



# TRS-ActiveCare FY2018 Benefit Recommendations

## MEDICAL BENEFITS

	FY2017			FY2018		
	TRS-ActiveCare-1HD	TRS-ActiveCare-Select	TRS-ActiveCare-2	TRS-ActiveCare-1HD	TRS-ActiveCare-Select	TRS-ActiveCare-2
<b>In-Network Deductible</b>						
Individual	\$2,500	\$1,200	\$1,000	\$2,500	\$1,200	\$1,000
Family	\$5,000	\$3,600	\$3,000	\$5,000	\$3,600	\$3,000
<b>In-Network Maximum Out-of-Pocket Limit</b>						
Individual	\$6,550	\$6,850	\$6,850	\$6,550	<b>\$7,150</b>	<b>\$7,150</b>
Family	\$13,100	\$13,700	\$13,700	\$13,100	<b>\$14,300</b>	<b>\$14,300</b>
<b>Out-of-Network Deductible</b>						
Individual	Included in the in-network deductible	N/A	Included in the in-network deductible	<b>\$5,000</b>	N/A	<b>\$2,000</b>
Family				<b>\$10,000</b>		<b>\$6,000</b>
<b>Out-of-Network Maximum Out-of-Pocket Limit</b>						
Individual	Included in the in-network maximum	N/A	Included in the in-network maximum	<b>\$13,100</b>	N/A	<b>\$14,300</b>
Family				<b>\$26,200</b>		<b>\$28,600</b>
<b>Other</b>						
ER Copay	20% after deductible	\$150 copay plus 20% after deductible	\$150 copay plus 20% after deductible	20% after deductible	<b>\$200 copay plus 20% after deductible</b>	<b>\$200 copay plus 20% after deductible</b>



# TRS-ActiveCare FY2018 Benefit Recommendations

## PRESCRIPTION DRUG BENEFITS

		FY2017		FY2018			
		TRS-ActiveCare-1HD	TRS-ActiveCare-Select	TRS-ActiveCare-2	TRS-ActiveCare-1HD	TRS-ActiveCare-Select	TRS-ActiveCare-2
<b>MAIL ORDER &amp; RETAIL-PLUS</b> (up to 90 days supply)							
Generic	20% after deductible	\$45 copay	\$45 copay	20% after deductible	\$45 copay	\$45 copay	
Preferred Brand		\$105 copay	\$105 copay		\$105 copay	\$105 copay	
Non-Preferred Brand		50% coinsurance	\$180 copay		50% coinsurance	\$180 copay	
Specialty		20% coinsurance	\$200 (up to 31 day fill) \$400 (32-90 day fill)		20% coinsurance	\$200 (up to 31 day fill) \$400 (32-90 day fill)	
<b>RETAIL MAINTENANCE</b> (after 1 <sup>st</sup> fill; up to 31 days supply)							
Generic	20% after deductible	\$35 copay	\$35 copay	20% after deductible	\$35 copay	\$35 copay	
Preferred Brand		\$60 copay	\$60 copay		\$60 copay	\$60 copay	
Non-Preferred Brand		50% coinsurance	\$90 copay		50% coinsurance	\$90 copay	
<b>RETAIL</b> (up to 31 days supply)							
Generic	20% after deductible	\$20 copay	\$20 copay	20% after deductible	\$20 copay	\$20 copay	
Preferred Brand		\$40 copay	\$40 copay		\$40 copay	\$40 copay	
Non-Preferred Brand		50% coinsurance	\$65 copay		50% coinsurance	\$65 copay	

- There will be no changes in the prescription drug benefits for the FY2018 plan year.



# TRS-ActiveCare FY2018 Rate Recommendation

- With the recommended medical benefit changes the overall average rate increase of 9.9% is reduced to 8.1%. Recommended changes by plan and coverage tier are shown below.

	FY2017 Premium	Proposed FY2018 Premium	Percent Change	Number of Employees
<b>TRS-ActiveCare-1HD</b>				
Employee Only	\$341	\$351	2.9%	123,076
Employee & Spouse	\$914	\$991	8.4%	4,345
Employee & Children	\$615	\$671	9.1%	25,837
Employee & Family	\$1,231	\$1,316	6.9%	4,611
<b>TRS-ActiveCare-Select</b>				
Employee Only	\$484	\$514	6.2%	43,620
Employee & Spouse	\$1,147	\$1,264	10.2%	1,883
Employee & Children	\$779	\$834	7.1%	15,978
Employee & Family	\$1,361	\$1,589	16.8%	3,766
<b>TRS-ActiveCare-2</b>				
Employee Only	\$645	\$714	10.7%	36,795
Employee & Spouse	\$1,552	\$1,694	9.1%	1,578
Employee & Children	1,042	\$1,062	1.9%	10,736
Employee & Family	\$1,597	\$2,004	25.5%	7,420