

2023 TRS-Care Standard Plan Guide for Participants Without Medicare

January 1 – December 31



Eligibility/Enrollment 1-888-237-6762
Medical Coverage 1-866-355-5999
Prescription Coverage 1-844-345-4577

TRS Care Standard Plan Guide

Get the most out of your health care benefits.

Enroll — Submit your *Initial Enrollment Application for Non-Medicare Eligible Retirees* (TRS 700A) during the Initial Enrollment Period, which is three consecutive months or 90 days after your retirement date.

Understand your TRS-Care Standard plan — Review your plan to learn how to make the most of your health benefits. Find more details and helpful resources at https://www.trs.texas.gov/Pages/healthcare_trs_care.aspx.

Know your out-of-pocket costs — Understand what you pay and what your TRS-Care plan pays.

Find an in-network doctor you trust — Use the Blue Cross and Blue Shield of Texas (BCBSTX) Provider Finder® search tool to find a doctor who fits best with your lifestyle and budget. Go to <https://www.bcbstx.com/trscarestandard/doctors-and-hospitals> to find in-network providers and make sure that your doctor is in-network.

Know which labs and diagnostic centers are in-network — Talk to your doctor about only using in-network labs and facilities for your care. Go to <https://www.bcbstx.com/trscarestandard/doctors-and-hospitals> to make sure your lab is in-network.

Plan in case of a life-threatening event — Locate the nearest in-network urgent care and emergency room in case the unexpected happens. Avoid freestanding emergency rooms (ERs) because costs can far exceed what you would pay for treatment at a hospital-based ER.

Schedule your annual wellness visit — Your annual wellness exam can help you prevent health issues or find chronic conditions early. If you talk about a health problem at your wellness visit, it's no longer just a checkup and you'll have to pay out-of-pocket for the visit.

Switch to generic medications — Talk to your doctor about switching your medications to generic brands to save you money on prescription drug costs. Ask your doctor and visit <https://info.caremark.com/oe/trscarestandard> for details and a list of generic drugs.

Stay informed — Use this TRS-Care Standard Plan Guide and 2023 TRS-Care Standard Benefits Booklet to be a knowledgeable health care participant.

What's New in 2023?

NEW Insulin Cap — Starting Jan. 1, 2023, formulary insulins are capped at \$25 for a 31-day supply and \$75 for a 60- to 90-day supply. You don't have to meet your deductible first or pay the full cost of insulin. You only pay a copay, which does not apply toward your deductible, but does count toward your maximum out-of-pocket (MOOP).

Lower age limit for colonoscopies — Starting Jan. 1, 2023, TRS-Care Standard lowered the age for colorectal cancer screening from age 50 to 45. TRS-Care Standard participants can now start these important screenings five years earlier.

Added diagnostic imaging of the breast — Starting Jan. 1, 2023, diagnostic imaging of the breast including diagnostic mammograms, ultrasound imaging, or magnetic resonance imaging is covered at 100% of the allowable for all places of treatment.

Are You Turning 65 Soon?

If you're a TRS-Care participant, when you turn 65 or become eligible for Medicare, you're eligible to enroll in the TRS-Care Medicare plans. Likewise, if you're retiring past age 65, you're eligible to enroll in these plans.

Your TRS-Care Medicare plans are much different from what you may find on the private market. As a retired Texas public school employee, you're entitled to comprehensive benefits at competitive prices.

Look for the TRS-Care Medicare Advantage and TRS-Care Medicare Rx logos on materials you'll get in the mail. You can visit our Medicare Comparison Checklist at <https://www.trs.texas.gov/Pages/healthcare-compare-trs-care-medicare.aspx> for key questions and considerations to discuss with your Medicare agent.

Visit https://www.trs.texas.gov/Pages/healthcare_turning_65.aspx to learn more.

About Your 2023 TRS-Care Standard Plan Guide

This guide provides an overview of the TRS-Care Standard plan eligibility requirements, enrollment process, and program benefits for participants without Medicare.

Please see the 2023 TRS-Care Standard Benefits Booklet for a detailed description of your plan.

This guide applies to the 2023 plan year (January 1–December 31, 2023) and supersedes prior versions.

Table of Contents

Understanding your TRS-Care Standard Plan Benefits

Your Plan	5
The Basics	6
How the Plan Works.....	6
Out-of-Pocket Costs	7
2023 Monthly Premiums.....	8

Using Your Health Plan

Choosing Your Doctor	10
Going to the Doctor	11
Getting Care When You're Sick or Injured.....	12
Lab, X-Ray or Other Diagnostic Tests.....	13
Staying in the Hospital.....	13
Filling a Prescription	14
Avoiding Unexpected or Unnecessary Health Care Expenses.....	15
Saving Money with a Health Savings Account.....	16

Eligibility and Enrollment

Who Can Enroll in TRS-Care?	18
How to Enroll.....	19
When You Can Enroll	19
When is My Coverage Effective?	20
Special Enrollment Events	21
Other Enrollment Rules	22
Turning 65: A New Enrollment Opportunity	23

Glossary of Terms.....	24
Program Contacts	25
Legal Notices.....	25





**Understanding Your TRS-Care
Standard Plan Benefits**

Your Plan

About Your Plan

TRS-Care premiums and benefits are the same in 2023 as they were in 2022. Rising health care costs continue to be a challenge across the country. Texas is no exception. Even with more financial support from the Texas Legislature, TRS-Care premiums and benefits may change from year to year to sustain the program for current and future retirees.

How 2023 TRS-Care Standard Works:

Health Plan

TRS-Care Standard covers you and any dependents not eligible for Medicare. The plan offers comprehensive health care coverage and access to significant discounts on medical services and prescription drugs when you use in-network providers.

Plan Year

Your plan year is from Jan. 1–Dec. 31. Your deductibles and maximum out-of-pocket (MOOP) reset each year on Jan. 1.

Medical Benefits from BCBSTX

Blue Cross and Blue Shield of Texas (BCBSTX) administers your medical benefits. You have the freedom to choose any doctor in BCBSTX's large network without a referral. You also have coverage for in-network preventive services such as cancer screenings, immunizations and annual wellness checkups at no cost.

Pharmacy Benefits from CVS Caremark

CVS Caremark administers your prescription drug benefits. Pick up your medications at your local neighborhood pharmacy or retail stores like CVS, Walgreens, HEB, Kroger and Randall's. Some pharmacies are part of the CVS Retail-Plus network where you can get a 90-day supply. You can also get prescriptions by mail order, including 90-day supplies of certain generic preventive maintenance medications at no cost to you.



The Basics

This is your guide to making the most of your health care benefits. It gives the information you need to use your health plan and ensure you get the most value for your health care. Let's get started!

Your TRS-Care Standard plan protects you and your covered dependents from the high cost of health care. You have access to a nationwide network of quality providers and pharmacies.

You can also expect:

- Freedom to choose any doctor in BCBSTX's nationwide network
- \$0 in-network preventive care such as cancer screenings, immunizations and annual wellness checkups

- Access to 24/7 care from anywhere through BCBSTX NurseLine and Personal Health Guides
- \$0 for certain preventive generic prescription drugs
- Prescription mail order services through CVS Caremark
- General medicine and mental health support through Teladoc
- Add-on benefits such as rewards points, fitness membership, nutrition counseling and more

- Lower Insulin Copays – Formulary insulin copays are now capped at \$25 for a 31-day supply and \$75 for a 60- to 90-day supply. In 2023, you won't have to meet your deductible and you won't pay the full cost of the insulin.

How the Plan Works

- You pay an annual in-network individual deductible of \$1,500 (or \$3,000 if you cover dependents in a family plan) for medical care and prescription drug costs before the plan starts to pay its share of your health care expenses.
- If you use in-network doctors and hospitals for your health care, you benefit from lower costs for care and the convenience of having your claims filed automatically.
- Once you meet your annual in-network deductible, the plan pays 80% of your eligible in-network medical and prescription expenses; this is called coinsurance.
- Once you meet your plan's maximum out-of-pocket expenses (MOOPs) for the year (\$5,650 for individuals or no more than \$11,300 for families when you use in-network providers), the plan pays 100% of your eligible medical and prescription drug expenses.
- You have a separate deductible for care from doctors and hospitals not in the network. So, think carefully before you choose an out-of-network provider. It will take longer to meet your deductible, and you won't benefit from the plan's lower rates for health care services.

Table 1. 2023 TRS-Care Standard Plan

Your 2023 TRS-Care Standard plan is administered by BCBSTX (medical) and CVS Caremark (prescription drugs). All copays in Table 1 count toward your MOOP, including TRS virtual health and insulin.

Deductibles for medical and prescription expenses	In-Network: \$1,500 individual; \$3,000 family Out-of-Network: \$3,000 individual; \$6,000 family
Coinsurance for medical and prescription expenses	In-Network: You pay 20% after you meet your deductible Out-of-Network: You pay 40% after you meet your deductible
Maximum out-of-pocket (MOOP) costs for medical and prescription expenses	In-Network: \$5,650 individual; \$11,300 family Out-of-Network: \$11,300 individual; \$22,600 family
TRS Virtual Health	RediMD charges \$30 per visit, which applies to your deductible. Teladoc charges \$42 per visit, which applies to your deductible. When the deductible is met, the plan pays 80% and you pay 20%.
TRS Virtual Health (Teladoc — Mental Health)	Initial psychiatry session: \$185 copay Ongoing psychiatry session: \$95 copay Psychologist, licensed clinical social worker, counselor or therapist session: \$85 copay
Generic Drug Coverage	No cost for certain medications taken to prevent chronic conditions
Insulin Copay	\$25 copay for 31-day supply and \$75 copay for 61-90 day supply

Out-of-Pocket Costs

Your out-of-pocket costs are what you pay for health care services, including deductibles and coinsurance.

