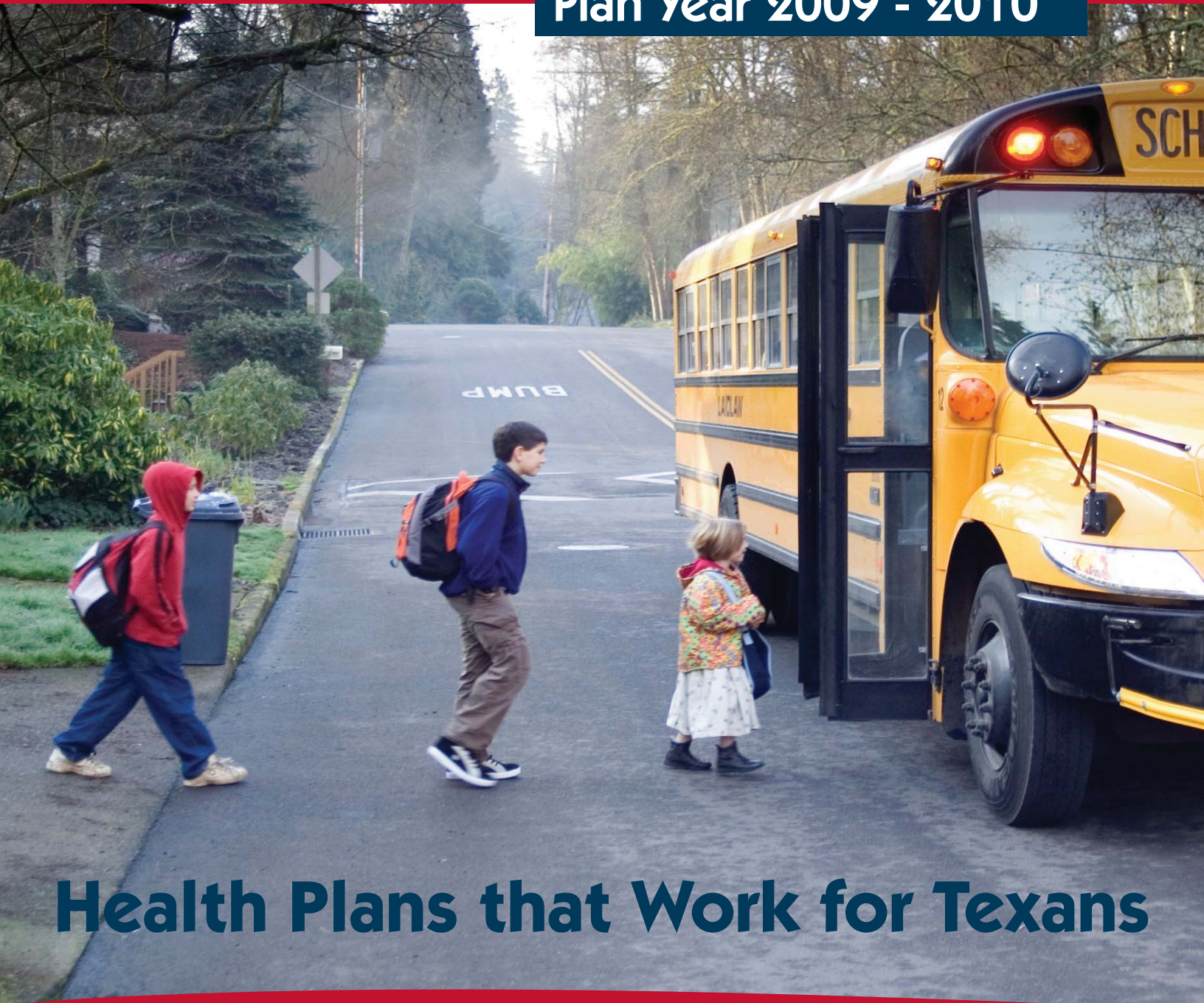


FirstCare Plan Summary

Plan Year 2009 - 2010



Health Plans that Work for Texans



TRS-ActiveCare[®]

TEACHER RETIREMENT SYSTEM OF TEXAS



FirstCare[™]

HEALTH PLANS

TRS-ActiveCare Plan Summary

Health benefit selection is complex - it is not something to take lightly. We hope you will take the time to review our plan highlights and give us a call at 1-800-884-4901. Or drop by one of our offices ... we're not far away.

This is only a brief plan summary of benefits. For a more detailed description of our plan benefits, a listing of FirstCare providers, our drug coverage list and Evidence of Coverage, please go to www.trs.state.tx.us/trs-activecare.

