

Prescription Drug Program At A Glance

TRS-ActiveCare HD Plan Year 2023 – 2024

Annual Deductible (DED)	\$3,000 per Individual and \$6,000 for Family per year (Integrated with medical)			
Access Options	Generic	Preferred Brand	Non-Preferred Brand	Specialty
Retail – 31-Day Supply	20% After DED	25% After DED	50% After DED	NA
Retail – 90-Day Supply	20% After DED	25% After DED	50% After DED	NA
Home Delivery – 90-Day Supply	20% After DED	25% After DED	50% After DED	NA
Accredo Specialty Pharmacy – 31-Day Supply	NA	NA	NA	20% After DED

Your Copayment

TRS-ActiveCare HD Plan has a coinsurance for your plan structure. Under this structure, you pay the lowest coinsurance for generic drugs. **Your plan also includes certain preventive generic drugs at \$0 copayments.**

Deductible

Each plan year (September – August), each covered individual in your family will pay the first \$3,000 in medical and drug costs, not to exceed \$6,000 per family. After the annual deductible is reached, you will be responsible for the coinsurance 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)

\$7,500 Individual
\$15,000 Family
Your MOOP 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

