

2016-2017 TRS-ActiveCare POS II Rates and Benefit Changes

Changes Effective September 1, 2016

TRS-ActiveCare 1-HD Premium Changes

Coverage Tier	2015-2016 Premiums	2016-2017 Premiums
Employee Only	\$341.00	\$341.00
Employee & Spouse	\$914.00	\$914.00
Employee & Child(ren)	\$615.00	\$615.00
Employee & Family	\$1,231.00	\$1,231.00

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

Gross monthly premiums before state and district contributions

TRS-ActiveCare Select Premium Changes

Coverage Tier	2015-2016 Premiums	2016-2017 Premiums
Employee Only	\$473.00	\$484.00
Employee & Spouse	\$1,122.00	\$1,147.00
Employee & Child(ren)	\$762.00	\$779.00
Employee & Family	\$1,331.00	\$1,361.00

Gross monthly premiums before state and district contributions

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)	Ć25 conov	Ć2F comov
Generic Preferred Brand Non-Preferred Brand	\$25 copay \$50 copay 50% coinsurance	\$35 copay \$60 copay 50% coinsurance

TRS-ActiveCare 2 Premium Changes

Coverage Tier	2015-2016 Premiums	2016-2017 Premiums
Employee Only	\$614.00	\$645.00
Employee & Spouse	\$1,478.00	\$1,552.00
Employee & Child(ren)	\$992.00	\$1,042.00
Employee & Family	\$1,521.00	\$1,597.00

Gross monthly premiums before state and district contributions

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 Non-Preferred Brand	\$50 copay \$80 copay	\$60 copay \$90 copay