Here's an example:

- You visit an in-network specialist (e.g. a dermatologist) for rosacea.
- The office staff tells you that your dermatology visit is \$100.
- If you haven't met your deductible, you pay \$100 to your doctor. Your plan applies the \$100 you paid toward your annual deductible. That \$100 is an out-of-pocket cost for you.
- If you meet your deductible, you might have to pay 20% coinsurance or \$20, and your health plan will pay 80% or \$80 of the \$100 price of your in-network services. \$20 is your out-of-pocket cost.

Maximum Out-of-Pocket

There is a limit on the amount you pay in a single year for health care costs; it's called your maximum out-of-pocket (MOOP). After you meet your MOOP, your health plan pays 100% of your eligible medical and prescription drug costs for the remainder rest of the calendar year.

Your maximum out-of-pocket amount resets yearly on Jan. 1, just like your deductible.

There are three categories of common out-of-pocket costs:

1. Premiums

This is the set amount you pay each month for your health insurance. Your premium doesn't apply toward your deductible. **Table 3. 2023 Monthly Premiums** on page 8 shows your monthly premium costs.

2. Deductibles

This is the amount of money you must spend out-of-pocket before your health plan begins to pay its share of your health care costs. A few things to remember:

- Any eligible medical or prescription drug expense applies toward your deductible.
- You pay the full cost of your medical and prescription costs until you reach your deductible (\$1,500 for an individual or \$3,000 if you cover dependents in a family plan).

- A single person's expenses will not exceed the individual maximum out-of-pocket, even if they are on the family plan. Out-of-pocket expenses for the entire family will not exceed the family limit.
- You have separate deductibles for in- and out-of-network expenses. This means you cannot apply out-of-network care toward your in-network deductible.
- Your deductible starts over each plan year on Jan. 1.

3. Coinsurance

When you pay or meet your deductible, your health plan starts to pay a percentage of your medical expenses, and you pay a percentage. The percentage you pay is called "coinsurance."

It pays to stay in-network

- If you go out-of-network, your individual deductible increases to \$3,000, and your coinsurance doubles to 40%. Not only that, your plan does not apply out-of-network expenses to your in-network deductible. You may also have to pay the difference between your plan's allowable rate for the service and the amount of your out-of-network hospital or doctor bills.
- That's why it pays to compare costs of health care services and make an informed decision.
- Log in to BAMSM to use the Provider Finder tool to find in-network providers and the Cost Estimator tool to compare the costs for different services.

Table 2. Your Health Plan in Action

Deductible	Coinsurance	Maximum Out-Of-Pocket
\$1,500 for individual coverage (in-network)	You pay 20% (in-network)	\$5,650 for individual coverage (in-network) or \$11,300 for family coverage (in-network)
When you go to an in-network doctor or get a prescription drug, you pay the full cost of the service or prescription drug until your covered medical costs reach \$1,500 (or \$3,000 if you cover your family).	Once you pay \$1,500 (or \$3,000 if you cover your family) for in-network medical and pharmacy costs, your health plan starts to pay 80% of the costs. You pay only 20% of your expenses.	Once you pay \$5,650 (or \$11,300 if you cover your family) toward deductibles and coinsurance out of your pocket, the plan pays 100% of your costs for the rest of the calendar year.
Example: <i>You visit an allergist, and the negotiated rate is \$150. You pay in full, and your plan subtracts that amount from your deductible.</i>	Example: <i>You visit the same allergist after you meet your deductible. You pay 20% of the cost of the visit, or \$30. Your TRS-Care plan pays the rest</i>	Example: <i>The allergist says you need outpatient sinus surgery, which costs \$30,000. You already met your \$1,500 individual deductible, which counts toward your maximum out-of-pocket. At this point, you pay the remaining \$4,150 to meet your maximum out-of-pocket of \$5,650, at which point your plan begins to pay 100%.</i>
Visit cost: \$150	Visit cost: \$150	Surgery cost: \$30,000
You pay: \$150	You pay: \$30	You pay: \$4,150 to meet your maximum out-of-pocket.
Your remaining deductible: \$1,350	Your plan applies this amount toward your maximum out-of-pocket.	The plan pays the rest.

2023 Monthly Premiums

Table 3. 2023 Monthly Premiums

Most Non-Medicare Retirees	Non-Medicare Retirees with Disabled Children (of any age)*
Retiree only: \$200	N/A
Retiree + Spouse: \$689	N/A
Retiree + Child(ren): \$408	Retiree + Child(ren): \$208
Retiree + Family: \$999	Retiree + Family \$799:
Surviving Child(ren): \$208	N/A

*TRS reduces monthly premiums for non-Medicare retirees with disabled children by \$200 in tiers that cover children. It is the participant's responsibility to notify TRS if a child becomes disabled.



Quick Tips

Make every health care dollar you spend go further.

Use in-network doctors and hospitals so your plan can apply every eligible expense toward your deductible. In-network doctors have lower, contracted rates, which means less money out of your pocket.

Use Provider Finder at www.bcbstx.com/trscarestandard/doctors-and-hospitals to find in-network providers.

Take advantage of no-cost prescription drugs.

If you take certain generic medications classified as “preventive,” such as a prescription drug used for hypertension, a heart condition or depression, you may get your medication at no cost to you. This is an important way that TRS invests in the health of retirees like you. See *Filling a Prescription* on page 13 for details.

Remember

The TRS retiree or surviving spouse's Medicare eligibility status, regardless of their dependents' Medicare status, determines their premiums. For example, if you're a TRS retiree and you're not yet eligible for Medicare and you cover your spouse who is eligible for Medicare, you pay \$689 per month because you, the retiree, are not yet eligible for Medicare.

Planning to Retire Due to a Disability

If you're planning to retire due to a disability, you'll pay one of the premiums shown in **Table 4. Premiums Specific to Disability Retirees Who Retired Before 1/1/2017**, which will vary if you cover dependents.

Already Retired Due to a Disability?

If you retired before Jan. 1, 2017, get TRS disability benefits, and are not eligible for Medicare, you still won't pay a premium for retiree-only coverage during the 2023 plan year (Jan. 1 – Dec. 31, 2023). TRS reduces monthly premiums that cover a spouse or dependent by \$200. See *Disability Retirees* on **page 18** for more information.

Table 4. Premiums for Disability Retirees Who Retired Before 1/1/2017

Retiree only	\$0
Retiree + Spouse	\$489
Retiree + Children	\$208
Retiree + Family	\$799



Pop Quiz

Q: You go to your in-network doctor because you can't get rid of a cough. The doctor says you have bronchitis. The full cost of your visit is \$100, but you reached your deductible.

What is your cost?

- A. My cost is \$0 because it's preventive care.
- B. My cost is \$100.
- C. My cost is \$20 (20% of the full cost).

A: C is the answer. The cost of this in-network visit is \$20, or your 20% share of the coinsurance.

Remember, we're talking about in-network. If you go out-of-network, you pay 40% of your plan's allowable rate plus the full difference of the allowable rate and what the doctor bills (assuming you met your out-of-network deductible).



Using Your Health Plan

Choosing Your Doctor

Your primary care provider (PCP) is your partner in better health and your home base for the services you and your family need to stay well — from routine, preventive care to injury or illness. Over time, they get to know you and, your health history, needs, and goals. They'll help you determine how to reach those goals and stay healthy.

If you have a health concern or a chronic condition, your PCP helps you navigate the health care system. Even if you're healthy and active, your PCP ensures you stay that way by keeping your health care needs and goals on track. Establish care with a PCP you can trust and build a long-lasting relationship with — to make it easier to talk about your personal health.

With the thousands of doctors and hospitals in the BCBSTX network, chances are you'll find one you like.

Locating an in-network doctor couldn't be easier.

Here's how:

- Visit TRS-Care Standard at <http://www.bcbstx.com/trscarestandard>
- Select Doctors and Hospitals to use Provider Finder.

OR

- Call a Personal Health Guide at **1-866-355-5999**, 24 hours a day, 7 days a week.

Know Your Network

One of the most valuable features of your health plan is the network of doctors and hospitals you can access for your health care. When a doctor is in-network, it means they worked with our health plan on a mutually agreed upon rate for their services.

In contrast, out-of-network doctors have not agreed to your plan's rates. That's why going out-of-network is like driving a car without

brakes — you have little control over the amount of money you spend for your care. Some disadvantages include:

- You don't have the benefit of pre-negotiated rates for your health care.
- Out-of-network doctors and hospitals can charge market prices, which means you may have to pay the entire difference between your plan's allowable rate and the doctor or hospital rate. Be aware — costs above the plan's allowable rate don't apply toward your maximum out-of-pocket.
- You don't get to count out-of-network charges against your in-network deductible.
- You may also have to deal with extra paperwork because out-of-network doctors may require you to file your own health care claims.

The bottom line:

If you use an out-of-network provider, regardless of the circumstances, you'll most likely have to pay more — maybe much more than the usual in-network deductible and coinsurance amounts.



Going to the Doctor

Regularly seeing a PCP or family doctor leads to lower costs and better health.

An annual wellness visit — provided at no cost with your preventive benefits — is a big part of that. This is the opportunity for your doctor to see the big picture of how you're doing and ensure you're symptom-free.

If you get a clean bill of health, great. You can then maintain, manage and even improve your health by getting regular checkups, following your doctor's advice, and using the health and wellness tools that come with your plan.

When you make an appointment for your annual wellness visit, let the scheduler know to code your visit as preventive care. If you talk about an ongoing condition or get any diagnostic care during your annual wellness visit, it will no longer qualify as preventive care, and you'll be responsible for applicable deductibles or coinsurance.

Your annual wellness visit makes your doctor aware of early or worsening signs of illness or disease. When it comes to your health, the sooner you know, the better. Keep in mind there are serious conditions with no signs or

symptoms that can put you at risk. Your annual wellness visit is your first line of defense.

Covered Services and Preventive Care Services

If you go to an in-network doctor symptom-free for any kind of preventive exams or screenings (including certain cancer screenings), there's no charge to you. But not all visits to the doctor are preventive care; some are diagnostic care.

