

2021 TRS-Care Plan Guide for Medicare-Eligible Participants

January 1 – December 31



Eligibility/Enrollment 1-888-237-6762
Medical Coverage 1-866-347-9507
Prescription Coverage 1-844-345-4577

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

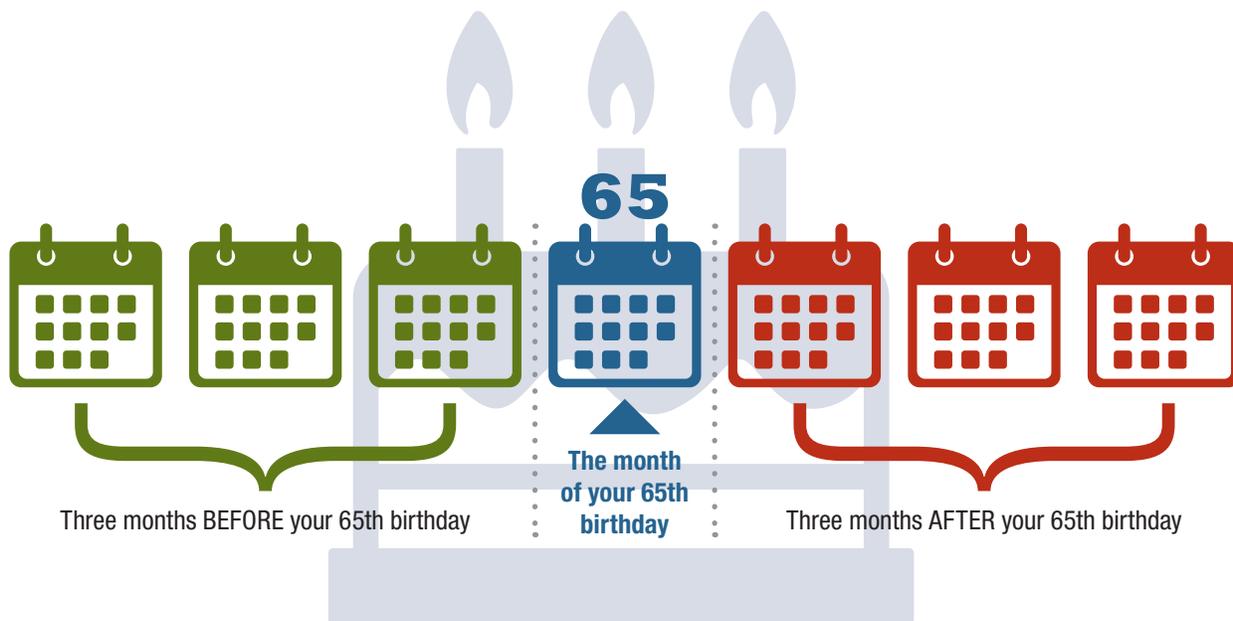
You're eligible for Medicare at age 65 and can enroll three months prior to the month you turn 65.

1. If you're eligible for premium-free Medicare Part A (hospitalization), sign up for it through the Social Security Administration. You can apply online at www.ssa.gov/medicare, visit your local Social Security office, or call Social Security at 1-800-772-1213 (TTY: 1-800-325-0778).
2. Purchase Medicare Part B through the Social Security Administration as soon as enrollment becomes available to you. You must buy and maintain Medicare Part B to be eligible for TRS-Care benefits. The Social Security Administration can confirm your Part B premium; please note that it will not be deducted from your TRS pension.
3. Review the Medicare enrollment and TRS-Care plan information you may receive in the mail or find through the TRS website. You can also attend a TRS-Care Medicare Preparation Session to learn more about the benefits and how to enroll.
4. UnitedHealthcare® (UHC) will send you a packet with a form requesting your Medicare number. Please complete the form and return it to TRS.*
5. Separately, the Teacher Retirement System of Texas (TRS) will send you an enrollment kit. Review the materials inside. If you're adding dependents, complete and submit the application for TRS-Care no later than 31 days from the end of the month in which you retire or turn 65.

