


2020-21 Health Maintenance Organization Plans and Premiums for Select Regions of the State

REMEMBER:

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

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas another regional plan option.

	Central and North Texas Baylor Scott & White HMO <i>Brought to you by TRS-ActiveCare</i>	South Texas Blue Essentials HMO <i>Brought to you by TRS-ActiveCare</i>	West Texas Blue Essentials HMO <i>Brought to you by TRS-ActiveCare</i>
	<p>You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burnet, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hayes, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Neavari, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson</p>	<p>You can choose this plan if you live in one of these counties: Cameron, Hidalgo, Starr, Wilbrey</p>	<p>You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kinble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parker, Pecos, Pottier, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Stockellford, Sterman, Stephens, Sterling, Stonebaker, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum</p>

Total Monthly Premiums			
Employee Only	\$551.10	\$491.54	\$534.42
Employee and Spouse	\$1,382.06	\$1,182.52	\$1,287.58
Employee and Children	\$883.50	\$766.96	\$835.88
Employee and Family	\$1,478.56	\$1,258.52	\$1,370.12

Plan Features			
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$950/\$2,850	\$500/\$1,000	\$950/\$2,850
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 25% after deductible
Individual/Family Maximum Out-of-Pocket	\$7,450/\$14,900	\$4,500/\$9,000	\$7,450/\$14,900

Doctor Visits			
Primary Care	\$20 copay	\$25 copay	\$20 copay
Specialist	\$70 copay	\$60 copay	\$70 copay

Immediate Care			
Urgent Care	\$50 copay	\$75 copay	\$50 copay
Emergency Care	\$500 copay after deductible	You pay 20% after deductible	\$500 copay before deductible plus 25% after deductible

Prescription Drugs			
Drug Deductible	\$150 (excl. generics)	\$100	\$150
Days Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply
Generics	\$5/\$12.50 copay	\$10/\$30 copay	\$5/\$12.50 copay ACA Preventative: \$0
Preferred Brand	30% after deductible	\$40/\$120 copay	30% after deductible
Non-preferred Brand	50% after deductible	\$65/\$195 copay	50% after deductible
Specialty	15%/25% after deductible (preferred/nonpreferred)	You pay 20% after deductible	15%/25% after deductible (preferred/nonpreferred)