

# 2020 TRS-CARE PLAN HIGHLIGHTS



## PARTICIPANTS WITH MEDICARE

The TRS-Care Medicare Advantage plan and the TRS-Care Medicare Rx plan are available **only to TRS-Care participants with Medicare**. Your plan year runs from Jan. 1 – Dec. 31, and your deductibles and out-of-pocket maximums reset each year on Jan. 1.

### TRS-Care Medicare plans benefits:



- Beginning Jan. 1, 2020, the deductible does not apply to visits to primary care physicians (PCP). You pay \$0 for your annual wellness visit and a \$5 copay for sick visits with a PCP.
- Low copays for specialists and hospital visits after you meet the deductible.
- Low copays for prescription drugs with no coverage gap, i.e. the temporary limit many private drug plans will cover for drugs after your total drug costs exceed a certain amount (\$4,020 in 2020).
- Coverage for private duty nursing and skilled nursing care.
- Benefits such as free gym memberships and free meal delivery after hospital stays.
- Ability to choose any doctor throughout the U.S. as long they accept Medicare and are willing to bill Humana.

### Your Medicare Eligibility

You're eligible for Medicare at age 65 or if you've received Social Security disability benefits for a specific amount of time. You can enroll three months prior to the month you turn 65 at [www.ssa.gov/benefits/medicare/](http://www.ssa.gov/benefits/medicare/).

Remember, in most cases **you must also purchase and maintain Medicare Part B** in order to be eligible for benefits through TRS-Care.

### Your TRS-Care Medicare Advantage medical plan is insured by Humana – Cost Per Individual

Plan Details		
<b>Deductible:</b> \$500	<b>Maximum out-of-pocket:</b> \$3,500	<b>Coinsurance:</b> You pay 5% or a copay after meeting your deductible
<b>Copays:</b>	<b>Deductible Does Not Apply</b> <ul style="list-style-type: none"> <li>PCP sick visit: \$5</li> <li>Urgent care: \$35</li> <li>Emergency room: \$65</li> </ul>	
	<b>Must Meet Deductible</b> <ul style="list-style-type: none"> <li>Specialist visit: \$10</li> <li>Inpatient hospital stay: \$500</li> <li>Outpatient hospital stay: \$250</li> </ul>	

Preventive care benefits are covered at 100%

### The TRS-Care Medicare Rx prescription drug plan is administered by SilverScript, a CVS Caremark affiliate

Prescriptions	Retail Copays	Mail order or Retail-Plus copays (up to a 90-day supply)
Generic (Tier 1)	\$5	\$15
Preferred brand (Tier 2)	\$25	\$70
Non-preferred brand (Tier 3)	\$50	\$125 <sup>1</sup>

<sup>1</sup>Specialty drugs are limited to a 31-day supply.

### Monthly premiums for most Medicare retirees in 2020<sup>1</sup>

Retiree only	\$135
Retiree + spouse	\$529
Retiree + child(ren) <sup>2</sup>	\$468
Retiree + family <sup>2</sup>	\$1,020

<sup>1</sup> Premiums are determined by the TRS retiree's Medicare eligibility, regardless of their dependents' Medicare status.

<sup>2</sup> Premiums for retirees with disabled children (regardless of the disabled child's age) are reduced by \$200 in tiers with covered children.

We're here to help you. Reach out Monday - Friday, 7 a.m. - 6 p.m. CT. Call us at 1-888-237-6762 or visit us online at [trs.texas.gov](http://trs.texas.gov).

# 2020 TRS-CARE PLAN HIGHLIGHTS



## PARTICIPANTS WITHOUT MEDICARE

The TRS-Care Standard Plan provides health coverage for participants without Medicare. If you're covered by the TRS-Care Standard plan, your plan year runs from Jan. 1 – Dec. 31. Your deductibles and out-of-pocket maximums reset each year on Jan. 1.

### TRS-Care Standard plan benefits:



- Beginning Sept. 1, 2019, Teladoc telemedicine consultations will include behavioral health support. You can receive confidential care for anxiety, depression, and more from a psychiatrist, licensed therapist, psychologist, or certified substance abuse counselor from the comfort of your home.
- Beginning Sept. 1, 2019, Teladoc's general medicine service that allows you to virtually visit with a doctor 24/7 for minor health issues – such as sore throats and rashes – is now available at the reduced cost of \$30, down from \$40.
- Freedom to choose any doctor in Aetna's large network without a referral.
- Coverage for in-network preventive services such as cancer screenings, immunizations, and annual wellness checkups at no cost.
- No cost for certain preventive generic prescription drugs; see those covered at [info.caremark.com/trscarestandard](http://info.caremark.com/trscarestandard).

