

The TRS Board of Trustees has approved the following rates and benefits for the five Health Maintenance Organizations (HMOs) participating in TRS-ActiveCare for the 2009-2010 plan year beginning September 1, 2009:

FirstCare Premiums

Coverage Tier	2009-2010 Plan Year
Employee Only	\$354.86
Employee & Spouse	\$879.22
Employee & Child(ren)	\$564.42
Employee & Family	\$882.80

FirstCare Benefit Changes

Benefit	2008-2009 Plan Year	Commencing 9-1-2009
Per Member Annual Deductible (Medical)	\$400	\$100
Serious Mental Illness Health Services	\$40 per visit; limited to 60 visits per Plan Year	\$40 per visit; unlimited
Per Member Annual Deductible (Drugs)	\$0	\$50
Insulin and diabetic medications retail copays	\$15/\$30/\$50	\$5/\$25/\$55
Maintenance insulin and diabetic medications retail copays (after 2 nd fill)	\$15/\$30/\$50	\$10/\$35/\$70
Insulin and diabetic medications mail copays	\$45/\$90/\$150	\$15/\$75/\$165
Retail medications copays	\$15/\$30/\$50	\$5/\$25/\$55
Retail maintenance medication copays (after 2 nd fill)	\$15/\$30/\$50	\$10/\$35/\$70
Self-injectable Tier IV retail copay	20%	15%
Self-injectable Tier V retail copay	20%	35%
Non-maintenance medications mail copays	\$45/\$90/\$150	\$15/\$75/\$165
Self-injectable Tier IV mail copay	20%	15%
Self-injectable Tier V mail copay	20%	35%

Scott & White Premiums

Coverage Tier	2009-2010 Plan Year
Employee Only	\$409.60
Employee & Spouse	\$965.76
Employee & Child(ren)	\$647.59
Employee & Family	\$1,005.86

Scott & White Benefit Changes

Benefit	2008-2009 Plan Year	Commencing 9-1-2009
Preventive services office visit, including well-child visits and immunization agents	\$25 copay	No Charge
Other outpatient services, diagnostic/radiology procedures, outpatient surgery, and allergy injections	\$25 copay	20% of charges
Outpatient specialty drugs (Levels 1-4)	\$50/\$100/\$250/50%	10%/20%/30%/50% of charges
Hospital semi-private room and Intensive Care Unit	\$200/day to \$1,000 max. per admission	20% plus \$100/day to \$500 max. per admission
Other hospital services	\$200/day to \$1,000 max. per admission	20% of charges
Inpatient Serious Mental Illness and chemical dependency treatment	\$200/day to \$1,000 max. per admission	20% plus \$100/day to \$500 max. per admission
Emergency room	\$100 copay, waived if admitted	20% plus \$100 copay, waived if admitted
Ambulance	\$40 copay, waived if transported	20% plus \$40 copay, waived if transported
Skilled nursing facility	\$200/day to \$1,000 max. per admission	20% plus \$100/day copay, \$500 max.
Home infusion therapy	\$100/day	20% plus \$50/day copay, \$250 max.
Private duty nursing	No charge	20% of charges
Annual drug limit per member	\$3,000	\$4,000
Per Member Annual Deductible (Drugs)	None	\$50
Retail brand preferred drug copay	\$25	30% after deductible
Retail brand non-preferred drug copay	Formulary; lesser of \$50 or 50% Non-formulary; greater of \$50 or 50%	Formulary; 50% Non-formulary; greater of \$50 or 50%

Maintenance brand preferred drug mail copay	\$50	30%
Maintenance brand non-preferred drug mail copay	Formulary; lesser of \$100 or 50% Non-formulary; not available	50%

Valley Baptist Health Plans Premiums

Coverage Tier	2009-2010 Plan Year
Employee Only	\$406.00
Employee & Spouse	\$911.00
Employee & Child(ren)	\$638.00
Employee & Family	\$999.00

Valley Baptist Health Plans Benefit Changes - None

This document is intended as a high-level summary of key plan changes for the 2009-2010 plan year. Other minor changes and clarifications to the TRS-ActiveCare plan design will be communicated in the 2009-2010 TRS-ActiveCare Enrollment Guide and each HMO's Evidence of Coverage (the official statement regarding HMO plan design).