

ActiveCare HD, Primary, Primary+, 2
 Blue Cross Blue Shield 866-355-5999
www.bcbstx.com/trsactivecare
[Teladoc - www.member.teladoc.com/trsactivecare](http://www.member.teladoc.com/trsactivecare)
[RediMD - www.redimd.com](http://www.redimd.com)

HMO
 Scott & White 844-633-5325
<https://trs.swhp.org>
[MDLive - www.mdlive.com/swhp](http://www.mdlive.com/swhp)

In Network Benefits



MEDICAL BENEFITS

| | | | | |
|--|----------------|----------------|----------------|----------------|
| Deductible | | | | |
| Individual | | | | |
| Family | | | | |
| Maximum Out-of-Pocket | | | | |
| <i>(includes deductible, coinsurance & copays)</i> | | | | |
| Individual | | | | |
| Family | | | | |
| Coinsurance | | | 30% | 25% |
| Preventive Care | Plan pays 100% | Plan pays 100% | Plan pays 100% | |
| Office Visit Copay | | | | |
| PCP / Specialist | | | | |
| Virtual Health | \$0 / \$12 | \$0 / \$12 | \$30 / \$42 | Plan pays 100% |
| Urgent Care | \$50 | \$50 | 30% | \$45 |
| Emergency Room | 30% | 20% | 30% | \$500 copay |
| Inpatient Hospitalization | 30% | 20% | 30% | 25% |

OTHER PLAN FEATURES

| | | | | |
|---------------------------------------|-----------|-----------|------------|-----------|
| Out of Network Benefits? | NO | NO | YES | NO |
| Network | Statewide | Statewide | Nationwide | Statewide |
| Primary Care Provider (PCP) required? | YES | YES | NO | NO |
| Referrals needed to see a specialist? | YES | YES | NO | NO |

PRESCRIPTION DRUGS

| | | | | |
|--------------------------|-------------------------------|-------------------------|-------------------------------|-------------------------|
| Drug Deductible | Subject to medical deductible | \$0 Generic \$200 Brand | Subject to medical deductible | \$0 Generic \$200 Brand |
| Tier 1 - Generic | \$15 | \$15 | 20% | \$14 |
| Tier 2 - Preferred Brand | 30% | 25% | 25% | 35% |
| Tier 3 - Non-Pref Brand | 50% | 50% | 50% | 50% |
| Specialty Drugs | 30% | 30% | 20% | 35% |

PREMIUMS

- Employee Only
- Employee & Spouse
- Employee & Child(ren)
- Employee & Family

After the MEDICAL deductible has been met

First in-person sick visit \$0 copay

No copay for PCP visits for dependents age 19 and under

RediMD

Teladoc

MDLive or MyBSWHealth

After the PRESCRIPTION deductible has been met

\$0 if SaveOnSP eligible

Certain generic preventive drugs are covered 100%

ACA Preventive Drugs - \$0 copay