

# My Real Health Care Costs

Want an idea of what you'll pay for your TRS-ActiveCare plan this year? Compare coverage options based on plan features and how you use your insurance to estimate what a year of health care will REALLY cost.

## Monthly Premium

Choose your coverage tier (employee only, employee & spouse, etc.) and fill in the premiums for your region, which you can find [here](#). Your employer can provide the amount of state and employer contributions. From this, you can calculate the amount you'll pay monthly.

	TRS-ActiveCare Primary Plan	TRS-ActiveCare Primary+ Plan	TRS-ActiveCare HD Plan
Total Monthly Premium	\$	\$	\$
Combined State and Employer Contributions	- \$	- \$	- \$
<b>Your Monthly Premium</b>	<b>= \$</b>	<b>= \$</b>	<b>= \$</b>

## Plan Details

Use these to help you estimate your actual costs throughout the plan year. Need help understanding health care terms? See the Terminology page on the [TRS website](#).

	TRS-ActiveCare Primary Plan	TRS-ActiveCare Primary+ Plan	TRS-ActiveCare HD In Network	TRS-ActiveCare HD Out of Network
Preventive Care	\$0	\$0	\$0	\$0
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,200/\$6,400	\$6,400/\$12,800
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	\$8,050/\$16,100	\$6,900/\$13,800	\$8,050/\$16,100	\$20,250/\$40,500



BlueCross BlueShield of Texas

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

## Out-of-Pocket Medical Costs

Not sure how to estimate your health care costs? Start with last year's costs and then think about what's changed this year.

	TRS-ActiveCare Primary Plan			TRS-ActiveCare Primary+ Plan			TRS-ActiveCare HD Plan		
	Price	# of Visits	Total Cost	Price	# of Visits	Total Cost	Price	# of Visits	Total Cost
Primary Care Visits	\$30 copay			\$15 copay			<b>In Network:</b> You pay 30% after deductible <b>Out of Network:</b> You pay 50% after deductible		
Specialist Visits	\$70 copay			\$70 copay			<b>In Network:</b> You pay 30% after deductible <b>Out of Network:</b> You pay 50% after deductible		
Urgent Care Visits	\$50 copay			\$50 copay			<b>In Network:</b> You pay 30% after deductible <b>Out of Network:</b> You pay 50% after deductible		
Emergency Care	30% after deductible			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		

Use the Cost Estimator for the TRS-ActiveCare HD Plan to check prices!

**Out-of-Pocket Prescription Costs - See Plan Highlights for each plan's copays and coinsurance and apply that to the medications you commonly use.**

	TRS-ActiveCare Primary Plan			TRS-ActiveCare Primary+ Plan			TRS-ActiveCare HD Plan		
	Price	# of Refills	Total Cost	Price	# of Refills	Total Cost	Price	# of Refills	Total Cost
Generic Drugs (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics			\$15/\$45 copay			You pay 20% after deductible; \$0 for certain generics		
Preferred				25% after \$200 deductible					
Non-preferred				50% after \$200 deductible					
Specialty (31-Day Max)									
Insulin	\$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		

Use prescription Cost Estimator to check prices

**My Health Care Needs - Apply copay and coinsurance listed below to things you expect to need this year.**

	Price	# of Visits	Total Cost	Price	# of Visits	Total Cost	Price	# of Visits	Total Cost
Diagnostic Labs	<b>Office/ Independent Lab:</b> You pay \$0 <b>Outpatient:</b> You pay 30% after deductible			<b>Office/ Independent Lab:</b> You pay \$0 <b>Outpatient:</b> You pay 20% after deductible			<b>In Network:</b> You pay 30% after deductible <b>Out of Network:</b> You pay 50% after deductible		
Physical Therapy	\$30 copay before deductible			\$30 copay before deductible			<b>In Network:</b> You pay 30% after deductible <b>Out of Network:</b> You pay 50% after deductible		
Surgery and Hospital Stays	You pay 30% after deductible			You pay 20% after deductible			<b>In Network:</b> You pay 30% after deductible <b>Out of Network:</b> You pay 50% after deductible		
Other									

Use the Cost Estimator to check prices!

<b>Total Costs:</b>			
	<b>Total Cost</b>	<b>Total Cost</b>	<b>Total Cost</b>
<b>My Premium Total</b>	\$	\$	\$
<b>Deductible, Out-Of-Pocket, Prescription and Health Care Costs</b>	+ \$	+ \$	+ \$
<b>My Total Costs</b>	= \$	= \$	= \$

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