

2021 TRS-CARE: Care You Can Count On



PLAN HIGHLIGHTS FOR PARTICIPANTS WITH MEDICARE

The TRS-Care Medicare Advantage plan and TRS-Care Medicare Rx plan are available only to TRS-Care participants with Medicare. Beginning Jan. 1, 2021, UnitedHealthcare® (UHC) will serve as the insurer for your medical benefits. SilverScript, an affiliate of CVS Caremark, will continue to administer the prescription drug benefits in 2021.

Your plan year runs from Jan. 1 – Dec. 31. Your deductibles and maximum out-of-pocket amounts (MOOPs) reset each year on Jan. 1.

TRS-Care Medicare Advantage plan benefits:

- \$0 for your annual wellness visit and \$5 copays for sick visits with a PCP before the deductible
- Low copays for specialists and hospital visits after you meet the deductible
- Low copays for prescription drugs with no coverage gap (no “donut hole”), i.e. the temporary limit many private drug plans will cover for drugs after your total drug costs exceed a certain amount (\$4,130 in 2021)
- 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 UnitedHealthcare

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.

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

Your 2021 TRS-Care Medicare Advantage medical plan is insured by UnitedHealthcare – Cost Per Individual

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

Preventive care benefits are covered at 100%

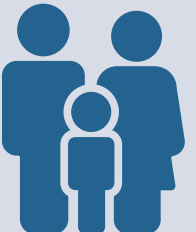
*Are you currently a TRS-Care participant who will turn 65 in 2021? You will pay \$0 deductible in the TRS-Care Medicare Advantage plan through Dec. 31, 2021. Your \$500 deductible will start on Jan. 1, 2022

Your 2021 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 ¹

¹Specialty drugs are limited to a 31-day supply.

Monthly premiums for most Medicare retirees in 2021²

	Retiree only	\$135
	Retiree + spouse	\$529
	Retiree + child(ren) ³	\$468
	Retiree + family ³	\$1,020

² Premiums are determined by the TRS retiree's Medicare eligibility, regardless of their dependents' Medicare status.

³ 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.

2021 TRS-CARE: Care You Can Count On



PLAN HIGHLIGHTS FOR PARTICIPANTS WITHOUT MEDICARE

The TRS-Care Standard Plan provides health coverage for participants without Medicare. Beginning Jan. 1, 2021, Blue Cross and Blue Shield of Texas (BCBSTX) will administer the plan's medical benefits. CVS Caremark will continue to administer the prescription drug benefits in 2021.

Your plan year runs from Jan. 1 – Dec. 31. Your deductibles and maximum out-of-pocket amounts (MOOPs) reset each year on Jan. 1.

TRS-Care Standard plans benefits:

- Freedom to choose any doctor in BCBSTX's broad network without a referral
- \$0 in-network preventive care such as cancer screenings, immunizations, and annual wellness checkups
- Access to 24/7 care from anywhere through BCBSTX NurseLine and Personal Health Guides
- \$0 for certain preventive generic prescription drugs
- Prescription mail order services through CVS Caremark
- General medicine and mental health support through Teladoc
- Add-on benefits such as rewards points, fitness membership, nutrition counseling and more


Your 2021 TRS-Care Standard plan is administered by BCBSTX (medical) and CVS Caremark (prescription drugs)

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

Here's how the 2021 TRS-Care Standard plan works

- You pay the full cost of your medical and prescription costs until you or your family reach the deductible. After that, the plan starts to pay coinsurance for covered expenses.
- Once you meet your annual deductible, the plan pays 80% of your eligible in-network expenses.
- Once you or your family reach your maximum out-of-pocket (MOOP), 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 2021¹

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

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

² 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.

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.