A diagnostic visit is when you go to the doctor for a specific issue, treatment, health condition, or for ongoing treatment of a medical condition, or lab work or other tests for a known problem. The difference between preventive and diagnostic care can be tricky.

For example, you go to your in-network doctor for a preventive care visit that you planned would be at no cost to you, like your annual physical. During the exam, you say that your shoulder hurts. Your doctor looks at it, discovers you have arthritis and prescribes a medication. In this case, your preventive visit became an office visit for a specific illness or injury, and now you get a bill for a diagnostic care visit.

Your health plan covers 100% of your preventive care with in-network providers, so use this valuable benefit for things like:

- blood pressure screening
- cholesterol screening
- annual wellness visit
- diabetes (Type 2) screening
- depression screening
- lung cancer screening
- routine mammograms
- certain vaccinations like an annual flu or shingles shot

Remember, your PCP knows your overall health history and can guide you toward preventive care to help you be healthy and active. You'll find a full list of preventive services covered by your health care plan at https://www.trs.texas.gov/Pages/healthcare_covered_preventive_care.aspx.

Visit https://www.trs.texas.gov/Pages/healthcare_covered_preventive_care.aspx for a full list of preventive services covered by your health care plan.

Pop Quiz

Q: A woman who takes medicine for high cholesterol has an annual wellness exam and gets a cholesterol test.

The same woman makes quarterly visits to her in-network doctor for blood tests to check her cholesterol level and to make sure her medication dosage is correct.

Which scenario is preventive and covered at no cost?

A: The first scenario is no cost. The office visit and blood test are preventive because they're part of an overall wellness exam. The blood tests in option two are not preventive because they treat an existing condition.

Quick Tips

Not all doctors are created equal.

So, when you're looking for one, be sure to use Provider Finder. From cost and quality information for in-network providers to candid reviews from real patients, Provider Finder is a valuable tool to help you find the right health care solutions. Go to TRS-Care Standard and click Doctors and Hospitals to get started.

Go to <https://www.bcbstx.com/trscarestandard> and click **Doctors and Hospitals** to get started.

Getting Care When You're Sick or Injured

When you're not feeling well or are injured and it's not an emergency, your first call should be to your PCP. They know your health history and can provide you with the most informed care. It's also the most cost-effective place to begin if you're not sure if you should see a specialist.

But if your doctor's office is closed and you can't get an appointment, or you don't have an established relationship with a PCP (we can help you with that, too) — the good news is that you have other options.

Getting Care from Home

- Connect with a doctor by phone, tablet, or computer 24/7 with Teladoc.
 - Call **1-855-Teladoc (1-855-835-2362)**.
 - Teladoc doctors diagnose non-emergency medical problems, recommend treatment, call in prescriptions to a pharmacy of your choice, and more.
 - Pay a \$30 consultation fee (which counts toward your deductible and maximum out-of-pocket).
- Call the 24/7 Nurseline (**1-833-968-1770**), anytime.

Your TRS-Care Standard plan also features Teladoc Mental Health through TRS Virtual Health as part of the benefits package. Taking care of your mental health is an essential part of your overall well-being. With Teladoc Mental Health, adults 18 and older can get care for depression, anxiety, stress, grief, and more.

Scheduling a visit with a psychiatrist or therapist is easy and convenient. Make an appointment seven days a week, from 7 a.m.

to 9 p.m. local time. Teladoc Mental Health confirms appointments within 48 hours.

You can schedule your appointment online or with the Teladoc app. The doctor determines appointment length on a patient-by-patient basis. **Visits with a provider who is not a medical doctor (MD) are generally 45 minutes. Visits with a behavioral health provider are only offered through video appointments.** Choose to see a psychiatrist, psychologist, social worker, or therapist and establish an ongoing relationship. You must schedule appointments in advance.

Retail Clinics

Retail or "walk-in" clinics, such as those in Walgreens, CVS and HEB stores are good alternatives if you have a minor illness like a sore throat or earache and can't get an appointment with your PCP.

The cost for retail clinics is typically lower than for urgent care clinics but be aware that retail clinics can't handle urgent health needs, such as broken bones.

Urgent Care or Acute Care Clinics

Urgent care or acute care clinics are for after-hours care when your doctor's office is closed or when an immediate health need doesn't require a hospital emergency room (ER) visit.

Typical services at an urgent care clinic include treatment for broken bones, cuts and burns, asthma and bronchitis. The cost for urgent care clinics is typically more than for retail clinics, but much less than an ER.

Emergency Room

Call 911 or go to the nearest ER for life-threatening emergencies. Your plan will pay at in-network rates in most cases.

Finding Urgent and Emergency Care Near You

Get familiar with the urgent care centers and walk-in clinics in your neighborhood. Find an in-network hospital-based ER before you need one.

- Go to <https://www.bcbstx.com/trscarestandard>.
- Click on "Doctors and Hospitals" and "Provider Finder".
- Click "Browse by Category" and chose "Urgent Care Center."

Quick Tips

Beware of freestanding ERs that look like urgent care clinics.

Understanding the difference can have a big impact on your out-of-pocket costs for care. How do you spot one? Freestanding ERs are not physically attached to hospitals. You're more likely to see one next to your grocery store. They are required to have the word "emergency" in their name.

Lab, X-Ray or Other Diagnostic Tests

Just because your doctor is in-network doesn't mean the labs or diagnostic testing and screening facilities they use are in-network. The unexpected cost of an out-of-network lab, X-ray, or test can be unpleasant, so **know before you go** to make sure your services are covered at an in-network rate.

Researching Services and Prices Can Save You Money.

The cost of many common medical procedures can vary widely with no correlation to the quality of the care you get.



Example: Magnetic Resonance Imaging (MRI) Tests

Providers use an MRI when they need a high-resolution view of what's happening inside your body. But it's important to know the cost of having an MRI can vary greatly depending on where you get one.

MRI and Computed Tomography (CT) scans have the highest variability in costs of any type of medical imaging. Sometimes, the price can vary by 10 times among locations, and that's without any difference in quality.

BCBSTX's Cost Estimator Lets You Compare Prices

Provider Finder helps you to manage every aspect of your health online, anytime. You can:

- The Cost Estimator lets you compare actual costs for common procedures and treatments before you get care.
- Use your Personal Health Record to understand the care you got and sign up for customized alerts.
- Sign in to Teladoc.

Go to www.bcbstx.com/trscarestandard and click on "Doctors and Hospitals" and "Provider Finder" to get started.

Staying in the Hospital

When it comes to a hospital stay, how much you pay depends on how much money you already paid toward your deductible and your coinsurance. Even a short hospital stay can be costly, so you meet your deductible, and maximum out-of-pocket quicker, when inpatient care is required.

Hospital prices vary significantly, even when they're in-network. One hospital may charge 50% more for a knee replacement than another hospital, with no difference in the quality of care you get. If your doctor practices at more than one hospital, use the Cost Estimator tool to check prices before agreeing on a facility.



Filling a Prescription

CVS Caremark offers a broad choice of pharmacies, so you're likely to find a convenient location in your neighborhood. Find a pharmacy near you at <https://info.caremark.com/oe/trscarestandard>.

When You Need to Fill a Prescription

As with medical benefits, you must meet your deductible before your plan starts to pay its share of prescription drug expenses. Once you meet your deductible, you pay just 20% of your medication costs if the medications are part of the formulary.

You can choose how to fill prescriptions and save on the medications you use.

1. For short-term prescriptions (up to a 31-day supply), visit any pharmacy in the CVS Caremark retail network (which includes non-CVS pharmacies). To find a network pharmacy, visit <https://info.caremark.com/oe/trscarestandard>.
2. You may also use out-of-network pharmacies, but you may pay more out-of-pocket for your medication. And remember, the cost of your prescriptions do not apply toward your in-network deductible.

If you need to fill an ongoing or maintenance medication, save time and energy with these convenient options:

- **Use the mail-order service through Caremark Pharmacy.** You can order up to a 90-day supply of your medication and have it delivered to any United States address. You can pay by credit card, check or money order. Visit <https://info.caremark.com/oe/trscarestandard> to learn more. This option lets you break up your costs for a 90-day supply into three monthly installments, which may help you manage costs.
- **Visit a Caremark Retail-Plus pharmacy.** Retail pharmacies that participate in the Retail-Plus network can dispense a 60- to 90-day medication supply. To find Retail-Plus pharmacies near you, visit <https://info.caremark.com/oe/trscarestandard> or call CVS Caremark Customer Service at **1-844-345-4577** (TTY: 711).

If You Need to Fill a Specialty Medication

Specialty medications are drugs that manage a chronic or genetic condition. They may be injected, infused, inhaled or taken orally, and may require special handling.

For specialty medications, you must use the CVS Caremark Specialty Pharmacy. To use this service, call CaremarkConnect® toll-free at **1-800-237-2767** or visit <https://www.cvsspecialty.com/>.

Take Advantage of No-Cost Prescription Drugs to Protect Your Health

Your TRS-Care health plan includes full coverage for certain generic drugs classified as preventive medications, or drugs that prevent a condition, not treat an existing one.

If you have a medication prescription in one of the classes listed below, your medication may be preventive, and you may be eligible to get the drug at no cost.

Check the list of preventive drugs at <https://info.caremark.com/oe/trscarestandard> to see if your drug is on the list. Make the most of this valuable benefit.



Quick Tips

Find out if your specialty medication qualifies for a discount.

Some specialty medications qualify for third-party copayment assistance programs that can lower your out-of-pocket costs. If you use third-party copayment assistance for specialty medication, you won't get credit toward your out-of-pocket maximum or deductible for any copayment or coinsurance amounts applied to a manufacturer coupon or rebate.

