

Marble Falls ISD 2023-2024 TRS Active Care Insurance
Marble Falls ISD contributes \$410.00 toward each employees health insurance, reducing your total premium.

	2023-2024 Total Premium Per Month (Before \$410.00 benefit applied) SUB Premium	2023-2024 Employee's MONTHLY PAYROLL DEDUCTION	AUXILIARY STAFF SEMI MONTHLY PAYROLL DEDUCTION	POOLING FUNDS Both Spouses Employed with MFISD
TRS-Active Care Primary	2023-2024 Premium	Employee Pays	PER CHECK	
Employee Only	\$395.00	\$0.00	\$0.00	
Employee & Spouse	\$1,067.00	\$657.00	\$328.50	\$247.00
Employee & Child(ren)	\$672.00	\$262.00	\$131.00	
Employee & Family	\$1,343.00	\$933.00	\$433.50	\$523.00
TRS-Active Care Primary +	2023-2024 Premium	Employee Pays	PER CHECK	
Employee Only	\$463.00	\$53.00	\$26.50	
Employee & Spouse	\$1,204.00	\$794.00	\$397.00	\$384.00
Employee & Child(ren)	\$788.00	\$378.00	\$189.00	
Employee & Family	\$1,528.00	\$1,118.00	\$559.00	\$708.00
TRS-Active Care HD	2023-2024 Premium	Employee Pays	PER CHECK	
Employee Only	\$408.00	\$0.00	\$0.00	
Employee & Spouse	\$1,102.00	\$692.00	\$346.00	\$282.00
Employee & Child(ren)	\$694.00	\$284.00	\$142.00	
Employee & Family	\$1,388.00	\$978.00	\$489.00	\$568.00
TRS-Active Care 2 (closed to new enrollees)	2023-2024 Premium	Employee Pays	PER CHECK	
Employee Only	\$1,013.00	\$603.00	\$301.50	
Employee & Spouse	\$2,402.00	\$1,992.00	\$996.00	1,582.00
Employee & Child(ren)	\$1,507.00	\$1,097.00	\$548.50	
Employee & Family	\$2,841.00	\$2,431.00	\$1,215.50	2,021.00
Baylor Scott & White	2023-2024 Premium	Employee Pays	PER CHECK	
Employee Only	\$515.37	\$105.37	\$52.69	
Employee & Spouse	\$1,293.46	\$883.46	\$441.73	\$473.46
Employee & Child(ren)	\$828.11	\$418.11	\$209.06	
Employee & Family	\$1,488.60	\$1,078.60	\$539.30	\$668.60



Marble Falls ISD Employee Benefits Information

THEbenefitsHUB Portal Access

<https://www.thebenefitshub.com/Login.cfm>

Username: The **first six (6) letters** of your **last name**, followed by the **first letter** of your **first name**, followed by the **last four (4)** of your **social security number**:

Default Password: **Last Name** followed by the **last four (4)** of your **social security number**

Example: Robert Smith SS# 123-45-6789 User name: **smithr6789** Password: **smith6789**

2023/2024 Insurance Directory

TRS ActiveCare BCBS 866-355-5999 www.bcbstx.com/trsactivecare/coverage	TRS ActiveCare Scott & White 800-321-7947 www.bswhealthplan.com/trs
Dental – Ameritas 800-487-5553 www.ameritas.com	Vision – Ameritas 800-487-5553 www.ameritas.com
Accident – Allstate 800-521-3535 www.allstatebenefits.com/mybenefits	Group Life Insurance 800-423-2765 www.lincolfinancial.com
Cancer – Transamerica 888-763-7474 www.transamericabenefits.com	Health Savings Account 800-357-6247 www.hsabank.com
Critical Illness – MetLife 800-438-6388 www.metlife.com	Hospital Indemnity – Allstate 800-521-3535 www.allstatebenefits.com/mybenefits
Disability – The Standard 800-368-1135 www.standard.com	Permanent Life Insurance 800-283-9233 www.texaslife.com
Flexible Spending Account 800-422-4661 www.uba.tasconline.com	Retirement Plan – Omni 877-544-6664 www.omni403b.com

2023-24 TRS-ActiveCare Plan Highlights Sept. 1, 2023 – Aug. 31, 2024



All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

How to Calculate Your Monthly Premium

Total Monthly Premium

⊖ Your District and State Contributions

⊖ **Your Premium**

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

**Available for all plans. See the benefits guide for more details.*

New Rx Benefits!

- Express Scripts is your new pharmacy benefits manager! CVS pharmacies and most of your preferred pharmacies and medication are still included.
- Certain specialty drugs are still \$0 through SaveOnSP.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Compatible with a Health Savings Account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet your deductible before plan pays for non-preventive care

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$395	\$0.00	\$463	\$53.00	\$408	\$0.00
Employee and Spouse	\$1,067	\$657.00	\$1,204	\$794.00	\$1,102	\$692.00
Employee and Children	\$672	\$262.00	\$788	\$378.00	\$694	\$284.00
Employee and Family	\$1,343	\$933.00	\$1,528	\$1,118.00	\$1,388	\$978.00

Plan Features	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$6,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	
PCP Required	Yes	Yes	No	

Doctor Visits				
Primary Care	\$30 copay	\$15 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible

Immediate Care				
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
TRS Virtual Health-RediMD (TM)	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation	
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation	\$42 per medical consultation	

Prescription Drugs			
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRS-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals

Total Premium	Your Premium
\$1,013	\$603.00
\$2,402	\$1,992.00
\$1,507	\$1,097.00
\$2,841	\$2,431.00

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible	
\$20/\$45 copay	
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)	
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)	
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications	
\$25 copay for 31-day supply; \$75 for 61-90 day supply	

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide (PHG) any time 24/7 to help you find the best price for a medical service. Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

*Pre-certification for genetic and specialty testing may apply. Contact a PHG at **1-866-355-5999** with questions.


www.trs.texas.gov

2023-24 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

REMEMBER:

Remember that when you choose an HMO, you're choosing a regional network.

TRS contracts with HMOs in certain regions to bring participants in those areas additional options. HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>		
	You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson		

Total Monthly Premiums	Total Premium	Your Premium			
Employee Only	\$515.37	\$105.37			
Employee and Spouse	\$1,293.46	\$883.46			
Employee and Children	\$828.11	\$418.11			
Employee and Family	\$1,488.60	\$1,078.60			

Plan Features			
Type of Coverage	In-Network Coverage Only		
Individual/Family Deductible	\$2,400/\$4,800		
Coinsurance	You pay 25% after deductible		
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300		

Doctor Visits			
Primary Care	\$20 copay		
Specialist	\$70 copay		

Immediate Care			
Urgent Care	\$40 copay		
Emergency Care	\$500 copay after deductible		

Prescription Drugs			
Drug Deductible	\$200 (excl. generics)		
Days Supply	30-day supply/90-day supply		
Generics	\$14/\$35		
Preferred Brand	You pay 35% after deductible		
Non-preferred Brand	You pay 50% after deductible		
Specialty	You pay 35% after deductible		

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