### Your TRS-Care Standard plan is administered by Aetna (medical) and CVS Caremark (prescription drugs)

Plan Details	In-Network	Out-of-Network
<b>Deductible</b>	\$1,500 individual plan \$3,000 family plan	\$3,000 individual plan \$6,000 family plan
<b>Maximum out-of-pocket</b>	\$5,650 individual plan \$11,300 family plan	\$11,300 individual plan \$22,600 family plan
<b>Coinsurance</b>	You pay 20% after deductible	You pay 40% after deductible
<b>Teladoc (General Medicine)</b>	\$30 for acute, on-demand medical care (excluding behavioral health and nutrition); counts toward deductible and out-of-pocket maximum	
<b>Teladoc (Behavioral Health &amp; Nutrition)</b>	<ul style="list-style-type: none"> <li>Initial psychiatry session: \$185</li> <li>On-going psychiatry session: \$95</li> </ul>	<ul style="list-style-type: none"> <li>Psychologist, licensed clinical social worker, counselor or therapist session: \$85</li> <li>Nutritionist: \$59</li> </ul>
<b>Generic drug coverage</b>	No cost for certain medications taken to prevent chronic conditions	

### Here's how the 2020 TRS-Care Standard plan works

- You pay the full cost of your medical and prescription costs until you reach your deductible (\$1,500 for an individual or \$3,000 if you cover dependents in a family plan).
- The plan starts to pay coinsurance for covered expenses when you meet your individual deductible, or when any combination of family members meets the family deductible.
- Once you meet your annual deductible, the plan pays 80% of your eligible in-network medical and prescription expenses.
- Once you've reached your maximum out-of-pocket, your plan pays 100% of your medical and prescription expenses for the rest of the year. A single person's expenses will not exceed the individual maximum out-of-pocket, even if he or she is on the family plan. Out-of-pocket expenses for the entire family will not exceed the family limit.

### Monthly premiums for most retirees without Medicare in 2020<sup>1</sup>

Retiree only	\$200
Retiree + spouse	\$689
Retiree + child(ren) <sup>2</sup>	\$408
Retiree + family <sup>2</sup>	\$999

<sup>1</sup> If you are planning to retire due to a disability, you'll pay the premium listed here.

<sup>2</sup> For most participants, TRS-Care no longer offers a \$0 premium health plan option for retiree-only coverage. Most retirees now pay \$200 for retiree-only coverage.

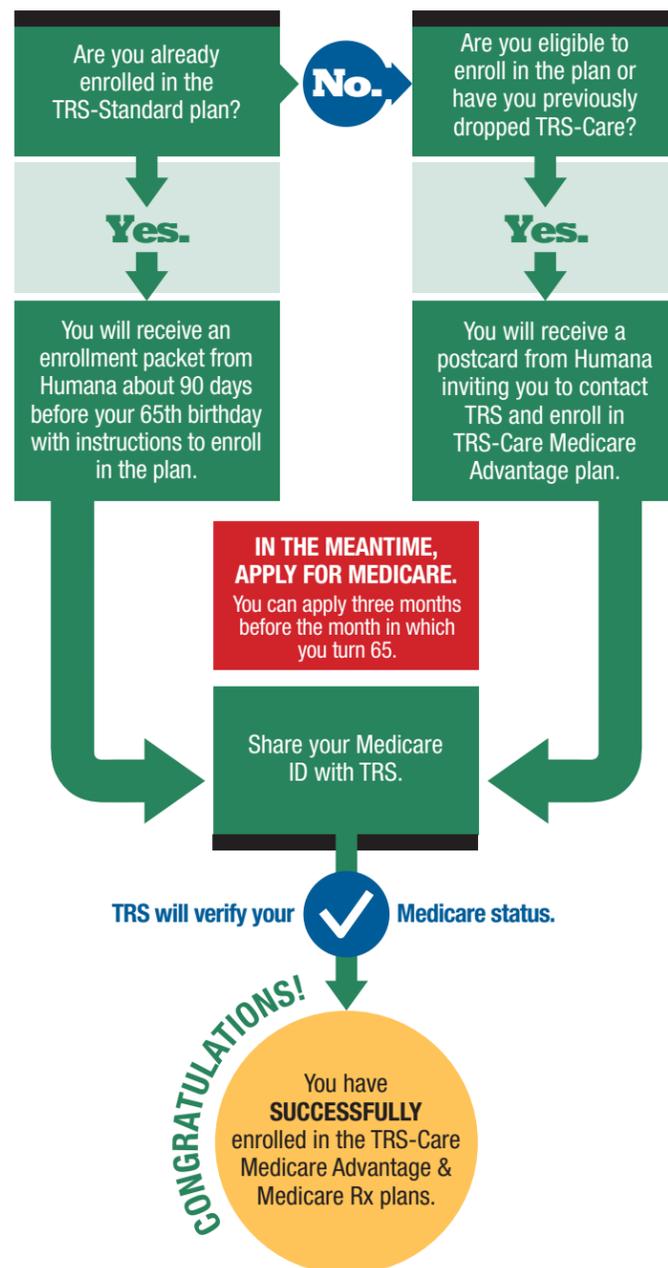
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# WHAT YOU NEED TO KNOW ABOUT YOUR 2020 TRS-CARE HEALTH BENEFITS

## The TRS retiree's Medicare status determines premium costs for TRS-Care.

TRS-Care premiums are determined by whether or not the TRS retiree has Medicare, regardless of whether or not their spouse or dependents have Medicare. If a TRS retiree covers his/her spouse and both do not have Medicare, the premium would be \$689 per month. If the spouse gets Medicare, they would still pay \$689 per month until the retiree gets Medicare. When the retiree gets Medicare, they would pay \$529 per month, which is the premium for retirees with Medicare.

