2025-26 TRS-ActiveCare Plan Comparison

Benefit	**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
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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