Types of Generic Preventive Medications That May Be Offered to You at No Cost*

CARDIOVASCULAR

Antiarrhythmic agents
Antianginal agents
Antihyperlipidemics & combinations

DIABETES

Antidiabetics
Diabetic diagnostic products & supplies
Hematologic agents
Coagulation factors

HYPERTENSION

ACE inhibitors, ARBs, CCBs
Beta blockers
Diuretics
Antihypertensives & combinations

IMMUNIZING AGENTS

Vaccines
Toxoids
Passive immunizing agents & biologicals

MENTAL HEALTH

Antidepressants
Antipsychotics
Calcium regulators
Hormone receptor modulators

PREVENTIVE CARE

Antiobesity agents
Smoking deterrents
Agents for chemical dependency
Bowel preparations

RESPIRATORY DISORDERS

Antiasthmatics
Seizure Disorders
Anticonvulsants

STROKE

Anticoagulants
Platelet aggregation inhibitors

WOMEN'S HEALTH

Aromatase inhibitors & antiestrogens

VARIOUS CONDITIONS

Antimalarial agents
Dental caries prevention
Hereditary angioedema (HAE) agents
Immunosuppressive multiple sclerosis agents
Antiretroviral agents

* See https://www.caremark.com/portal/asset/TRS_Generics_PDL.pdf for a complete list.

Avoiding Unexpected or Unnecessary Health Care Expenses

Most of us don't like surprises, especially when it comes to how much we pay for something. Too often, it feels like health care is full of financial "gotchas." Use these tips to avoid unpleasant surprises.



Stay In-Network

Make sure your doctors, specialists, hospitals, labs and diagnostic facilities are in-network. It's easy to look up doctors and facilities to see if they're in-network with the Provider Finder tool at <https://www.bcbstx.com/trscarestandard>.



Research Prices for Diagnostic Services

From MRIs to CT scans, there can be a huge difference in price for the same screening, service or procedure, depending on where you get it. In health care, higher cost doesn't necessarily mean better quality. The same applies for routine hospital procedures, such as hip or knee replacements. Use the Cost Estimator tool in BAM for price comparisons before you get the service.



Consider Alternatives

TRS Virtual Health gives you access to doctors through a phone or video visit for non-emergency issues. You can even use it to get quick medical advice 24/7. At only \$30 per consultation, it can be more cost-effective than a traditional doctor's visit for a minor health condition.

If you need to see a doctor in person or after hours, consider a retail clinic or urgent care center instead of an ER.

If you must go to the ER, avoid freestanding ERs. Freestanding ERs are typically not in-network. Unlike urgent care facilities, freestanding ERs aren't affiliated with a hospital and are owned by independent groups or individuals. Because they're not contracted with TRS, you aren't protected by a negotiated rate like you are if you use a hospital-affiliated ER that is in-network. By using one of the options above, you'll save time and money.



Use Generic Drugs

Ask your doctor about switching to a generic drug if you have a brand-name medication prescription. If there's no generic available, ask your doctor to choose a preferred brand-name medication from the CVS Caremark formulary list. And don't forget that many generic preventive medications are available to you at no cost.



Trust, but Verify.

Providers file millions of claims through the health care system every year. So, it's a good idea to compare the amount your doctor charges you against your Explanation of Benefits. If there's a discrepancy, call a Personal Health Guide at **1-866-355-5999** to get it corrected.



Mediation

You may have had emergency care, health care, or medical services or supplies from an out-of-network facility, emergency care provider, or facility-based provider. If you get a bill for more than \$500 (not including your copay, coinsurance and deductible), you may have the right to dispute the charges and ask for mediation.

If the bill is eligible for mediation, get more information and find out if you can lower your out-of-pocket costs by visiting the Texas Department of Insurance at <https://www.tdi.texas.gov/medical-billing/surprise-balance-billing.html> or calling **1-800-252-3439**. If you get a bill from any out-of-network provider that concerns you, call Personal Health Guide at **1-866-355-5999** and ask for a claim review.



Appeals:

When you use your health care, a denied claim is possible. It's a good idea to understand the appeals process for denied claims. To learn more, visit <https://www.trs.texas.gov/Pages/healthcare-file-medical-claims.aspx>.

Saving Money with a Health Savings Account

A health savings account (HSA) is a special type of savings account designed to help people save money tax-free to pay for health care expenses. It's a popular choice for many people because it's easy to open, simple to use, and offers you a chance to save on health care.

TRS-Care Standard is an "HSA-qualified" plan, which means that you can take advantage of the savings associated with opening and funding an HSA.

You can deduct deposits you make into your HSA from your income taxes if you spend the money to cover medical expenses. In addition, interest your HSA deposits earn is tax-free if you spend the money on medical care. People often use HSAs with high-deductible health plans to help cover out-of-pocket medical costs.

How an HSA works

If you decide to open an HSA, you need to visit a financial institution that offers them. You will own the account and make all deposits. You can make deposits to your HSA account, up to a maximum of \$3,650 a year for an individual. In 2022, you can make deposits to your HSA account, up to a

maximum of \$3,650 a year for an individual and \$7,300 for a family. These limits may change each year. Use your HSA to help pay your deductible and for most other health care expenses, including dental and vision services.

However, because you will likely deduct deposits from your income taxes and the money grows tax-free, be certain to only spend these funds on approved medical costs.

If you spend money in your HSA on other things, you'll have to pay taxes and penalties. For a complete list, see <https://www.irs.gov/forms-pubs/about-publication-502>.

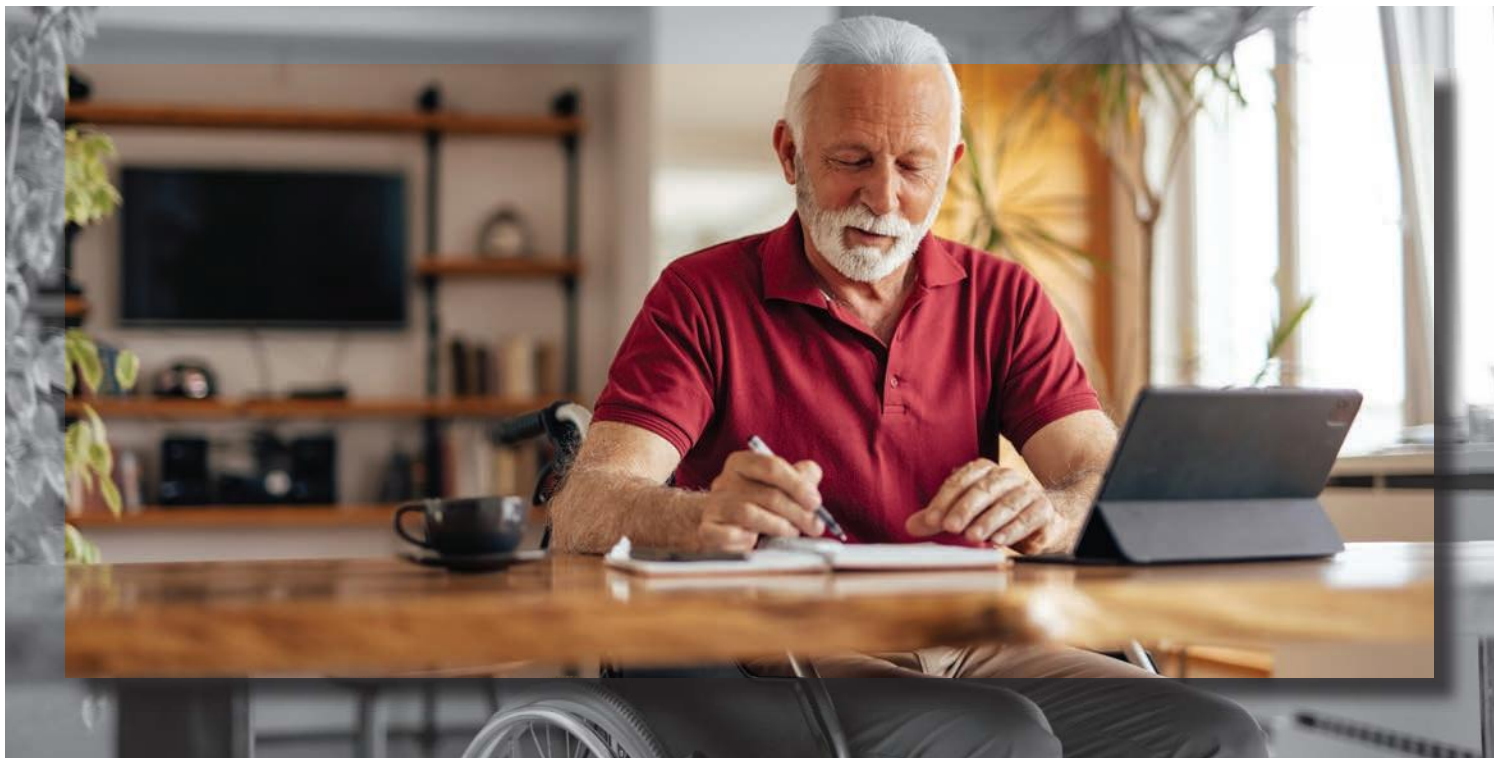
Using the funds in your HSA is easy! You can:

- A. Transfer the money from your HSA to your checking account to cover the cost of a health care service; or
- B. Open an account with a bank that offers debit cards with their HSAs and use the HSA debit card to pay for the health care service.

Keep track of your receipts in case the IRS asks you prove that you used the money only on medical expenses should.

You own the HSA and the money you deposited in the account is yours. Unlike a flexible spending account, money and interest you earn and do not spend stays in your account for the next plan year.

TRS does not administer HSAs, but you can easily get one on your own. Most banks offer HSAs, and opening one is just like opening any other type of savings account. You can start looking around for your HSA institution any time. But you can't deposit money into your account until your TRS-Care Standard coverage starts.



A photograph of a woman with short, styled grey hair and black-rimmed glasses. She is smiling broadly, showing her teeth. She is wearing a light blue t-shirt and is playing an acoustic guitar. The guitar has a natural wood finish and a dark fretboard. The background is a soft, out-of-focus indoor setting with light-colored walls and curtains. A dark blue banner with white text and a pencil icon is overlaid on the image.

