85th-1 Special Session – Plan Design Changes

Non-Medicare Retirees

Reduce deductible:

Legislative intent is to reduce the health care deductible in the 2018-2019 plan years for non-Medicare retirees.

Non-Medicare Retiree/Family Deductibles From \$3,000/\$6,000 to \$1,500/\$3,000

Reduce maximum out-of-pocket:

Legislative intent is to reduce the maximum out-of-pocket for non-Medicare retirees in the 2018-2019 plan years.

Non-Medicare Retiree/Family Maximum Out-of-Pocket From \$6,650/\$13,300 to \$5,650/\$11,300



85th-1 Special Session – Plan Design Changes

Medicare Retirees

Reduce premiums:

Legislative intent is to reduce premiums by \$11 for all Medicare retirees in the 2018-2019 plan years.

Medicare Retirees

Medicare Retiree from \$146 to **\$135**Medicare Retiree & Spouse from \$590 to **\$529***Medicare Retiree & Child(ren) from \$504 to **\$468***Medicare Retiree & Family from \$1,106 to **\$1,020***

*Reductions are cumulative



85th-1 Special Session – Plan Design Changes

Dependents of Non-Medicare and Medicare retirees

Reduce premiums for retirees with adult disabled children: TRS-Care has approximately 570 adult incapacitated children of TRS retirees. Legislative intent is to reduce the premiums by **\$200** per month in the 2018-2019 plan years.

Retirees with adult disabled children

Non-Medicare Retiree & Child(ren) from \$433 to \$208*
Non-Medicare Retiree & Family from \$1,074 to \$799*
Medicare Retiree & Child(ren) from \$504 to \$268*
Medicare Retiree & Family from \$1,106 to \$820*

Reduce premiums for covered children: Legislative intent is to reduce premiums by \$25 for all children covered in both plans in the 2018-2019 plan years.

Non-Medicare Retiree & Child(ren) from \$433 to \$408 Non-Medicare Retiree & Family from \$1,074 to \$999* Medicare Retiree & Child(ren) from \$504 to \$468* Medicare Retiree & Family from \$1,106 to \$1,020*

Reduce premiums for Spouses: Legislative intent is to reduce premiums by \$50 for spouses in both plans in the 2018-2019 plan years.

Non-Medicare Retiree & Spouse from \$739 to \$689 Non-Medicare Retiree & Family from \$1,074 to \$999* Medicare Retiree & Spouse from \$590 to \$529* Medicare Retiree & Family from \$1,106 to \$1,020*



85th-1 Special Session- Premiums

Current Premiums	85R Legislature Illustra	ntive Retiree Premiums	85-1 Legislature Illustrative Premiums		
Prior to January 1, 2018	Calendar Year 2018	Calendar Year 2019	Calendar Year 2018	Calendar Year 2019	
Non-Medicare Retirees Retiree Only = \$0 - \$310 Retiree & Spouse = \$30 - \$665 Retiree & Child(ren) = \$28 - 392 Retiree & Family = \$58 - \$747 Medicare B Only Retirees Retiree Only = \$0 - \$245 Retiree & Spouse = \$25 - \$600 Retiree & Child(ren) = \$34 - \$327 Retiree & Family = \$59 - \$682 Medicare A&B Retirees Retiree Only = \$0 - \$110 Retiree & Spouse = \$20 - \$465 Retiree & Child(ren) = \$41 - \$192 Retiree & Family = \$61 - \$547	Non-Medicare Retirees Retiree Only = \$200 Retiree & Spouse = \$739 Retiree & Child(ren) = \$433 Retiree & Family = \$1,074 Medicare Retirees Retiree Only = \$146 Retiree & Spouse = \$590 Retiree & Child(ren) = \$504 Retiree & Family = \$1,106 Current Disability Retirees not eligible for Medicare Retiree Only = \$0 Retiree & Spouse = \$539 Retiree & Child(ren) = \$233 Retiree & Family = \$874	Non-Medicare Retirees Retiree Only = \$250 Retiree & Spouse = \$789 Retiree & Child(ren) = \$483 Retiree & Family = \$1,124 Medicare Retirees Retiree Only = \$146 Retiree & Spouse = \$590 Retiree & Child(ren) = \$504 Retiree & Family = \$1,106 Current Disability Retirees not eligible for Medicare Retiree Only = \$0 Retiree & Spouse = \$539 Retiree & Child(ren) = \$233 Retiree & Family = \$874	Non-Medicare Retirees Retiree Only = \$200 Retiree & Spouse = \$689 Retiree & Child(ren) = \$408 Retiree & Family = \$999 Medicare Retirees Retiree Only = \$135 Retiree & Spouse = \$529 Retiree & Child(ren) = \$468 Retiree & Family = \$1,020 Current Disability Retirees not eligible for Medicare Retiree Only = \$0 Retiree & Spouse = \$489 Retiree & Child(ren) = \$208 Retiree & Family = \$799 Retirees with adult disabled children Non-Medicare Retiree & Child(ren) = \$208 Non-Medicare Retiree & Family = \$799 Medicare Retiree & Child(ren) = \$268 Retiree & Family = \$820	Non-Medicare Retirees Retiree Only = \$250 Retiree & Spouse = \$739 Retiree & Child(ren) = \$458 Retiree & Family = \$1,049 Medicare Retirees Retiree Only = \$135 Retiree & Spouse = \$529 Retiree & Child(ren) = \$468 Retiree & Family = \$1,020 Current Disability Retirees not eligible for Medicare Retiree Only = \$0 Retiree & Spouse = \$489 Retiree & Child(ren) = \$208 Retiree & Family = \$799 Retiree & Family = \$799 Retirees with adult disabled children Non-Medicare Retiree & Child(ren) = \$258 Retiree & Family = \$849 Medicare Retiree & Child(ren) = \$268 Retiree & Family = \$820	



