# Participants with Medicare

## 2019 TRS-CARE MEDICARE PLANS HIGHLIGHTS

**The TRS-Care Medicare Advantage plan and the TRS-Care Medicare Rx plan are available only to TRS-Care participants and their eligible dependents with Medicare.** Your plan year runs from Jan. 1 - Dec. 31, and your deductibles and out-of-pocket maximums reset each year on Jan. 1.

### Here are the benefits of the TRS-Care Medicare plans:

- Low copays for prescription drugs with no coverage gap or "donut hole"
- Low copays for doctor visits and hospital visits after the deductible has been met
- Coverage for private duty nursing and skilled nursing care
- Benefits like free gym memberships and free meal delivery after hospital stays
- Ability to choose any doctor as long they accept Medicare and will bill Humana
- Comprehensive coverage when traveling throughout the U.S.

### 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 that in most cases, **you must also purchase and maintain Medicare Part B** in order to have benefits through TRS-Care.

### Your TRS-Care Medicare Advantage medical plan insured by Humana – Cost Per Individual

| | | |
|---|---|---|
| **Deductible:** $500 | **Maximum out-of-pocket:** $3,500 | **Coinsurance:** You pay 5% or a copay after meeting your deductible |

**Copays:**

- › Primary care physician visit[1]: $5
- › Specialist visit[1]: $10
- › Urgent care: $35
- › Emergency room: $65
- › Outpatient hospital stay[1]: $250
- › Inpatient hospital stay[1]: $500

**Preventive care benefits** are still covered at 100%

*[1]You pay copays after the deductible is met.*

### The 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] |

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

The predictable, low copays that the TRS-Care Medicare Rx prescription drug plan offers mean big savings, even before you reach the coverage gap or "donut hole."

For example, if you currently take a prescription from the "preferred brand" list, with the TRS-Care Medicare Rx plan you will pay a $70 copay for a 90-day supply.

With other Medicare prescription drug plans, you often pay between 33 and 50 percent of the drug cost when you take a non-preferred brand drug, and that can cost much more than your copay. Be sure to carefully compare prescription benefits of other plans.

**We're here to help.** 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.**

# Participants without Medicare

## 2019 TRS-CARE STANDARD PLAN HIGHLIGHTS

**TRS-Care Standard Plan provides health coverage for participants without Medicare.** If you're covered by the TRS-Care Standard plan, your plan year runs from Jan. 1 - Dec. 31. Your deductibles and out-of-pocket maximums reset each year on Jan. 1.

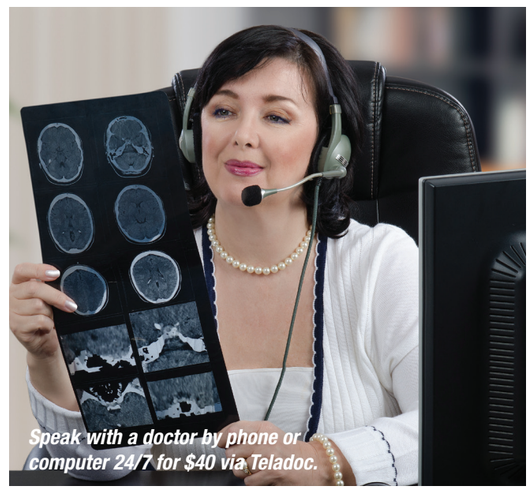
### Here are the benefits of the TRS-Care Standard plan:

- Freedom to choose any doctor in Aetna's large network without a referral, as well as discounts for the in-network care you receive through Aetna's negotiated rates.
- Coverage for in-network preventive services such as cancer screenings, immunizations and annual wellness checkups at no cost.
- No cost for certain preventive generic prescription drugs; see those covered at **info.caremark.com/trscarestandard**.
- A telemedicine option that allows you to "see" a doctor for minor health issues 24/7 by phone or computer for $40.

| Plan Details | In-Network | Out-of-Network |
|---|---|---|
| **Deductible** for medical and prescription expenses | $1,500 individual plan<br>$3,000 family plan | $3,000 individual plan<br>$6,000 family plan |
| **Maximum out-of-pocket** for medical and prescription expenses | $5,650 individual plan<br>$11,300 family plan | $11,300 individual plan<br>$22,600 family plan |
| **Coinsurance** for medical and prescription expenses | You pay 20% after meeting your deductible | You pay 40% after meeting your deductible |
| **Teladoc** – Board-certified doctors diagnose, treat and write prescriptions via phone or video, available 24/7 | $40 (counts toward deductible and out-of-pocket maximum) | |
| **Generic drug coverage** | No cost for certain medications taken to prevent chronic conditions; visit **info.caremark.com/trscarestandard.** | |

### Here's how the 2019 TRS-Care Standard plan works:

- You pay the full cost of your medical and prescription costs until you reach your deductible ($1,500 for an individual or $3,000 if you cover dependents in a family plan).
- The plan starts to pay coinsurance for covered expenses when you meet your individual deductible, or when any combination of family members meets the family deductible.
- Once you meet your annual deductible, the plan pays 80% of your eligible in-network medical and prescription expenses.
- Once you've reached your maximum out-of-pocket, your plan pays 100 percent 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.