Eligibility and Enrollment

This section provides an overview of TRS-Care eligibility requirements and enrollment process. For additional information about your health plan, please refer to the *TRS-Care Benefits Booklet*, available online at www.trs.texas.gov.

Who Can Enroll in TRS-Care?

Service Retirees

A service retiree must have at least 10 years of service credit in TRS when they retire. This service credit may include up to five years of military service credit, but it may not include any other purchased special or equivalent service credit. In addition to the required ten years of service credit, you must meet one of the following requirements at retirement:

1. the sum of your age and years of service credit in TRS equals or exceeds 80 (with at least 10 years of service credit), regardless of whether you had a reduction in the retirement annuity for early age (years of service credit can include purchased service); or
2. you have 30 or more years of service credit in the TRS pension (including purchased service).

You may not use combined service credit under the Proportionate Retirement Program to establish eligibility for TRS-Care or any type of benefits other than service retirement benefits. A service retiree is not eligible to enroll in the TRS-Care program if eligible for Employee Retirement System of Texas (ERS), the University of Texas (UT), or the Texas A&M System health benefit program coverage.

Disability Retirees

People are eligible to participate in TRS-Care when they become a disability retiree under the TRS pension. Once enrolled in TRS-Care as a disability retiree, participation continues if the person is a disability retiree under the TRS pension fund. If you're applying for health coverage because of a disability, TRS may contact you to validate your Medicare Social Security Disability status.

Coverage for a disability retiree with fewer than 10 years of service credit in the TRS pension only continues up to the total number of years of service credit. Hence, coverage for such a disability retiree ends when disability retirement benefits under the TRS pension fund end. A disability retiree is eligible to enroll in TRS-Care even if they are eligible for ERS, the UT System, or A&M System health benefit program coverage.

Dependents

The following dependents are eligible to enroll in TRS-Care:

- Your spouse (including a common-law spouse — a common law marriage is not a special enrollment event unless a Declaration of Common Law Marriage is filed with an authorized government agency).
- A child under the age of 26 who is:
 - a natural child;
 - an adopted child, or one lawfully placed for adoption;
 - a foster child;
 - a stepchild;
 - a grandchild who lives with the retiree or surviving spouse and depends on the retiree or surviving spouse for at least half of the child's support; or
 - any other child who is in a regular parent-child relationship with the retiree or surviving spouse as determined by TRS.
- A child (regardless of age) who lives with or regularly gets care from the retiree or surviving spouse, if the child has a mental disability or physical incapacity to such an extent to depend on the retiree or surviving spouse for care and support, as determined by TRS.

Some types of dependents require more documentation to establish they meet eligibility criteria.

Other Scenarios

I am already enrolled in TRS-ActiveCare. TRS-Care (for retirees) is a separate plan from TRS-ActiveCare (for working school employees). When you retire, you must submit an enrollment form that tells TRS if you want to enroll yourself and your dependents in, or defer enrollment in, TRS-Care. Contact your school official to verify your TRS-ActiveCare termination date.

Both spouses are TRS pension retirees. If both spouses are TRS pension retirees, and each individually meets TRS-Care eligibility requirements, each can enroll separately in TRS-Care as individuals, which may be financially advantageous. Call TRS Health at 1-888-237-6762 for more information.

A TRS pension retiree can get coverage under TRS-ActiveCare as a dependent of an active employee enrolled in TRS-ActiveCare.

How to Enroll

After you submit your TRS Service Retirement Application (TRS 30) and TRS processes it, you'll get a TRS-Care enrollment packet with a TRS-Care Initial Enrollment Application for TRS-Care (TRS 700A). If you want to enroll in TRS-Care, complete TRS 700A and return it to TRS.

If you're applying for disability retirement, TRS will send you a TRS-Care enrollment packet if your disability retirement is approved.

During your Initial Enrollment Period for TRS-Care, if you choose not to enroll, you don't need to take action. But please note that you can enroll

in TRS-Care only when you become Medicare-eligible or have a Special Enrollment Event outside of your Initial Enrollment Period (see When You May Enroll on **this page** and Special Enrollment Events on **page 21** details in the next section). To enroll in TRS-Care, submit a TRS-Care Enrollment Application (TRS 700M).

When You May Enroll

Initial Enrollment Period at Retirement

If you're a service retiree, your Initial Enrollment Period is the **later** of the period that begins on the:

- A. Effective date of your retirement** — your Initial Enrollment Period expires at the end of the last day of the month that is three consecutive calendar months, but in no event less than 90 days, after your effective retirement date; or
- B. Last day of the month TRS gets your election to retire** — your Initial Enrollment Period expires at the end of the last day of the month that is three consecutive calendar months, but in no event less than 90 days, after the last day of the month TRS gets your election to retire.

Your TRS-Care Initial Enrollment Application (TRS 700A) is due no later than the last day of your Initial Enrollment Period.

See Table 5 for more information.

Initial Enrollment Period at Disability Retirement

If you are you're a disability retiree, your Initial Enrollment Period:

- **begins** on the date the TRS Medical Board approves your disability retirement; and
- **expires** at the end of the last day of the month that is three consecutive calendar months, but in no event less than 90 days, after the date the TRS Medical Board approves.

Initial Enrollment Period Due to Death of a Retiree or Active Member

The Initial Enrollment Period in TRS-Care for an eligible surviving spouse of a deceased retiree and for an eligible surviving dependent child of a deceased retiree expires on the last day of the month that is three consecutive calendar months, but in no event less than 90 days, after the retiree died.

The Initial Enrollment Period in TRS-Care for an eligible surviving spouse of a deceased active member and for an eligible surviving dependent child of a deceased active member expires on the last day of the month that is three consecutive calendar months, but in no event less than 90 days, after the active member died.

Table 5. Initial Enrollment Period for TRS-Care

Three consecutive months but no less than 90 days

RETIREMENT DATE	TRS 700A DUE DATE
Sept. 30	Dec. 31
Oct. 31	Jan. 31
Nov. 30	Feb. 28 (or 29)
Dec. 31	March 31
Jan. 31	April 30
Feb. 28 (or 29)	May 31
March 31	June 30
April 30	July 31
May 31	Aug. 31
June 30	Sept. 30
July 31	Oct. 31
Aug. 31	Nov. 30

When is My Coverage Effective?

Effective Date of Coverage

Your effective date of coverage is:

- 1. the first day of the month after your effective retirement date** — if TRS gets your TRS-Care Initial Enrollment Application (TRS 700A) on or before your effective retirement date; or
- 2. the first day of the month after TRS gets your TRS-Care Initial Enrollment Application (TRS 700A)** — if TRS gets your TRS 700A after your effective retirement date but in your Initial Enrollment Period.

- If you want your coverage to take effect the first of the month after your retirement date, TRS must get your application before your retirement date. This also applies for disability retirees.
- During your Initial Enrollment Period, you may still make changes to your coverage elections. The effective coverage date for new elections is the first day of the month after TRS gets the new application asking for retirement coverage.

Deferring Coverage

- During your Initial Enrollment Period, you may postpone the effective date of your TRS-Care coverage to the first of any of the three months immediately after the month after your retirement date. For example, if your retirement date is May 31, you may defer your TRS-Care effective date (normally June 1) to July 1, Aug. 1, or Sept. 1. For a deferred effective date, you must write the coverage effective date in the space provided on the TRS-Care Initial Enrollment Application (TRS 700A). If you have questions about deferring your effective coverage date, please call TRS Health at **1-888-237-6762**.



Special Enrollment Events

Special Enrollment Events are chances to enroll in TRS-Care outside your Initial Enrollment Period. You may become eligible for TRS-Care under special enrollment provisions of the Health Insurance Portability and Accountability Act (HIPAA).

Special enrollment events have two general categories:

1. A person has an involuntary loss of comprehensive health coverage; and
2. A person gets a new dependent.

Loss of Eligibility for Other Coverage

If a Retiree or Surviving Spouse Loses Coverage

If you, as a retiree or surviving spouse, aren't enrolled in TRS-Care, and through no fault of your own, lose your comprehensive health coverage with another health plan, you may be able to enroll in TRS-Care under a Special Enrollment Event. But, you must otherwise be eligible for TRS-Care and be able to show that you involuntarily lost comprehensive health coverage. Loss of disability, specified disease, vision, dental, or other coverage that is not comprehensive health coverage are not Special Enrollment Events.

If you're not enrolled in TRS-Care when you lose comprehensive coverage through no fault of your own, you may enroll yourself and your eligible dependents in TRS-Care within 31 days after you lose coverage under the other comprehensive health plan. But if you're already enrolled in TRS-Care when you lose other comprehensive health plan coverage, you can't enroll your otherwise eligible dependents.

Should you lose coverage with another plan, keep your notice of termination letter to show TRS that the your loss of coverage was involuntary.

If a Spouse or Other Eligible Dependent Loses Coverage

When a spouse or other eligible dependent is not enrolled in TRS-Care, and through no fault of their own, they lose comprehensive health coverage with another health plan, you may enroll your eligible dependents in TRS-Care within 31 days after the dependent's involuntary loss of the other health plan coverage. If you enroll an eligible dependent, you must also enroll in TRS-Care if you're not already enrolled.

Examples of involuntary loss of comprehensive health coverage include:

- divorce or legal separation results in you losing coverage under your spouse's comprehensive health plan;
- a dependent is no longer considered a "covered" dependent under a parent's comprehensive health plan;
- your spouse's death leaves you without comprehensive health coverage under their plan;
- your employment ends along with coverage under your employer's comprehensive health plan, or your spouse's employment ends along with your coverage under your spouse's employer's comprehensive health plan;
- your employer reduces your work hours to the point where you're no longer covered by the comprehensive health plan;
- your plan decides it will no longer offer comprehensive health coverage to a certain group of people (for example, people who work part time);
- a person loses coverage under the state's Children's Health Insurance Program (CHIP) or Medicaid, or becomes eligible to get premium assistance under those programs for group health plan coverage;
- a person involuntarily loses coverage under a Medicare supplement plan (for example, Medigap) or an individual Medicare Advantage plan; and
- you no longer live or work in an HMO's service area and lost comprehensive health coverage.

