FirstCare HEALTH PLANS

TRS ActiveCare

Plan Summary 2016 - 2017

Medical Plan Year Deductible	**$500 Individual; $1,500 Family**
Out-of-Pocket Maximum *(includes medical & drug deductibles, copayments & coinsurance)*	**$6,000 Individual; $12,000 Family**
Annual Maximum	**Unlimited**
Primary Care Provider (PCP) Office Visit • Includes routine lab/X-ray services, injectables, and supplies • Other services provided in a physician's office are subject to additional deductible and copayments/coinsurance	$20 copayment
PCP Office Visit—Dependents, through age 19	$0 copayment
Specialist Office Visit • Includes routine lab/X-ray services • Other services provided in a physician's office are subject to additional deductible and copayments/coinsurance	$60 copayment
Preventive Care Well-woman exam, immunizations, physicals, mammograms, colorectal cancer screening	No copayment
Surgical Procedures Performed in the Physician's Office	25% copayment[1]
Minor Emergency/Urgency Care Visit	$75 copayment
Emergency Room	$500 copayment[1]
Ambulance Air/Ground	25% copayment[1]
Inpatient Services Facility charges, physician services, surgical procedures, pre-admission testing, operating/recovery room, newborn delivery and nursery, ICU/coronary care units, laboratory tests/X-rays, rehabilitation facility, behavioral health (mental health/chemical dependency)	25% copayment[1]
Outpatient Services Facility charges, physician services, surgical procedures, observation unit	25% copayment[1]
MRI, CT Scan, PET Scan (Facility/Physician)	$250 copayment[1]
Diagnostic Tests Sleep study; Stess test; EKG; Ultrasound; Cardiace imaging; Genetic testing; Non-preventive Colonoscopy (Facility/Physician)	25% copayment[1]
Home Health Care *Limited to 60 visits per plan year*	25% copayment[1]
Hospice Care	25% copayment[1]
Skilled Nursing Facility *Limited to 30 days per plan year*	25% copayment[1]
Accidental Dental Care	25% copayment[1]
Prosthetics	25% copayment[1]
Orthotics	25% copayment[1]
Spinal Manipulation *Limited to 10 visits per year*	25% copayment[1]
Durable Medical Equipment	25% copayment[1]
All Other Covered Services	25% copayment[1]

Prescription Drug Plan Year Deductible	**$100 Individual; $300 Family**
Annual Maximum	**Unlimited**
Participating Retail Pharmacy Select Generic/ACA (Tier 1) deductible waived Preferred Generic (Tier 2) deductible waived Preferred Brand/Non-Preferred Generic (Tier 3) Non-Preferred Brand/Non-Preferred Generic (Tier 4) Specialty/Injectables (Tier 5)	Standard Drugs/30-day supply $0 per prescription $15 per prescription $40 per prescription[2] $100 per prescription[2] 20% per prescription[2]
Participating Mail Order Pharmacy Select Generic/ACA (Tier 1) deductible waived Preferred Generic (Tier 2) deductible waived Preferred Brand/Non-Preferred Generic (Tier 3) Non-Preferred Brand/Non-Preferred Generic (Tier 4) Specialty/Injectables (Tier 5)	Maintenance Drugs/90-day supply $0 per prescription $45 per prescription $120 per prescription[2] $300 per prescription[2] 20% per prescription[2]

[1]*Subject to medical deductible* [2]*Subject to prescription drug deductible*