*Speak with a doctor by phone or computer 24/7 for $40 via Teladoc.*

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# WHAT YOU NEED TO KNOW ABOUT YOUR 2019 TRS-CARE HEALTH BENEFITS

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

TRS-Care premiums are determined by whether or not the TRS retiree has Medicare, regardless of whether or not their spouse or dependents have Medicare. If a TRS retiree covers his/her spouse and both do not 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 shown below.

### Monthly premiums for most retirees without Medicare in 2019[1]

| | |
|---|---|
| **Retiree only[2]** | $200 |
| **Retiree + spouse** | $689 |
| **Retiree + child(ren)[3]** | $408 |
| **Retiree + family[3]** | $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.*

[3] *Premiums for retirees with disabled children (regardless of the disabled child's age) are reduced by $200 in tiers with covered children.*

### Monthly premiums for most Medicare retirees in 2019[1]

| | |
|---|---|
| **Retiree only** | $135 |
| **Retiree + spouse** | $529 |
| **Retiree + child(ren)[2]** | $468 |
| **Retiree + family[2]** | $1,020 |

[1] *Premiums are determined by the TRS retiree's Medicare eligibility, regardless of their dependents' Medicare status.*

[2] *Premiums for retirees with disabled children (regardless of the disabled child's age) are reduced by $200 in tiers with covered children.*

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

If you're already enrolled in TRS-Care and about to turn 65, TRS will send you an enrollment packet with information on your new health plan about 90 days before your 65th birthday. It contains an application you can fill out if you want to add eligible dependents. Humana will also send you a packet around the same time that has a form for you to fill out that asks for your Medicare ID number. Your Medicare ID will feature 11 random numbers and letters, rather than your Social Security number, in order to combat identity theft. Return your paperwork to TRS promptly as once TRS verifies your Medicare status, TRS will enroll you in the TRS-Care Medicare Advantage and TRS-Care Medicare Rx plans.

If you've never enrolled in TRS-Care before but were eligible for the plan when you retired, or if you previously dropped TRS-Care, you have an opportunity to enroll yourself and your eligible dependents at age 65. If you're a TRS retiree, TRS will send you a postcard prior to your 65th birthday inviting you to contact us for an enrollment packet. You may also add eligible dependents to your coverage when you reach age 65. Please note: this enrollment opportunity is not available to dependent spouses or children when they turn 65.

### What happens to my deductible when I turn 65?

Any deductible or out-of-pocket credit you may have accumulated while on the TRS-Care Standard plan will carry over to TRS-Care Medicare Advantage plan when you turn 65 if TRS has your Medicare Part B information prior to the first day of your birth month. The transfer can take 30-45 days to show up in your online account.

### Do I have to pay a separate Medicare premium?

Yes, participants with Medicare also pay a separate premium for Medicare Part B directly to Social Security.

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**.

### Does Medicare Advantage replace my original Medicare coverage?

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.

### Understand your options, be sure to compare, and choose carefully

While TRS-Care premiums may be higher than other Medicare plan options on the market, its 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 benefits with other plans you are considering, especially prescription coverage, if shopping around for coverage.



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

**If you terminate TRS-Care, you may re-enter TRS-Care if you have a special enrollment event opportunity, like a marriage, adoption, or the involuntary loss of other coverage.**

If you, as a retiree or surviving spouse, terminated TRS-Care, and through no fault of your own, you lose comprehensive health coverage with another health plan, you may be able to re-enroll in TRS-Care under a special enrollment event. 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 trigger 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**.

## Preventive vs. Diagnostic Care

**A common question retirees ask TRS is what is the difference between preventive and diagnostic care.**

Preventive care is typically a wellness screening that is done when you have no symptoms, previous history, or signs of abnormalities. When you make your appointment and check in, remind the scheduler that your visit should be coded as preventive care. If you are getting any other services because of an ongoing condition, or any diagnostic care, they will not qualify as preventive care services and you will be responsible for out-of-pocket costs.

*What is considered a preventive care service?*

- You have not had the preventive screening done before and do not have symptoms or other abnormal studies suggesting abnormalities.
- You have had a screening done within the recommended interval (like mammography) with the findings considered normal.

*What is considered a diagnostic care service?*

- You had abnormalities found on a previous preventive or diagnostic care service that required further diagnostic services.
- You had abnormalities found on previous preventive or diagnostic care service that would recommend a repeat of the same service within a shortened time period from the recommended preventive screening time period based on age and gender.
- You had a symptom(s) that required further diagnosis.

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