



TRS-ActiveCare FY2018 Rate Recommendation

	FY2018 Gross Premium	Proposed FY2019 Gross Premium	Average Percent Change
TRS-ActiveCare-1HD			
Employee Only	\$351	\$367	4.4%
Employee & Spouse	\$991	\$1,035	
Employee & Children	\$671	\$701	
Employee & Family	\$1,316	\$1,374	
TRS-ActiveCare-Select			
Employee Only	\$514	\$540	5.0%
Employee & Spouse	\$1,264	\$1,327	
Employee & Children	\$834	\$876	
Employee & Family	\$1,589	\$1,668	
TRS-ActiveCare-2			
Employee Only	\$714	\$782	9.5%
Employee & Spouse	\$1,694	\$1,855	
Employee & Children	\$1,062	\$1,163	
Employee & Family	\$2,004	\$2,194	

Number of Employees	Participant Cost (Net Premium)
138,805	\$142
4,557	\$810
28,860	\$476
5,813	\$1,149
44,775	\$315
1,699	\$1,102
16,496	\$651
2,833	\$1,443
27,560	\$557
1,183	\$1,630
10,126	\$938
2,705	\$1,969

- With the recommended medical benefit changes the overall average rate increase of 7.1% is reduced to 5.7%.
- Gross premiums represent the unsubsidized premium that the board must adopt.
- For most employees, the state and employers subsidize premiums with \$225 per member per month at a minimum.
- Most plan participants are eligible for the subsidy and pay the net premium.
- More than 70 percent of employers provide additional subsidy beyond the minimum requirement.



TRS-ActiveCare Summary of Recommendations

	No Changes	Recommendation		
		TRS-ActiveCare 1-HD	TRS-ActiveCare Select	TRS-ActiveCare 2
Eligibility	None	None	None	Closed to new entrants
Medical	None	<ul style="list-style-type: none"> ▪ Increase in maximum out-of-pocket ▪ Increase in-network deductible to \$2,750 for individual coverage and \$5,500 for family coverage for ▪ Increase out-of-network deductibles ▪ Implement a \$500 plus 20% for free-standing ER facility 	<ul style="list-style-type: none"> ▪ Increase in maximum out-of-pocket ▪ Increase specialist office visit copay to \$70 ▪ Increase ER copay to \$250 plus 20% per visit for hospital-based ER facility ▪ Implement a \$500 plus 20% per visit for free-standing ER facility 	<ul style="list-style-type: none"> ▪ Increase in maximum out-of-pocket ▪ Increase specialist office visit copay to \$70 ▪ Increase ER copay to \$250 plus 20% per visit for hospital-based ER facility ▪ Implement a \$500 plus 20% per visit for free-standing ER facility
Pharmacy	None	<ul style="list-style-type: none"> ▪ Increase non-preferred brand drug copay to 50% coinsurance ▪ Limit specialty drug fills to 31 day supply 	<ul style="list-style-type: none"> ▪ Limit specialty drug fills to 31 day supply 	<ul style="list-style-type: none"> ▪ Increase non-preferred brand drug copay to 50% coinsurance, subject to min/max ▪ increase specialty pharmacy copay to 20% coinsurance (min \$200, max \$900) ▪ Limit specialty drug fills to 31 day supply
Gross Premium Increase	7.1%	4.4%	5.0%	9.5%
Average Employee Increase*	8.0% – 19.9%	5.3% – 13.9%		



TRS-ActiveCare FY2019 Benefit Recommendations

	FY2018			FY2019		
	TRS-ActiveCare-1HD	TRS-ActiveCare-Select	TRS-ActiveCare-2	TRS-ActiveCare-1HD	TRS-ActiveCare-Select	TRS-ActiveCare-2
In-Network Deductible						
Individual	\$2,500	\$1,200	\$1,000	\$2,750	\$1,200	\$1,000
Family	\$5,000	\$3,600	\$3,000	\$5,500	\$3,600	\$3,000
In-Network Maximum Out-of-Pocket Limit						
Individual	\$6,550	\$7,150	\$7,150	\$6,650	\$7,350	\$7,350
Family	\$13,100	\$14,300	\$14,300	\$13,300	\$14,700	\$14,700
Out-of-Network Deductible						
Individual	\$5,000	N/A	\$2,000	\$5,500	N/A	\$2,000
Family	\$10,000		\$6,000	\$11,000		\$6,000
Out-of-Network Maximum Out-of-Pocket Limit						
Individual	\$13,100	N/A	\$14,300	\$13,300	N/A	\$14,700
Family	\$26,200		\$28,600	\$26,600		\$29,400
Other						
Specialist Office Visit	20% after deductible	\$60 copay	\$50 copay	20% after deductible	\$70 copay	\$70 copay
ER Copay	20% after deductible	\$200 copay plus 20% after deductible	\$200 copay plus 20% after deductible	20% after deductible	\$250 copay plus 20% after deductible	\$250 copay plus 20% after deductible
Free-standing ER (FER)	20% after deductible	\$200 copay plus 20% after deductible	\$200 copay plus 20% after deductible	\$500 copay plus 20% after deductible	\$500 copay plus 20% after deductible	\$500 copay plus 20% after deductible
Quest Diagnostic Lab	20% after deductible	Plan pays 100% if performed at a Quest facility	Plan pays 100% if performed at a Quest facility	20% after deductible	20% after deductible	20% after deductible