### What happens to my health care plan when I turn 65?



### What happens to my deductible when I turn 65?

Any deductible or out-of-pocket credit you may have accumulated since the start of the plan year while on the TRS-Care Standard plan will carry over to TRS-Care Medicare Advantage plan when you turn 65 if TRS has your Medicare Part B information prior to the first day of your birth month. The transfer can take 30-45 days to show up in your online account and will occur as long as TRS can verify your Medicare status.

### What happens to our coverage if I turn 65 before my spouse?

If you, the retiree, turn 65 before your covered spouse, you will enroll in TRS-Care Medicare Advantage and your spouse will stay on TRS-Care Standard. You will pay \$529 in monthly premiums for yourself and spouse.

### Likewise, what happens to our coverage if my spouse turns 65 before I do?

If your covered spouse turns 65 before you do, you will continue to be covered by the TRS-Care Standard plan until you, the retiree, are Medicare eligible. You will pay \$689 in monthly premiums for yourself and spouse.

### Do I have to pay a separate Medicare premium?

Yes, participants with Medicare also pay a separate premium for Medicare Part B. The Part B premium is deducted from your monthly federal benefit. If you aren't receiving SSA or Railroad Retirement Board (RRB) benefits, you'll receive a bill from Medicare. In most cases, you must purchase Medicare Part B. Failure to maintain Part B coverage could result in loss of TRS-Care Medicare Advantage benefits.

The cost of your Medicare premium will depend on your income. If you have questions about how much you may have to pay for your Medicare benefits, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

### Do I have to pay a separate premium for TRS-Care Medicare Rx plan?

No, you do not have to pay an additional premium for drug coverage.

### Does Medicare Advantage replace my original Medicare coverage?

Your TRS-Care Medicare Advantage plan combines your Medicare coverage with enhanced TRS-Care coverage. When you see your doctor, you only have to present your TRS-Care Medicare Advantage ID card.

The Teacher Retirement System of Texas complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Teacher Retirement System of Texas cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.



### What happens if I terminate TRS-Care and then change my mind?

If you terminate TRS-Care, you may re-enter TRS-Care if you have a special enrollment event opportunity, like a marriage, adoption, or the involuntary loss of other coverage.

If you, as a retiree or surviving spouse, terminated TRS-Care, and through no fault of your own, lose comprehensive health coverage with another health plan, you may be able to re-enroll in TRS-Care under a special enrollment event. However, you must otherwise be eligible for TRS-Care and you must be able to show that you involuntarily lost comprehensive health coverage. Loss of disability, specified disease, vision, dental or other coverage that is not comprehensive health coverage does not trigger a special enrollment event. If you have a question regarding what constitutes a special enrollment event, please contact TRS Health and Insurance Benefits at 1-888-237-6762.

### Be Sure to Compare Medicare Plans and Choose Carefully

While TRS-Care premiums may be higher than other Medicare plan options on the market, the benefits are likely to be considerably richer. From tremendous freedom in the doctors you see to more comprehensive coverage for prescription drugs, the TRS-Care plans have been created exclusively to meet the needs of TRS retirees. Be sure to compare benefit coverage with other plans, especially prescription coverage, if considering other health plan options.

### Predictable Drug Copays on the TRS-Care Medicare Rx Plan

**Preferred Brand**  
Example: Januvia (antidiabetic)

TRS **\$70** vs **\$329** Other

for a 90-day supply = \$280/yr for the same prescription      for a 90-day supply = \$1,316/yr or more

**With TRS: Save \$1,036/yr**

**Non-preferred Brand**  
Example: Aciphex Sprinkle 10mg Capsule (treats acid reflux)

TRS **\$125** vs **\$815** Other

for a 90-day supply = \$500/yr      for a 90-day supply = \$3,258/yr

**With TRS: Save \$2,758/yr**

### Inpatient Copays if You had a Three-Day Hospital Stay

**TRS-Care Medicare Advantage®**

**\$500**

**\$500**

A single copay per admission to the hospital

**Traditional Medicare Advantage**

**\$350** **\$350** **\$350**

**\$1,050**

\$350 per day copay adds up

### A Large, National Network Means Greater Coverage

**TRS-Care Medicare Advantage®**

A larger, flexible network that lets you see any doctor who accepts Medicare and agrees to bill Humana.

In-Network

**Other Medicare Advantage plans**

Higher costs or no coverage when seeing out-of-network doctors.

In-network

● Out-of-Network

On many private plans, you pay 25% of the drug's total cost in the coverage gap phase. Costs decrease after that when you reach the catastrophic coverage stage.