

Medical Plan Year Deductible	\$750 Individual; \$2,250 Family
Out-of-Pocket Maximum <i>(includes medical & drug deductibles, copayments & coinsurance)</i>	\$7,350 Individual; \$14,700 Family
Annual Maximum	Unlimited
Primary Care Provider (PCP) Office Visit	\$20 copayment
<ul style="list-style-type: none"> Includes routine lab/X-ray services, injectables, and supplies Other services provided in a physician's office are subject to additional deductible and copayments/coinsurance 	
PCP Office Visit—Dependents, through age 19	\$0 copayment
Specialist Office Visit	\$60 copayment
<ul style="list-style-type: none"> Includes routine lab/X-ray services Other services provided in a physician's office are subject to additional deductible and copayments/coinsurance 	
Preventive Care	No copayment
Well-woman exam, immunizations, physicals, mammograms, colorectal cancer screening	
Surgical Procedures Performed in the Physician's Office	25% copayment¹
Minor Emergency/Urgency Care Visit	\$75 copayment
Emergency Room	\$500 copayment¹
Ambulance Air/Ground	25% copayment¹
Inpatient Services	25% copayment¹
Facility charges, physician services, surgical procedures, pre-admission testing, operating/recovery room, newborn delivery and nursery, ICU/coronary care units, laboratory tests/X-rays, rehabilitation facility, behavioral health (mental health/chemical dependency)	
Outpatient Services	25% copayment¹
Facility charges, physician services, surgical procedures, observation unit	
MRI, CT Scan, PET Scan (Facility/Physician)	\$250 copayment¹
Diagnostic Tests	25% copayment¹
Sleep study; Stress test; EKG; Ultrasound; Cardiac imaging; Genetic testing; Non-preventive Colonoscopy (Facility/Physician)	
Home Health Care <i>Limited to 60 visits per plan year</i>	25% copayment¹
Hospice Care	25% copayment¹
Skilled Nursing Facility <i>Limited to 30 days per plan year</i>	25% copayment¹
Accidental Dental Care	25% copayment¹
Prosthetics	25% copayment¹
Orthotics	25% copayment¹
Spinal Manipulation <i>Limited to 10 visits per year</i>	25% copayment¹
Durable Medical Equipment	25% copayment¹
All Other Covered Services	25% copayment¹

Prescription Drug Plan Year Deductible	\$100 Individual; \$300 Family
Annual Maximum	Unlimited
Participating Retail Pharmacy (Standard Drugs/30-day supply)	
Select Generic/ACA (Tier 1) deductible waived	\$0 per prescription
Preferred Generic (Tier 2) deductible waived	\$15 per prescription
Preferred Brand/Non-Preferred Generic (Tier 3)	\$40 per prescription ²
Non-Preferred Brand/Non-Preferred Generic (Tier 4)	\$100 per prescription ²
Specialty/Injectables (Tier 5)	20% per prescription ²
Participating Mail Order Pharmacy (Maintenance Drugs/90-day supply)	
Select Generic/ACA (Tier 1) deductible waived	\$0 per prescription
Preferred Generic (Tier 2) deductible waived	\$45 per prescription
Preferred Brand/Non-Preferred Generic (Tier 3)	\$120 per prescription ²
Non-Preferred Brand/Non-Preferred Generic (Tier 4)	\$300 per prescription ²
Specialty/Injectables (Tier 5)	20% per prescription ²



¹Subject to medical deductible ²Subject to prescription drug deductible

2018-2019 FirstCare Benefit Highlights

- 100% preventive care coverage
- Low deductible option
- No copay for PCP visits for dependents, age 19 and under
- No prescription drug deductible for generic drugs
- No copay for preventive care services and some generic drugs
- Maximum out-of-pocket includes medical and prescription drug deductibles, copays and coinsurance

Why choose FirstCare?

- ★ HMO of choice for TRS members
- ★ No referrals for in-network physicians
- ★ Comprehensive network of quality physicians
- ★ Coverage for dependents living outside service area; care must be accessed through our affiliate provider networks
- ★ Local offices; Texas-based customer service
- ★ Worldwide emergency care
- ★ Nurse24™ 24-hour nurse line
- ★ *Expecting the Best*® maternity program
- ★ Dedicated website for TRS members

Gross Monthly Cost for Coverage Effective September 1, 2018 - August 31, 2019

Coverage Category	Total Cost - Active*
Employee only	\$ 534.04
Employee and spouse	\$ 1,348.92
Employee and child(ren)	\$ 849.76
Employee and family	\$ 1,385.36

**District and state funds are provided each month to active contributing TRS members to use toward the cost of TRS-ActiveCare coverage. State funding is subject to appropriation by the Texas Legislature. Please contact your Benefits Administrator to determine your net monthly cost for your coverage.*

Born in Texas and owned
by Texans since 1985.



For a detailed description of FirstCare's plan benefits and evidence of coverage, visit www.trs.state.tx.us/trs-activecare.

Visit www.FirstCare.com/TRS to access our provider directory and drug coverage list.