TRS-ActiveCare FY2019 Benefit Recommendations

	FY2018			FY2019		
	TRS-ActiveCare-1HD	TRS-ActiveCare-Select	TRS-ActiveCare-2	TRS-ActiveCare-1HD	TRS-ActiveCare-Select	TRS-ActiveCare-2
RETAIL (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% after deductible	50% coinsurance	50% coinsurance (Min \$65, Max \$130)
RETAIL MAINTENANCE (after 1 st 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% after deductible	50% coinsurance	50% coinsurance (Min \$90, Max \$180)
MAIL ORDER & RETAIL-PLUS (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% after deductible	50% coinsurance	50% coinsurance (Min \$180, Max \$360)
SPECIALTY PRESCRIPTION DRUG						
Specialty	20% after deductible	20% coinsurance	\$200 (up to 31 day fill) \$400 (32-90 day fill)	20% after deductible (31 day supply limit per fill)	20% coinsurance (31 day supply limit per fill)	20% coinsurance (Min \$200, Max \$900) (31 day supply limit per fill)



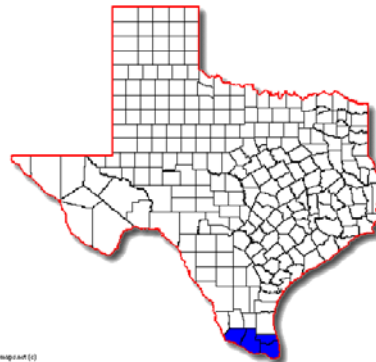
BCBSTX: 2018-2019 Plan

BCBSTX Premium Changes

Coverage Tier	2017-2018 Premiums	2018-2019 Premiums
Employee Only	\$460.50	\$474.02
Employee & Spouse	\$1,113.72	\$1,146.83
Employee & Child(ren)	\$720.86	\$742.19
Employee & Family	\$1,181.28	\$1,216.42

BCBSTX is not proposing any major benefit changes

The proposed service area is the same as last year.



Source: DPMG/AAE(1)



FirstCare: 2018-2019 Changes

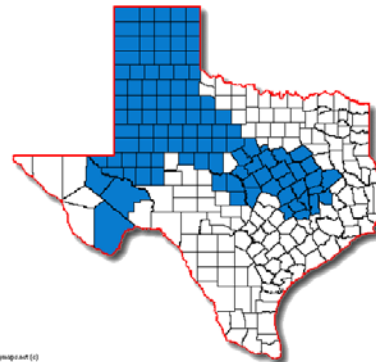
FirstCare Premium Changes

Coverage Tier	2017-2018 Premiums	2018-2019 Premiums
Employee Only	\$514.82	\$534.04
Employee & Spouse	\$1,287.60	\$1,348.92
Employee & Child(ren)	\$816.07	\$849.76
Employee & Family	\$1,298.52	\$1,385.36

FirstCare Benefit Changes

Benefit	2017-2018 Plan Year	2018-2019 Plan Year
Maximum Out of Pocket	Individual - \$6,000 Family - \$12,000	Individual - \$7,350 Family - \$14,700

The proposed service area is the same as last year.



Source: @yelp4art()



Scott and White: 2018-2019 Changes

Scott and White Premium Changes

Coverage Tier	2017-2018 Premiums	2018-2019 Premiums
Employee Only	\$561.04	\$578.36
Employee & Spouse	\$1,263.08	\$1,353.40
Employee & Child(ren)	\$888.42	\$908.06
Employee & Family	\$1,400.98	\$1,509.56

Scott and White Benefit Changes

Benefit	2017-2018 Plan Year	2018-2019 Plan Year
Maximum Out of Pocket	Individual - \$6,550 Family - \$13,100	Individual - \$7,000 Family - \$14,000
Copays	PCP/Specialist - \$20/\$50 Urgent/ER - \$55/\$150+20%	PCP/Specialist - \$15/\$70 Urgent/ER - \$50/\$250+20%
Pharmacy	Specialty Rx - 20% after deductible	Specialty Rx Tier 1 & 2 - 15% Specialty Rx Tier 3 - 25%

The proposed service area is the same as last year.