We're working hard to make your decisions easier.

Covered Services	Copayment Amount
Plan Year Deductible	\$100 per Member
Out-of-Pocket Maximum	\$3,500 per Member
Physician and Lab Services	
Physician Office Visit – Primary Care Physician	\$20 per visit*
Specialist Office Visit	\$40 per visit*
Laboratory Services	No Copay*
Diagnostic Radiology Services (except for the following procedures):	No Copay*
Arteriograms, CT Scan, Magnetic Resonance Imaging (MRI); EEG; Myelogram; PET Scan; and Radio-nuclide Stress Test	\$100 per procedure
Routine Immunizations	No Copay*
Routine Physical Exams	\$20 or \$40 per visit*
Well-Baby and Well-Child Care	\$20 or \$40 per visit*
Well-Woman Examinations	\$20 per visit to the PCP or designated OB/GYN*; \$40 to a non-designated OB/GYN*
Screening Mammograms, including X-ray, Digital and Ultrasound	No Copay*
Bone Mass Measurement	\$40 per procedure*
Examinations for Detection of Prostate Cancer	Included in the office visit Copay*
Routine Sight, Speech and Hearing Screenings for Children	No additional Copay when performed during Office Visit*
Rehabilitation, Speech, Occupational and Physical Therapy	\$40 per visit
Allergy Services <ul style="list-style-type: none"> • Office Visits including Testing • Serum • Injection Administration 	\$20 or \$40 per visit* 50% of Allowable Amount 50% of Allowable Amount per visit
Surgical Procedures performed in the Physician's office	\$50 per procedure
Outpatient Surgery	\$150 Copay per admission
Physician Home Visits	\$40 per visit
Pre- and Post-Natal Obstetrical Care	No Copay*
Family Planning Counseling	\$20 or \$40 per visit *
Sterilization Performed at an Outpatient Surgical Facility	\$150 per admission
Contraceptive Devices and Implants including Diaphragm; IUD; Subdermal Contraceptive Implants & Removal; and Depo Provera Injections	20% of the Allowable Amount for all charges – Applies to materials, procedures, and services.
Infertility Services (Infertility drugs are not covered)	50% of the Allowable Amount – Applies to materials, procedures, and services
Sterilization Performed in the Physician's office	\$50 per procedure
Hospital Services	
Inpatient Admissions including Rehabilitation Facility; Skilled Nursing Facility; Chemical Dependency Treatment Center; Psychiatric Hospital	\$150 per day; not to exceed \$750 per admission
Observation Unit Admission	\$150 per admission
Emergency Services	
Emergency Care	\$100 per hospital emergency room visit. Emergency room Copay is waived if admitted to hospital.
Minor Emergency or Urgent Care Center	\$40 per visit
Ambulance	\$100 per trip
Behavioral Health	
Short-Term Mental Health – Limited to 20 outpatient visits per Plan Year	\$40 per visit*
Serious Mental Illness Health Services – Unlimited visits per Plan Year	\$40 per visit*
Chemical Dependency Services – Limited to 3 series of treatments per lifetime	\$40 per visit*
Autism Spectrum Disorder	\$20 or \$40 per visit*

*No Deductible

Covered Services

Copayment Amount

Other Medical Services

Limited Dental-Related Services	\$10,000 annual maximum benefit
Home Health Services	No Copay
Non-Emergency Ambulance Services	\$100 per trip
Prosthetics (External devices – Lifetime Maximum \$10,000 per device)	\$250 per device
Orthotics	\$250 per device
Durable Medical Equipment (DME) & Medical Supplies (DME is limited to \$4,000 per Plan Year. DME used in the treatment of diabetes, oxygen and monitoring devices are not included in \$4,000 maximum.)	20% of the Allowable Amount
Insulin and Diabetic Medications up to a 30-day supply	
<ul style="list-style-type: none"> • Generic • Preferred Brand Name • Non-Preferred Brand Name 	<ul style="list-style-type: none"> • \$5 per prescription* • \$25 per prescription* • \$55 per prescription*
Insulin and Diabetic Medications up to a 90-day supply	
<ul style="list-style-type: none"> • Generic • Preferred Brand Name • Non-Preferred Brand Name 	<ul style="list-style-type: none"> • \$15 per prescription* • \$75 per prescription* • \$165 per prescription*
Preferred Diabetic Testing Supplies (up to a 30-day supply)	10% per item*
Non-Preferred Diabetic Supplies (up to a 30-day supply)	20% per item*
Preferred Glucose Meters	No Copay*
Diabetic Self-Management Education	\$20 per visit to the PCP* \$40 per visit to the Specialist*
Hearing Aids	Coverage limited to \$500 per ear once every 36 months
Dialysis Services	Included in the office visit, outpatient surgery or inpatient hospital Copay
Organ Transplant Services	Included in the office visit, outpatient surgery or inpatient hospital Copay
Chemotherapy and Radiation Therapy Services, including Infusion Supplies & Administration (See Injectable Medications for additional copayments)	Included in the office visit, outpatient surgery or inpatient hospital Copay
Any Injectable Medication greater than \$500 per service	\$100 per injectable, subject to the Out-of-Pocket Maximum of \$2,500
Hospice Services	No Copay
Pain Management Services	Included in the office visit, outpatient surgery or inpatient hospital Copay.