Among other possible events, these are not Special Enrollment Events:

- Voluntarily dropping other coverage due to a premiums increased;
- Termination of coverage for failure to pay your premiums; and
- Termination of coverage for cause, (such as making a fraudulent claim or intentionally misrepresenting material fact in connection with the plan).

New Dependents

A retiree or surviving spouse (enrolled or otherwise eligible for TRS-Care) who gets an eligible dependent through marriage, birth, adoption, placement for adoption, or guardianship, must notify TRS in writing within 31 days of the date they got the eligible dependent, for the enrollment to be valid.

For example, if an otherwise eligible retiree isn't enrolled in TRS-Care when they get married, the retiree may enroll themselves and their eligible dependents, during a special enrollment event. But a surviving spouse may not enroll a new spouse if the surviving spouse remarries.

Enrollment is effective:

- in the case of the dependent's birth, on the date of the birth;
- in the case of the dependent's adoption, on the date of the adoption or placement for adoption; and
- in the case of guardianship, on the first day of the month after TRS-Care gets the written request.

TRS requires documentation to establish eligibility for all new dependents.

A common law marriage is not a Special Enrollment Event unless a Declaration of Common Law Marriage is filed with an authorized government agency.

Other Enrollment Rules

Adjustment Rule

If, for any reason, a person enrolls in an inappropriate level of coverage, TRS will adjust their coverage as provided in this guide.

Benefits for claims incurred after the effective adjustment date are payable in accordance with the revised plan provisions. A person has no vested rights to benefits based upon provisions of the plan in effect before the effective adjustment date.

An increase in the level of benefits because of a change in the above amounts will not provide more benefits for covered medical expenses incurred before the date the change took effect.

Letter of Coverage

TRS may ask you to provide a coverage letter with the exact dates your prior insurer provided comprehensive health coverage to you and the reason you lost coverage. TRS may also ask you to provide other coverage letters for eligible dependents you want to enroll in TRS-Care.

When Can TRS-Care Terminate My Coverage?

Retiree coverage under TRS-Care ends when:

- The retiree is no longer eligible;
- TRS determines that the retiree or their covered dependent committed fraud;
- The retiree failed to make their required contribution; or
- TRS-Care discontinues.

TRS-Care dependent coverage ends when:

- all dependent coverage under TRS-Care discontinues;
- a dependent enrolls in a plan offered by TRS-ActiveCare or a plan offered by a Texas public school not participating in TRS-ActiveCare;
- a dependent becomes eligible for coverage under a health plan administered by ERS, UT System, or Texas A&M;
- a dependent enrolls in TRS-Care as a retiree;

- the person no longer meets the TRS-Care definition of a dependent;
- the retiree's coverage ends;
- the retiree fails to make their required contributions; or
- TRS determines that the dependent committed fraud.

Failure to make a timely payment of the full amount of a required contribution for coverage will result in termination of coverage at the end of the month the retiree made their last contribution.

Turning 65: A New Enrollment Opportunity

If you're a retiree or surviving spouse under age 65, and you either cancelled TRS-Care or didn't enroll during your initial enrollment opportunity, you can enroll in TRS-Care when you turn 65. You may also add eligible dependents at that time.

Before your 65th birthday, TRS will send you (the retiree) a postcard with instructions on how to enroll. To enroll in TRS-Care at 65, you must ask for, complete and submit a TRS-Care Age 65 Enrollment Opportunity Application form (TRS 700EO) no later than 31 days from the end of the month you turn 65. Call TRS Health at 1-888-237-6762 to ask for an application before your 65th birthday.

TRS does not always have information about surviving spouses in its records. Surviving spouses must ask for and submit their application for coverage no later than 31 days from the end of the month they turn 65.

This enrollment opportunity is not available to dependent spouses or children when they turn 65.

When you become eligible for Medicare, you must buy and maintain Medicare coverage, including Medicare Part B coverage, to enroll in the TRS-Care Medicare Advantage® medical plan and TRS-Care Medicare Rx® prescription drug plan. You risk losing all TRS-Care coverage if you do not have Medicare Part B coverage when you're eligible to buy it.

What Should I Know?

When you reach age 65, you may have the chance to enroll in TRS-Care and add your eligible dependents. You'll also become eligible for Medicare, which works with the TRS-Care Medicare Advantage® plan and TRS-Care Medicare Rx® plan. Just submit an TRS-Care Age 65 Enrollment Opportunity Application (TRS 700EO). TRS will enroll you when they confirm your eligibility for TRS-Care and the plan(s) available to you.

When Am I Eligible for Medicare?

In most cases, you're eligible for Medicare at age 65. But you may be eligible at any age if you got Social Security Disability benefits for a certain length of time.

Medicare eligibility at age 65

TRS strongly urges you to enroll in Medicare as soon as you're eligible. You can enroll three months before the month you turn 65. The earlier you sign up, the sooner TRS can verify your Medicare status and enroll you in TRS-Care.

Ideally, your Medicare coverage will start the first day of your birthday month. If your birthday is on the first of the month, your Medicare coverage will start the first of the previous month.

The period for enrolling in the TRS-Care program is shorter than the enrollment period for Medicare.

The enrollment period for Medicare lasts for three months after the month of your 65th birthday. But you must submit a TRS-Care Enrollment Application (TRS ###) for enrollment in the TRS-Care program no later than 31 days from the end of the month you turn 65.

You must buy and maintain Medicare Part B to be eligible for TRS-Care benefits after you become eligible for Medicare. This is required even if you're not eligible for premium-free Medicare Part A. You don't have to buy Part A if you aren't already getting it for free, but you must buy Medicare Part B. If you do not buy and maintain Medicare Part B, you risk losing all TRS-Care coverage.

Medicare Eligibility for End Stage Renal Disease (ESRD)

If you're eligible for Medicare due to ESRD, Medicare pays secondary to TRS-Care because federal rules require TRS-Care coverage to be primary for a certain period. Once your Medicare Part A becomes your primary coverage, your TRS-Care monthly premium and your TRS-Care deductible go down. If you're eligible due to ESRD, please let TRS know by phone or in writing.

What Steps Do I Need to Take When I Turn 65?

You're eligible for Medicare at age 65 and can enroll three months before the month you turn 65.

If you're eligible for premium-free Medicare Part A (hospitalization), apply at <https://www.ssa.gov/benefits/medicare/>. You can also apply at your local Social Security office, or call Social Security at 1-800-772-1213 (TTY: 1-800-325-0778).

Buy Medicare Part B from the Social Security Administration as soon as you're eligible to enroll. You must buy and maintain Medicare Part B to be eligible for TRS-Care benefits. The Social Security Administration can confirm the amount of your Part B premium; TRS won't deduct your premium from your TRS pension.

If you're currently enrolled in TRS-Care Standard, when you turn age 65, UHC will send you a packet with a form asking for your Medicare Beneficiary Identifier (MBI). TRS must have your MBI to enroll you in TRS-Care Medicare. Please complete and return the form to TRS.

Separately, TRS will send you an enrollment kit. Review the materials in the kit. If you're adding dependents, complete and submit the TRS-Care Enrollment Application (TRS ###) no later than 31 days from the end of the month you retire or turn 65.

Once TRS confirms that you're eligible for TRS-Care and verifies your Medicare status, TRS will enroll you in the TRS-Care Medicare Advantage® and TRS-Care Medicare Rx® plans. **If TRS does not get your Medicare Beneficiary Identifier (MBI) number, TRS will not be able to enroll you, and you risk losing TRS-Care coverage altogether.**

Glossary of Terms

Additional Enrollment Opportunity at Age 65

The opportunity for retirees eligible for TRS-Care to enroll in coverage for the first time and add eligible dependents. TRS retirees who are eligible and covered by TRS-Care when they reach age 65 may also add eligible dependents at this time.

Any Other Child Who is in a Regular Parent-Child Relationship

A child who is not your grandchild; the child is unmarried; the child's primary residence is your household; you provide at least half of the child's support; neither of the child's natural parents live in your household; you have the legal right to make decisions on the child's medical care; and you have full legal guardianship of the child (TRS requires documentation).

Deductible

The amount of covered medical expenses that you pay each plan year (Jan. 1-Dec. 31) before TRS-Care pays for eligible, non-preventive covered medical expenses.

Coinsurance

The percentage of allowed amounts for covered medical expenses that you're required to pay, after you meet your TRS-Care deductible. Coinsurance is in addition to your deductible, office visit copays, charges for services not covered, precertification penalties and out-of-network charges, which are your responsibility.

Deferring Coverage

To delay the effective date of TRS-Care coverage. To delay coverage, write your coverage effective date in the space provided on the TRS-Care Initial Enrollment Application (TRS 700A) and submit it to TRS during your Initial Enrollment Period.

Initial Enrollment Period

The first chance the retiree has to enroll in TRS-Care (at retirement). Please see Table 5. Initial Enrollment Period for TRS-Care on **page 19** for time frames specific to your situation.

Maximum Out-of-Pocket

The most you're required to pay for covered medical expenses out of your own pocket in a plan year (Jan. 1-Dec. 31). When you reach your plan's maximum out-of-pocket, or MOOP, the plan pays 100% of any eligible expenses for the rest of the plan year. The maximum out-of-pocket includes the deductible, any medical copays (if applicable), and medical coinsurance.

Premiums

The monthly contribution a retiree or surviving spouse makes for TRS-Care coverage for themselves and their eligible dependents.

