


HEALTH CARE





**A SIMPLE GUIDE TO A
NOT-SO-SIMPLE INDUSTRY.**


Let's Face It: health care terms can be hard to understand. And when we don't understand something, we tend to use it less. However, it's important to use your health care benefits to stay healthy! This booklet will help you better understand your benefits.


Terms to Know


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Premium
The monthly amount you pay your employer or TRS for health care coverage.
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Deductible
The amount you pay for covered health care services before your health plan starts to pay. Keep in mind that your plan covers certain preventive benefits at 100%, even before you meet your deductible.
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Coinsurance
The amount you pay for services after you meet your deductible. It's often a specified percentage of the costs. For example, you could pay 30% in coinsurance and your health plan could pay 70%.
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Copay
The set amount you pay for a covered service when you get it. Your copay can vary by the type of service or provider.
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Maximum Out-of-Pocket (MOOP)
The maximum amount you pay each plan year for medical costs. After reaching your MOOP, your health plan pays 100% of allowable charges for covered services for the rest of the plan year.
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Primary Care Provider (PCP)
The provider you choose to be your primary source for medical care. The TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans require you to choose a PCP.

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Referrals
Written permission from your PCP for you to see a different in-network provider, specialist or facility.
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In-Network
Providers that your health plan contracts with to give you medical services and treatment at a negotiated rate.
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Prior Authorization
When your health plan requires approval for certain medical services or treatment before you get them or within 48 hours of emergency treatment.
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High Deductible Plan
A high deductible plan means you pay your full deductible first. Then, the plan pays for a percentage of your costs.
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Medicare
Federal health insurance for people 65 or older, some younger people with disabilities, and people with end-stage renal disease.
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Out-of-Network
Providers and facilities that have not contracted with your health plan. This means you could pay higher out of pocket costs or, depending on your plan, have no coverage at all.


Know the Differences Between:

***TRS-Care**




The TRS health plans for public education retirees.

vs TRS-ActiveCare



The TRS health plan for active public education employees. Not all districts offer TRS-ActiveCare. The employer must participate in the program for you to be able to enroll.

Preventive Visits




Everything looks healthy this year for your annual check-up!

Great!

Routine health care that includes screenings , check-ups, and patient counselling to prevent illnesses, disease, or other health problems. These occur about once a year.

vs Diagnostic Visits




Everything looks healthy this year for your annual check-up!

Great! Can we also talk about a new medication for my allergies?


Diagnostic care is the diagnosis, treatment and monitoring of a disease or condition. If your visit results in the diagnosis of a condition or treatment of an existing condition, your visit is diagnostic.

In-Network Facilities



This is a doctor's office, urgent care or hospital that accepts your TRS health plan.

vs In-Network Providers



Can you check that everyone who will be involved accepts my insurance?

Can you arrange to have another radiologist who is in-network be present?

Everyone is except the radiologist. They're not covered by your insurance.

Sometimes a doctor or technician may not be in-network even when they provide care at an in-network facility. Always ask if the person providing your services or care accepts your TRS health plan. **Example:** During a surgery, the surgeon could be in-network, but the radiologist may be out-of-network.

*If you're enrolled or will enroll in TRS-Care Medicare Advantage, understanding the different "parts" is helpful. Scan the QR code to see Get Started: Parts of Medicare, a Medicare.gov video that walks you through each part.



It's Also Good to Know Who You're Paying for What.

- If you're in TRS-Care, you pay your monthly premium to TRS. This is the only amount you pay TRS for your health care. If you're in TRS-ActiveCare, you pay your monthly premium to your employer.
- You pay all other expenses — like copays and coinsurance — to the companies associated with the doctor, urgent care or ER you used.
- If you're enrolled in TRS-Care Medicare, you pay your TRS premium AND a monthly premium to Medicare. You only pay "Part B" to Medicare. Your TRS premium includes the other Medicare parts.

4 Important Things to Know About TRS Health Plans.

1

You can enroll in TRS-Care even if you never enrolled in TRS-ActiveCare! Service credit hour limits still apply. All eligibility details are on TRS' website.

2

TRS uses industry-leading companies to handle your medical and pharmacy benefits. You pay TRS a premium, and we use that money to pay the companies for your claims.

3

Many TRS plans have out-of-state coverage! TRS-Care Standard, TRS-Care Medicare, and TRS-ActiveCare high deductible (HD) plans all let you see doctors nationwide.

4

When you enroll in a TRS health plan, you never get a surprise (or balance) bill. Balance billing public health plans is against the law in Texas.

Use These Additional Resources



The Pulse

Subscribe to our monthly newsletter to discover ways to make the most of your benefits and stay healthy!



Life Event Toolkit

The Life Event Toolkit helps guide you through actions you need to take with TRS due to various life changes.



Where to Go For Care

Visit this page for a flowchart that can help you decide what type of care is needed for your symptoms.



TRS-Care Eligibility and Enrollment

Understand what you need to qualify for the TRS-Care retiree health plans.

Follow TRS on Social Media!



For questions, call TRS Health at **1-888-237-6762**, Mon.–Fri., 7 a.m.–6 p.m. or email healthcarecomm@trs.texas.gov anytime.