New benefit; 20% without office visit \$40 plus 20% with office visit (5 visits max per month, 35 max visit per year)
Prescription Drugs - Specialty Medications	Tier I - 10% after deductible Tier II - 20% after deductible Tier III - 30% after deductible Tier IV - 50% after deductible	20% after deductible