85th-1 Special Session- Medical Plan Design

	TRS-Care 1	TRS-Care 2	TRS-Care 3	Medicare Advantage for TRS-Care 2	Medicare Advantage for TRS-Care 3	85R-Legislature Standard Plan	85R-Legislature Medicare Advantage Plan	85-1 Legislature Proposed Standard Plan	85-1 Legislature Proposed Medicare Advantage Plan- <u>NO CHANGES</u>
Eligibility	All retirees		Retirees with both Medicare Part A & B		Non-Medicare Retirees (under age 65)	All Medicare Retirees (age 65 and older)	Non-Medicare Retirees (under age 65)	All Medicare Retirees (age 65 and older)	
Deductible In-Network	\$2,350 Parts A&B \$3,900 Part B Only \$5,250 Non-Medicare	\$1,300	\$400	\$500	\$150	\$3,000 individual \$6,000 family	\$500	\$1,500 individual \$3,000 family	\$500
Maximum Out-of- Pocket In-Network	\$6,250 Parts A&B \$7,800 Part B Only \$8,250 Non-Medicare	\$5,800	\$4,900	\$3,500	\$3,150	\$6,650 individual \$13,300 family	\$3,500	\$5,650 individua <mark>l</mark> \$11,300 family	\$3,500
Coinsurance				95%/5%	95%/5%		95%/5%	/5%	95%/5%
Inpatient Hospital Facility	80%/20% (after deductible is met) Preventative services such routine physical exam, cancer	80%/20% (after	\$500 copay per stay	\$250 copay per stay	80%/20% \$500 copay per stay (after deductible is met)	80%/20% (after deductible is met)	\$500 copay per stay		
Outpatient Hospital Facility				\$250 copay	\$75 copay	Preventative services such routine physical exam, cancer screenings, flu shot covered at 100% \$40 Teladoc consultation:	\$250 copay	Preventative services such routine physical exam, cancer screenings, flu shot covered at 100% \$40 Teladoc consultation:	\$250 copay
Emergency Room				\$65 copay	\$50 copay		\$65 copay		\$65 copay
Urgent Care				\$35 copay	\$35 copay		\$35 copay		\$35 copay
Office Visits screenings, flu shot covered at 100%	Non- Medicare: \$35 copay Medicare: 80%/20% (after Medicare payment)	Non- Medicare: \$25 copay Medicare: 80%/20% (after Medicare payment)	\$5 Primary Care Physician \$10 Specialist	\$5 Primary Care Physician \$10 Specialist	Board-certified doctors diagnose, treat and write prescriptions via phone or video, available 24/7	\$5 Primary Care Physician \$10 Specialist	Board-certified doctors diagnose, treat and write prescriptions via phone or video, available 24/7	\$5 Primary Care Physicia \$10 Specialist	