Prescription Drugs

Plan Year Deductible - \$50

Maximum Benefit per person - \$10,000

Participating Retail Pharmacy (Standard Drugs - 30-day supply) Tier 1: Generic Tier 2: Preferred Brand Name Tier 3: Non-Preferred Brand Name Tier 4: Preferred Self-Injectable Tier 5: Non-Preferred Self-Injectable	\$5 per prescription \$25 per prescription \$55 per prescription 15% per prescription (not subject to maximum benefit) 35% per prescription (not subject to maximum benefit)
Participating Retail Pharmacy (Maintenance Drugs¹ - 30-day supply) Tier 1: Generic Tier 2: Preferred Brand Name Tier 3: Non-Preferred Brand Name Tier 4: Preferred Self-Injectable Tier 5: Non-Preferred Self-Injectable	\$10 per prescription \$35 per prescription \$70 per prescription 15% per prescription (not subject to maximum benefit) 35% per prescription (not subject to maximum benefit)
Participating Mail Order Pharmacy (Maintenance Drugs¹ - 90-day supply) Tier 1: Generic Tier 2: Preferred Brand Name Tier 3: Non-Preferred Brand Name Tier 4: Preferred Self-Injectable Tier 5: Non-Preferred Self-Injectable	\$15 per prescription \$75 per prescription \$165 per prescription 15% per prescription (not subject to maximum benefit) 35% per prescription (not subject to maximum benefit)

¹Plan provides two fills of maintenance medications through Participating Retail Pharmacies at the standard drug copayment level. After that, maintenance medications can be procured through the Home Delivery Pharmacy or through the Participating Retail Pharmacy at the applicable maintenance drug copayments.

*No Deductible

Spring & Summer Enrollment

FirstCare and TRS - ActiveCare HMO

FirstCare is a Health Maintenance Organization. We thank you for your consideration and are confident you will find the benefits of our HMO plan are the ones you value most.

Affordability

- Low copayments
- Out of pocket costs are typically lower of a HMO plan than that of a PPO plan
- Premium decrease of 10%

Simplicity

- No claim forms to fill out
- No referrals to network specialists necessary

Flexible

- There is never an exclusion for any preexisting condition
- You will have access to an extensive provider network, one of the largest through TTC and PHCS (outside of Texas)
- Emergency services are covered not only nationwide, but worldwide

Easy Access

- You have a person to talk to. Our regional offices are located in Abilene, Amarillo, Lubbock and Waco, should you need advice or have a question, we will be there.
- You'll also have secure online access to your membership information and services including your personal claims.

Diabetic Supplies

- By using one of our preferred vendors, you can reduce your diabetic costs and receive a free glucometer. All you need to do is present your FirstCare ID card to enjoy these higher level of benefits.
 - Preferred Glucose Meters No Copay
 - Preferred Glucose Meter and Diabetic Test Strip vendors are Bayer HealthCare.
- Insulin and Diabetic medication follow Prescription Drug Copayments, however they are NOT subject to a deductible.

Our professional staff takes pride in our standards of excellence

- 99.9% of your claims are paid within 15 days
- 99.9% of your claims are error free and therefore worry free for you

But what else would you expect from a neighbor who looks out for you?

Come Visit with Us. We encourage you to take the time to weigh your options. We're confident you'll find what you're looking for with FirstCare. We'll be available to guide you through your decision Monday through Friday, 8 am to 6 pm by phone at 1-800-884-4901, by e-mail at questions@firstcare.com. You can also visit with us at one of our offices or during TRS – Active Care open enrollment – we look forward to speaking with you.

For your convenience, there are two open enrollment periods this year,

- Spring: April 13th – May 15th
- Summer: August 1st – 31st

For more information on Spring or Summer open enrollment visit www.trs.state.tx.us/trs-activecare.



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