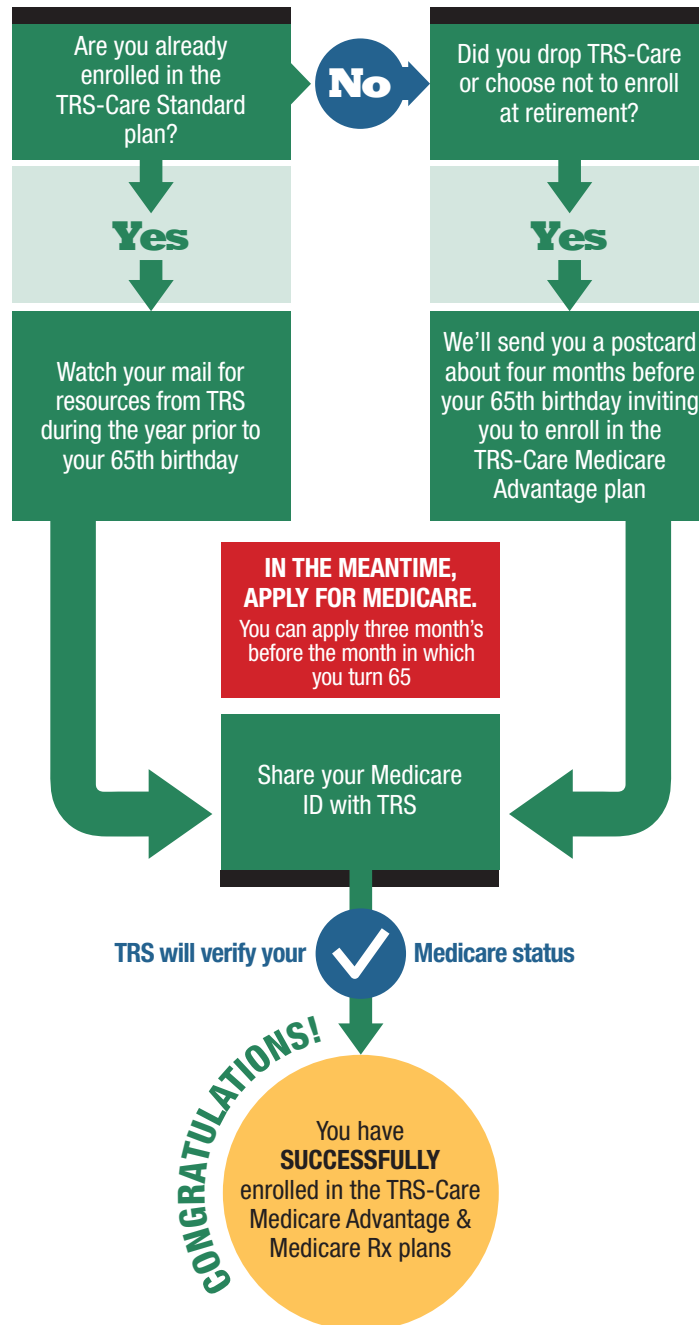
WHAT YOU NEED TO KNOW ABOUT YOUR 2021 TRS-CARE HEALTH BENEFITS

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

TRS-Care premiums are determined by the TRS retiree's Medicare status, regardless of whether or not their spouse or dependents have Medicare.

If a TRS retiree covers their spouse and neither of them 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. To find out how much you will pay if your spouse doesn't have Medicare, but you do, see the FAQ below.

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



Do I have a deductible when I turn 65?

Current TRS-Care Standard participants transitioning to TRS-Care Medicare Advantage: If you're currently enrolled in the TRS-Care Standard plan and are enrolling in Medicare in 2021, you won't pay a deductible through Dec. 31, 2021, so long as TRS has your Medicare Part B information on file prior to the first day of your birth month.

New to TRS-Care and eligible for Medicare: If you're new to TRS-Care and will have coverage through the TRS-Care Medicare Advantage Plan, you will have an individual \$500 deductible through Dec. 31, 2021. Your deductible and MOOP will start over on Jan. 1, 2022.

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

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

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

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

Do I have to pay a separate Medicare premium?

Yes, participants with Medicare also pay a separate premium for Medicare Part B directly to Medicare. TRS does not pay this premium on your behalf and it's not deducted from your TRS retirement check.

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. You must purchase Medicare Part B to be eligible for TRS-Care Medicare Advantage. Failure to purchase and maintain Part B coverage could result in total loss of TRS-Care.

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 the TRS-Care Medicare Rx plan?

No, you don't have to pay an additional TRS-Care premium for drug coverage.

Does Medicare Advantage replace my original Medicare coverage?

Yes. 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.

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

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, like a marriage, adoption, or involuntary loss of coverage. 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 generate 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 Medicare Advantage 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 in the coverage gap

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

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 UnitedHealthcare.

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.