

Prescription Drug Program At A Glance

TRRS-ActiveCare Primary+ Plan Year 2023 – 2024

Annual Deductible (DED)	\$200 per Individual Brand Drug only (Rx Only)			
Access Options	Generic	Preferred Brand	Non-Preferred Brand Drugs	Specialty
Retail – 31-Day Supply	\$15	25% \$100 Max After DED	50% After DED	NA
Retail – 90-Day Supply	\$45	25% \$250 Max After DED	50% After DED	NA
Home Delivery – 90-Day Supply	\$45	25% \$250 Max After DED	50% After DED	NA
Accredo Specialty Pharmacy – 31-Day Supply	NA	NA	NA	30% After DED

Your Copayment

TRRS-ActiveCare Primary+ Plan has a copay and coinsurance for your plan structure. Under this structure, you pay the lowest copayment for generic drugs. Your plan also includes **certain preventive generic and SaveOnSP medications at \$0 copayments.**

Deductible

Each plan year (September – August), each covered individual in your family will pay the first \$200 in drug cost. After the annual deductible is reached, you will be responsible for the copayments listed above. However, if you choose a brand-name drug when there is a generic alternative, you must pay the difference between the cost of the brand-name drug and the generic drug plus the applicable generic copayment. This difference does not count toward your annual deductible.

Maximum Out of Pocket (MOOP)

\$6,900 Single
\$13,800 Family
Your MOOP is shared with your medical plan. The prescription deductible and copays apply toward the MOOP.

Contact us:

Express Scripts Member Services: **844-367-6108 24 hours 7 days a week.**
Accredo Member Services: **800-596-7701 M–F 8 AM to 11 PM & Sat. 8 AM to 5 PM CT**
SaveOn: **800.683.1074 M–T 7 AM to 10 PM & F 7 AM to 9 PM CT**
On the web/mobile: esrx.com/trsactivecare



For additional information on how to take control of your prescription plan or any other questions about your account or coverage, visit express-scripts.com/trsactivecare.



Download the Express Scripts mobile app or call the Member Services number on your Digital ID card.