

1Plus Plan Enhancements to TRS-ActiveCare 1-HD (2015/2016)

Only Applies ActiveCare 1 – HD* and to Benefits Received in Network

| AETNA ActiveCare 1-HD* | | HSA Contributions Allowed |
|---|---|--|
| | | ENTRUST REIMBURSEMENT PLAN |
| | | 1Plus HSA Plan Enhancement |
| Deductible (per plan year) | \$2,500 Employee Only; \$5,000 Family | Reimburses 100% of Deductible Network expenses once AETNA EOB shows Patient satisfied \$1,250 for Employee Only; and \$2,500 for Family |
| Out-of-Pocket Maximum (per plan year; does include medical deductible/any medical copays/coinsurance) | \$6,450 Employee Only; \$12,900 Family | Reimburses 100% for Out-of-Pocket Network expenses up to \$5,200 for Employee Only; and \$10,400 for Family |
| Office Visit Copay (Participant Pays) | 20% after deductible | Included for Reimbursement |
| Preventive Care | Plan Pays 100% | No reimbursement |
| Emergency Room | 20% after deductible | Included for Reimbursement |
| High-tech Radiology (CT scan, MRI, nuclear medicine) | 20% after deductible | Included for Reimbursement |
| In-Patient Hospital (preauthorization required) (facility charges) | 20% after deductible | Included for Reimbursement |
| Outpatient Surgery | 20% after deductible | Included for Reimbursement |
| Drug Deductible (per plan year) | Subject to plan year deductible | Included for Reimbursement for prescriptions that cost over \$100 per prescription. |
| Retail Short- Generic Preferred Brand Non-preferred Brand | 20% after deductible | Included for Reimbursement |
| Retail Maintenance (after first fill; up to 31-day supply) Generic Preferred Brand Non-preferred Brand | 20% after deductible | Included for Reimbursement |
| Mail Order and Retail-Plus Network (up to 90-day supply) Generic Preferred Brand Non-preferred Brand | 20% after deductible | Included for Reimbursement |
| Specialty Medications | 20% after deductible | Included for Reimbursement |
| Monthly Premium Rates | | Additional premium |
| Employee Only Employee and Spouse Employee and Child(ren) Employee and Family | Please refer to your districts contribution for this plan | \$160 \$310 \$240 \$450 |

*Refer to TRS-ActiveCare 2015-2016 Health Plans Enrollment Guide for full details

TRS-ActiveCare 1-HD – Option 1

1Plus HSA Plan Enhancement presented by Entrust, Inc.

- IRS rules set a minimum deductible of **\$1,250** for a single employee and **\$2,500** for a family to allow for the establishment of a Health Savings Account (HSA). *The 1Plus HSA Plan Enhancement is designed to allow participants the option of contributing to a HSA.*
- *The 1Plus HSA Plan Enhancement will drastically reduce both your Deductible and Out-of-Pocket risk; yet, still provide you the option to fund a Health Savings Account (HSA).*

100% of Network expenses applied to the medical deductible, any medical copays and any coinsurance expenses after AETNA's Explanation of Benefits (EOB) shows \$1,250/Employee Only and \$2,500/Employee/Family has been applied towards deductible.

If you enroll in the **1Plus HSA Plan Enhancement** (reimbursement plan) you will see in effect, the **ActiveCare HD1** plan become a \$1,250/\$2,500 deductible instead of a \$2,500/\$5,000 deductible. Reimbursement for Out-of-Network expenses up to with all other covered charges are paid at 100% for the balance of the plan year.

How does the 1Plus HSA Plan Enhancement work?

- As you incur covered medical expenses from Network providers, submit the claims to **TRS-ActiveCare Administrator (AETNA)**, if not submitted by the provider.
- Once you have exceeded the first **\$1,250** for a single employee or **\$2,500** for family coverage on your EOB, **send a copy of the EOB to the 1Plus Plan Administrator** and you will be reimbursed 100% of any remaining Medical Deductible responsibility. Reimbursement includes claims for prescription drugs over \$100.

The monthly premium associated with the **1Plus HSA Plan Enhancement**, for payroll deduction, is effective September 1, 2015.

| Monthly Cost | 1Plus HSA Plan Enhancement |
|----------------------------|-----------------------------------|
| Employee Only: | \$160 |
| Employee/Spouse: | \$310 |
| Employee/Child(ren) | \$240 |
| Employee/Family | \$450 |