

MEDICAL INSURANCE – First Care



Plan Summary 2018 - 2019

Medical Plan Year Deductible	\$750 Individual; \$2,250 Family
Out-of-Pocket Maximum (includes medical & drug deductibles, copayments & coinsurance)	\$7,350 Individual; \$14,700 Family
Annual Maximum	Unlimited
Primary Care Provider (PCP) Office Visit	\$20 copayment
<ul style="list-style-type: none"> 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 	
PCP Office Visit—Dependents, through age 19	\$0 copayment
Specialist Office Visit	\$60 copayment
<ul style="list-style-type: none"> Includes routine lab/X-ray services Other services provided in a physician's office are subject to additional deductible and copayments/coinsurance 	
Preventive Care	No copayment
Well-woman exam, immunizations, physicals, mammograms, colorectal cancer screening	
Surgical Procedures Performed in the Physician's Office	25% copayment ¹
Minor Emergency/Urgency Care Visit	\$75 copayment
Emergency Room	\$500 copayment ¹
Ambulance	25% copayment ¹
Air/Ground	
Inpatient Services	25% copayment ¹
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)	
Outpatient Services	25% copayment ¹
Facility charges, physician services, surgical procedures, observation unit	
MRI, CT Scan, PET Scan (Facility/Physician)	\$250 copayment ¹
Diagnostic Tests	25% copayment ¹
Sleep study; Stress test; EKG; Ultrasound; Cardiac imaging; Genetic testing; Non-preventive Colonoscopy (Facility/Physician)	
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 (Standard Drugs/30-day supply)	
Select Generic/ACA (Tier 1) deductible waived	\$0 per prescription
Preferred Generic (Tier 2) deductible waived	\$15 per prescription
Preferred Brand/Non-Preferred Generic (Tier 3)	\$40 per prescription ²
Non-Preferred Brand/Non-Preferred Generic (Tier 4)	\$100 per prescription ²
Specialty/Injectables (Tier 5)	20% per prescription ²
Participating Mail Order Pharmacy (Maintenance Drugs/90-day supply)	
Select Generic/ACA (Tier 1) deductible waived	\$0 per prescription
Preferred Generic (Tier 2) deductible waived	\$45 per prescription
Preferred Brand/Non-Preferred Generic (Tier 3)	\$120 per prescription ²
Non-Preferred Brand/Non-Preferred Generic (Tier 4)	\$300 per prescription ²
Specialty/Injectables (Tier 5)	20% per prescription ²



¹Subject to medical deductible ²Subject to prescription drug deductible

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Enrollment Period: July 1 - Aug. 24, 2018



2018-2019 FirstCare Benefit Highlights

- 100% preventive care coverage
- Low deductible option
- No copay for PCP visits for dependents, age 19 and under
- No prescription drug deductible for generic drugs
- No copay for preventive care services and some generic drugs
- Maximum out-of-pocket includes medical and prescription drug deductibles, copays and coinsurance

Why choose FirstCare?

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| ★ HMO of choice for TRS members | ★ Worldwide emergency care |
| ★ No referrals for in-network physicians | ★ Nurse24™ 24-hour nurse line |
| ★ Comprehensive network of quality physicians | ★ <i>Expecting the Best</i> ® maternity program |
| ★ Coverage for dependents living outside service area ¹ | ★ Dedicated website for TRS members |
| ★ Local offices; Texas-based customer service | ★ New! Health and wellness discounts for TRS members |

¹Care must be accessed through our affiliate provider networks.