Special Enrollment Event

A chance to enroll in TRS-Care at a time other than during the Initial Enrollment Period. Special enrollment events are based on a set of criteria.

TRS-Care Enrollment Form

May refer to the Initial Enrollment Period application or Special Enrollment application.

Program Contacts

TRS Health

1000 Red River St.
Austin, TX 78701-2698

1-888-237-6762

7 a.m. to 6 p.m., M-F

<https://www.trs.texas.gov/>

TRS-Care Standard Plan

Medical Coverage
Administered by BCBSTX

Personal Health Guide:
1-866-355-5999

<https://www.bcbstx.com/trscarestandard>

Teladoc: 1-855-835-2362

TRS-Care Standard Plan

Prescription Coverage
Administered by CVS Caremark

Customer Care:
1-844-345-4577

<https://info.caremark.com/oe/trscarestandard>

Legal Notices

Disclaimer

TRS-Care may change to provide coverage levels different from the levels described in your plan materials (including this guide), or TRS-Care may be discontinued. TRS-Care participant cost may change with the approval from the TRS Board of Trustees. If this guide is not consistent with TRS laws and rules, TRS laws and rules supersede this guide. The TRS-Care Benefits Booklet also supersedes information in other health plan materials, including this guide. TRS-Care reserves the right to amend the TRS-Care Benefits Booklet at any time. Generally, TRS will post such amendments in the online version of the TRS-Care Benefits Booklet appearing on the TRS website.

Discrimination is Against the Law

The Teacher Retirement System of Texas (TRS) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. TRS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Teacher Retirement System of Texas:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters; and
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters; and
 - Information written in other languages.

If you need these services, call **1-888-237-6762 (TTY: 711)**.

If you believe TRS failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, **you can file a grievance** in person, by mail, by fax, or email:

- **In person or by mail:** Section 1557 Coordinator, 1000 Red River St., Austin, Texas, 78701
- **Fax:** 512-542-6575
- **Email:** section1557coordinator@trs.texas.gov

You can file a civil rights complaint with the U.S. Department of Health and Human Services online, by mail, or by phone at:

- **Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are at <http://www.hhs.gov/ocr/office/file/index.html>.
- **Mail:** U.S. Dept. of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington, D.C. 20201
- **Phone:** 1-800-368-1019, 1-800-537-7697 (TDD)

Multi-Language Interpreter Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-237-6762 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-237-6762 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-237-6762 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-237-6762 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-237-6762 (TTY: 711)번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اللغة الإنجليزية فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل بقم 1-888-237-6762 بقم م هاتف الصم والبكم: 711).

ضردار: گنر آپ اردیوولتے ہی تو آپکو زین کی کم کی خدمات فہت ہیں دستیابی کال کریں 1-888-237-6762 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-237-6762 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-237-6762 (ATS : 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-237-6762 (TTY: 711) पर कॉल करें।

توجہ: گنر بوزبان فارس فگتگو م کبری هتس یلات زلی بیصورت ریگان برایش مهم ام میباش دیا 1-888-237-6762 (TTY: 711) تم اسپی گی یو د.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-237-6762 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-237-6762 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-237-6762 (телетайп: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-237-6762 (TTY:711) まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າ ທ່ານ ກຳລັງ ນຳ ກາສາ ລາວ, ການບໍລິການ ອຸປະຫຼັບ ອັດຕະໂນ ກຳລັງ ນຳ ກາສາ, ໂດຍບໍ່ເສຍຄ່າ, ຈາກ ມັນ ມີ ອັດຕະໂນ ທ່ານ. ໂທ 1-888-237-6762 (TTY: 711).

Teacher Retirement System of Texas Notice of Privacy Practices

TRS changed its Notice of Privacy Practices (NPP) on Sept. 1, 2020. The revised NPP can be viewed at https://www.trs.texas.gov/TRS%20Documents/notice_privacy_practices.pdf

The NPP explains how TRS may use and disclose your protected health information, as well as your rights and the obligations of TRS with respect to that information.

TRS revised the NPP to add companies that may assist TRS with the operations of TRS-Care and TRS-ActiveCare.

How TRS May Use and Disclose Your Protected Health Information

Certain Uses and Disclosures Do Not Require Your Written Permission.

For any use or disclosure of your protected health information that is described immediately below, TRS and/or Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare may use and disclose your protected health information without your written permission (an authorization).

- For all activities that are included within the definitions of “payment,” “treatment” and “health care operations” as set out in 45 C.F.R. Section 164.501, including the following noted below. This notice does not contain all of the activities found within these definitions; refer to 45 C.F.R. Section 164.501 for a complete list. When “TRS” is used below in describing these reasons, the auditors, actuarial consultants, lawyers, health plan administrators and pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare are intended to be included.
 - **For treatment.** TRS is not a medical provider and does not directly participate in decisions about what kind of health treatment you should receive. TRS also does not maintain your current medical records. However, TRS may disclose your protected health information for treatment purposes. For example, TRS may disclose your protected health information if your doctor asks that TRS disclose the information to another doctor to help in your treatment.
 - **For payment.** Here are two examples of how TRS might use or disclose your protected health information for payment. TRS may use or disclose your information to prepare a bill for medical services to you or another person or company responsible for paying the bill. The bill may include information that identifies you, the health services you received, and why you received those services. The second example is that TRS could use or disclose your protected health information to collect your premium payments.
 - **For health care operations.** TRS may use or disclose your protected health information to support health plan administration functions. TRS may provide your protected health information to its accountants, attorneys, consultants, and others in order to make sure TRS is complying with the laws that affect it. For example, your protected health information may be given to people looking at the quality of the health care you received. Another example of health care operations is TRS using and sharing this information to manage its business and perform its administrative activities.
- **When federal, state or local law, judicial or administrative proceedings, or law enforcement requires a use or disclosure.** For example, upon receipt of your request for disability retirement benefits, TRS and members of the Medical Board may use your protected health information to determine if you are entitled to a disability retirement. TRS may disclose your protected health information:
 - To a federal or state criminal law enforcement agency that asks for the information for a law enforcement purpose;
 - To a law enforcement official for the purpose of alerting law enforcement of your death if TRS has a suspicion that your death may have resulted from criminal conduct;
 - To the Texas Attorney General to collect child support or to ensure health care coverage for your child;
 - In response to a subpoena if the TRS Executive Director determines that you will have a reasonable opportunity to contest the subpoena;
 - To a governmental entity, an employer, or a person acting on behalf of the employer, to the extent that TRS needs to share the information to perform TRS’s business;
 - To the Texas Legislature or agencies of the state or federal government, including, but not limited to health oversight agencies for activities authorized by law, such as audits; investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities. Oversight agencies seeking this information include government agencies that oversee; (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs, and (iv) compliance with civil rights laws;
 - To a public health authority for the purpose of preventing or controlling disease; and
 - If required by other federal, state, or local law.

- **For specific government functions.** TRS may disclose protected health information of military personnel and veterans in certain situations. TRS may also disclose protected health information to authorized federal officials for conducting national security, such as protecting the President of the United States, or conducting intelligence activities, or to the Texas Legislature or agencies of the state or federal government, including, but not limited to health oversight agencies, for activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, civil, administrative, or criminal proceedings or actions, or other activities. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs, and (iv) compliance with civil rights laws.
- **Business associates.** TRS has contracts with individuals and companies (business associates) that help TRS in its business of providing health care coverage and in making disability retirement benefit decisions. For example, several companies assist TRS with the TRS-Care and TRS-ActiveCare programs: BCBSTX, UHC, CVS/caremark and Gabriel, Roeder, Smith & Company. Some of the functions these companies provide are: performing audits; performing actuarial analysis; adjudication and payment of claims; customer service support; utilization review and management; coordination of benefits; subrogation; pharmacy benefit management; and technological functions. TRS may disclose your protected health information to its business associates so that they can perform the services that TRS has asked them to do. To protect your health information, however, TRS requires that these companies follow the same rules that are set out in this notice and to notify TRS in the event of a breach of your unsecured protected health information.
- **Executor or administrator.** TRS may disclose your protected health information to the executor or administrator of your estate.
- **Health-related benefits.** TRS or one of its business associates may contact you to provide appointment reminders. They may also contact you to give you information about treatment alternatives or other health benefits or services that may be of interest to you.
- **Legal Proceedings.** TRS may disclose your protected health information: (1) in the course of any judicial or administrative proceeding, including, but not limited to, an appeal of denial of coverage or benefits; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized by law); and (3) because it is necessary to provide evidence of a crime that occurred on our premises.
- **Coroners, Medical Examiners, Funeral Directors, and Organ Donation.** TRS may disclose protected health information to a coroner or medical examiner for purpose of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. TRS also may disclose, as authorized by law, protected health information to funeral directors so that they may carry out their duties. Further, TRS may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.
- **Research.** TRS may disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.
- **To Prevent a Serious Threat to Health or Safety.** Consistent with applicable federal and state laws, TRS may disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, such as disclosures to prevent disease, help with product recalls, report adverse reactions to medications, or report suspected abuse, neglect or domestic violence.
- **Inmates.** If you are an inmate of a correctional institution, TRS may disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.
- **Workers' Compensation.** TRS may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.
- **To your personal representative.** TRS may provide your protected health information to a person representing or authorized by you, or any person that you tell TRS in writing is acting on your behalf.
- **To an entity assisting in disaster relief.** TRS may also disclose your protected health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your protected health information, then TRS may, using our professional judgment, determine whether the disclosure is in your best interest. TRS will attempt to gain your personal authorization when possible before making such disclosures.

.....

Certain Uses and Disclosures Requiring an Opportunity to Agree or to Object.

Under the following circumstances, TRS may use or disclose protected health information, provided that TRS informs you in advance of the use or disclosure and you have an opportunity to agree to or prohibit or restrict the use or disclosure of your protected health information. TRS may inform you orally or in writing of and obtain your oral or written agreement or objection to the use or disclosure of your protected health information. TRS will follow your instructions.

