

2025-26 TRS-ActiveCare Plan Comparison

	TRS-ActiveCare Primary In-Network Coverage Only	TRS-ActiveCare Primary+ In-Network Coverage Only	TRS-ActiveCare HD In-Network Coverage Only	TRS-ActiveCare 2 (Closed)* In-Network Coverage Only
Benefit				
Individual Deductible	\$2,500	\$1,200	\$3,300 / \$6,600	\$1,000 / \$2,000
Family Deductible	\$5,000	\$2,400	\$6,600 / \$13,200	\$3,000 / \$6,000
Pharmacy Deductible	Integrated with deductible	\$200 Brand drugs only	Integrated with deductible	\$200 Brand drugs only
Individual Out-of-Pocket Max	\$8,050	\$6,900	\$8,300 / \$20,500	\$7,900 / \$23,700
Family Out-of-Pocket Max	\$16,100	\$13,800	\$16,600 / \$41,000	\$15,800 / \$47,400
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Office Visit	\$30 PCP Copay, \$70 SPC Copay	\$15 PCP Copay, \$70 SPC Copay	30% coinsurance / 50% coinsurance	\$30 PCP Copay, \$70 SPC Copay / 40% coinsurance
Urgent Care	\$50 Copay	\$50 Copay	30% coinsurance / 50% coinsurance	\$50 Copay / 40% coinsurance
TRS Virtual Health (Medical)	\$12 Copay Teladoc \$0 Copay RediMD	\$12 Copay Teladoc \$0 Copay RediMD	\$42 Teladoc \$30 RediMD	\$12 Copay Teladoc \$0 Copay RediMD
Inpatient Admission	30% coinsurance	20% coinsurance	30% coinsurance / \$500 max/day + 50% coinsurance	\$150/day + 20% coinsurance / \$500 max/day + 40% coinsurance
Emergency Room	30% coinsurance	20% coinsurance	30% coinsurance	\$250 + 20% coinsurance
Free-Standing ER	\$500 Copay + 30% coinsurance	\$500 Copay + 20% coinsurance	\$500 + 30% coinsurance / \$500 + 50% coinsurance	\$500 Copay + 20% coinsurance / \$500 Copay + 40% coinsurance

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