- TRS may disclose to a family member, other relative, or a close personal friend, or any other person you identify, your protected health information that (i) is directly relevant to such person's involvement with your health care or payment related to your health care, or (ii) serves to notify or assist in the notification of your location, general condition, or death.
- TRS may use or disclose your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of notifying or assisting in the notification of your location, general condition, or death.

If you are not able to communicate your preference to TRS, for example because you are unconscious, TRS may share your protected health information if TRS believes it is in your best interest to do so.

.....

Certain Disclosures that TRS is Required to Make.

The following is a description of disclosures that TRS is required by law to make:

- **Disclosures to the Secretary of the U.S. Department of Health and Human Services.** TRS is required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Regulations.
 - **Disclosures to you.** TRS is required to disclose to you most of your protected health information in a "designated record set" when you request access to this information, including information maintained electronically. Generally, a "designated record set" contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. TRS is also required to provide, upon your request, an accounting of the disclosures of your protected health information. In many cases, your protected health information will be in the possession of a plan administrator or pharmacy benefits manager. If you request protected health information, TRS will work with the administrator or pharmacy benefits manager to provide your protected health information to you.
-

Certain Uses and Disclosures of Genetic Information that Cannot Be Made.

TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare are prohibited from using or disclosing genetic information for underwriting purposes.

.....

Certain Uses and Disclosures of Protected Health Information that Will Not Be Made.

The following uses and disclosures of protected health information will not be made by TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare:

- Uses and disclosures that constitute marketing purposes;
- Uses and disclosures that constitute the sale of your protected health information; and
- Uses and disclosures that constitute fundraising purposes.

All Other Uses And Disclosures Require Your Prior Written Authorization.

The following uses and disclosures will be made by TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS ActiveCare only with a written permission (an authorization) from you:

- Most uses and disclosures of psychotherapy notes; and
- For any other use or disclosure of your protected health information that is not described in this notice.

If you provide TRS with such an authorization, you may cancel (revoke) the authorization in writing at any time, and this revocation will be effective for future uses and disclosures of your protected health information. Revoking your written permission will not affect a use or disclosure of your protected health information that TRS and Medical Board members, auditors, actuarial consultants, lawyers, health plan administrators or pharmacy benefit managers acting on behalf of TRS, TRS-Care or TRS-ActiveCare already made, based on your written authorization.

Your Rights

The Right to Request Limits on Uses and Disclosures of Your Protected Health Information.

You can ask that TRS limit how it uses and discloses your protected health information. TRS will consider your request but is not required to agree to it. If TRS agrees to your request, TRS will put the agreement in writing and will follow the agreement unless you need emergency treatment, and the information that you asked to be limited is needed for your emergency treatment. You cannot limit the uses and disclosures that TRS is legally required to make. If you are enrolled in TRS-ActiveCare, you may request a restriction by writing to: Blue Cross and Blue Shield of Texas, P.O. Box 805106, Chicago, IL 60680-4112. In your request, state: (1) the information whose disclosure you want to limit, and (2) how you want to limit our use and/or disclosure of the information. If you are enrolled in TRS-Care, you may request a restriction by writing to: Blue Cross and Blue Shield of Texas, P.O. Box 805106, Chicago, IL 60680-4112. In your request, state: (1) the information whose disclosure you want to limit, and (2) how you want to limit our use and/or disclosure of the information. You have the right to request that your protected health information not be disclosed to TRS if you have paid for the service received in full.

The Right to Choose How TRS Sends Protected Health Information to You.

You can ask that TRS send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, courier service instead of U.S. mail) only if not changing the address or the way TRS communicates with you could put you in physical danger. You must make this request in writing. You must be specific about where and how to contact you. TRS must agree to your request only if:

- You clearly tell TRS that sending the information to your usual address or in the usual way could put you in physical danger; and
- You tell TRS a specific alternative address or specific alternative means of sending protected health information to you. If you ask TRS to contact you via an email address, TRS will not send protected health information by email unless it is possible for the protected health information to be encrypted.

The Right to See and Get Copies of Your Protected Health Information.

You can look at or get copies of your protected health information that TRS has or that a business associate maintains on TRS' behalf. You must make this request in writing. If your protected health information is not on file at TRS and TRS knows where the information is maintained, TRS will tell you where you can ask to see and get copies of your information. You may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set that is in the possession of TRS or a business associate of TRS.

If you request copies of your protected health information, TRS can charge you a fee for each page copied, for the labor involved in compiling and copying the information, and for postage if you request that the copies be mailed to you. Instead of providing the protected health information you request, TRS may provide you with a summary or explanation of the information, but only if you agree in advance to:

- Receive a summary or explanation instead of the detailed protected health information; and
- Pay the cost of preparing the summary or explanation.

The fee for the summary or explanation will be in addition to any copying, labor, and postage fees that TRS may require. If the total fees will exceed \$40, TRS will tell you in advance. You can withdraw or change your request at any time.

TRS may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your protected health information, you may request that the denial be reviewed, TRS will choose a licensed health care professional to review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, the denial will not be reviewable. If this event occurs, TRS will inform you in our denial that the decision is not reviewable.

You have the right to get a list of TRS' uses and disclosures of your protected health information. By law, TRS is not required to create a list that includes any uses or disclosures:

- To carry out treatment, payment, or health care operations;
- To you or your personal representative;
- Because you gave your permission;
- For national security or intelligence purposes;
- To corrections or law enforcement personnel; or
- Made prior to three (3) years before the date of your request, but in no event made before April 14, 2003.

TRS will respond to your request within 60 days of receiving it. TRS can extend this deadline one time by an additional 30 days. If TRS extends its response time, TRS will tell you in writing the reasons for the delay and the date by which TRS will provide the list. The list will include:

- The date of the disclosure or use;
- The person or entity that received the protected health information;
- A brief description of the information disclosed; and
- Why TRS disclosed or used the information.

If TRS disclosed your protected health information because you gave TRS written permission to disclose the information, instead of telling you why TRS disclosed information, TRS will give you a copy of your written permission. You can get a list of disclosures for free every 12 months. If you request more than one list during a 12-month period, TRS can charge you for preparing the list, including charges for copying, labor, and postage to process and mail each additional list. These fees will be the same as the fees allowed under the Texas Public Information Act. TRS will tell you in advance of the fees it will charge. You can withdraw or change your request at any time.

The Right to Correct or Update Your Protected Health Information.

If you believe that there is a mistake in your protected health information or that a piece of important health information is missing, you can ask TRS to correct or add the information. You must request the correction or addition in writing.

Your letter must tell TRS what you think is wrong and why you think it is wrong. TRS will respond to your request within 60 days of receiving it. TRS can extend this deadline one time by an additional 30 days. If TRS extends its response time, it must tell you in writing the reasons for the delay and the date by which TRS will respond.

Because of the technology used to store information and laws requiring TRS to retain information in its original text, TRS may not be able to change or delete information, even if it is incorrect. If TRS decides that it should correct or add information, it will add the correct or additional information to your records and note that the new information takes the place of the old information. The old information may remain in your record. TRS will tell you that the information has been added or corrected. TRS will also tell its business associates that need to know about the change to your protected health information.

TRS will deny your request if your request is not in writing or does not have a reason why the information is wrong or incomplete. TRS will also deny your request if the protected health information is:

- Correct and complete;
- Not created by TRS; or
- Not part of TRS' records.

TRS will send you the denial in writing. The denial will say why your request was denied and explain your right to send TRS a written statement of why you disagree with TRS' denial. TRS' denial will also tell you how to complain to TRS or the Secretary of the Department of Health and Human Services. If you send TRS a written statement of why you disagree with the denial, TRS can file a written reply to your statement. TRS will give you a copy of any reply. If you file a written statement disagreeing with the denial, TRS must include your request for an amendment, the denial, your written statement of disagreement and any reply when TRS discloses the protected health information that you asked to be changed; or TRS can choose to give out a summary of that information with a disclosure of the protected health information that you asked to be changed. Even if you do not send TRS a written statement explaining why you disagree with the denial, you can ask that your request and TRS' denial be attached to all future disclosures of the protected health information that you wanted changed.

The Right to be Notified of a Breach of Unsecured Protected Health Information.

You have the right to be notified and TRS has the duty to notify you of a breach of your unsecured protected health information. A breach means the acquisition, access, use, or disclosure of your unsecured protected health information in a manner not permitted under HIPAA that compromises the security or privacy of your protected health information. If this occurs, you will be provided information about the breach and how you can mitigate any harm as a result of the breach

The Right to Get This Notice.

You can get a paper copy of this notice on request.

The Right to File a Complaint.

If you think that TRS has violated your privacy rights concerning your protected health information, you can file a written complaint with the TRS Privacy Officer by mailing your complaint to:

TRS Privacy Officer
Teacher Retirement System of Texas
1000 Red River Street
Austin, TX 78701

All complaints must be in writing.

You may also send a written complaint to:

Region VI, Office for Civil Rights
Secretary of the U.S. Department of Health and Human Services
1301 Young St., Suite 1169
Dallas, TX 75202
FAX to **(214) 767-0432** and e-mail at **OCRCComplaint@hhs.gov**

Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

Finally, you may send a written complaint to:

Texas Office of the Attorney General
P.O. Box 12548
Austin, TX, 78711-2548
(800) 806-2092

TRS will not penalize or in any other way retaliate against you if you file a complaint.

More Information

Please contact the Privacy Officer in writing at the following address if you have any questions about the privacy practices described in this notice or how to file a complaint.

TRS Privacy Officer
Teacher Retirement System of Texas 1000 Red River St.
Austin, TX 78701

If you want more information about this notice or how to exercise your rights, please contact the TRS Telephone Counseling Center at **(800) 223-8778**. For the Hearing Impaired: Dial Relay Texas 711.



Teacher Retirement System of Texas

1000 Red River St.
Austin, TX 78701-2698
www.trs.texas.gov