If you are eligible for TRS-Care coverage, and once TRS verifies your Medicare enrollment, TRS will enroll you in the TRS-Care Medicare Advantage® and TRS-Care Medicare Rx® plans. **If TRS does not receive your Medicare number, TRS will not be able to enroll you, and you risk losing TRS-Care coverage altogether.**

**If you're a retiree or surviving spouse who isn't yet 65, and you either terminated TRS-Care or didn't enroll during your Initial Enrollment opportunity but were eligible, you also can enroll in TRS-Care when you turn 65. You may add eligible dependents then too. To enroll in TRS-Care at 65, you must request an application and submit it no later than 31 days from the end of the month in which you turn 65. Call TRS Health and Insurance Benefits at 1-888-237-6762 to request an application. Please see page 10 for more information about this enrollment opportunity.*

Your Medicare Enrollment Timeline



While Medicare allows seven months for enrollment, TRS-Care requires enrollment in Medicare by the first day of your birth month. If your birthday is on the first, your Medicare should begin the first of the preceding month. Waiting to enroll AFTER your 65th birthday will make you responsible for paying higher costs.

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This guide provides an overview of the TRS-Care eligibility requirements, enrollment, and the program benefits for Medicare-eligible participants.

For a detailed description of your plan, please refer to the UnitedHealthcare and SilverScript Insurance Company Evidence of Coverage documents.



About Your 2021 TRS-Care Guide

Each version of the TRS-Care Guide for Medicare-Eligible participants remains in effect for the plan year for which it applies. In addition to applicable laws, TRS rules and regulations, this guide is TRS-Care’s official statement about enrollment matters and supersedes any other statement or representation made concerning TRS-Care enrollment, regardless of the source of that statement or representation. TRS reserves the right to amend this guide at any time.

What’s New this Year?

Starting Jan. 1, 2021, UnitedHealthcare (UHC) will insure the TRS-Care Medicare Advantage® medical plan.

If you’re currently enrolled in the TRS-Care Standard plan, once you turn 65 and enroll in the TRS-Care Medicare Advantage® plan, you won’t pay a deductible through Dec. 31, 2021. You’ll pay a \$500 deductible beginning Jan. 1, 2022.

This document also highlights the TRS-Care medical and prescription drug plans offered to retired public school employees – the TRS-Care Medicare Advantage® medical plan and TRS-Care Medicare Rx® prescription drug plan. You can find more detailed plan information in the UnitedHealthcare Evidence of Coverage and SilverScript Evidence of Coverage booklets. Please be aware that TRS-Care for retirees is a completely separate program from TRS-ActiveCare, which is for active public school employees.

Please Note:

Enrollment in the TRS-Care program is only available during specific windows of opportunity.

First and foremost, you have an initial enrollment opportunity to join the TRS-Care program upon retirement, which is your “Initial Enrollment Period.”

If you decide not to enroll in the TRS-Care program at retirement, you may enroll when you turn 65 or if you experience a special enrollment event:

- **At age 65.** At that time, you may enroll in the TRS-Care Medicare Advantage® medical plan and TRS-Care Medicare Rx® prescription drug plan, so long as you purchase and maintain Medicare Part B. **Find more information on page 10.**
- **Special Enrollment Events.** Generally, “Special Enrollment Events” may arise from an involuntary loss of comprehensive coverage or by adding a new dependent through marriage, birth, adoption, or being placed for adoption. **Find more information on page 9.**

You may drop dependents and/or cancel coverage at any time.



Who Can Enroll in TRS-Care?

To be eligible for TRS-Care, a retiree cannot be eligible for the Employees Retirement System of Texas (ERS), the University of Texas (UT) System, or the Texas A&M System health benefit programs.

Additionally, a service and disability retiree must meet the applicable eligibility requirements.



Service Retirees

A service retiree must have at least 10 years of service credit in the TRS pension at the time of retirement. 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 “10 years of service credit” requirement, you must meet one of the following requirements at retirement:

- the sum of your age and years of service credit in the TRS pension 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
- you have 30 or more years of service credit in the TRS pension (including purchased service).

NOTE: Combined service credit under the Proportionate Retirement Program may not be used to establish eligibility for TRS-Care or any type of benefits other than service retirement benefits.

Disability Retirees

Individuals who become a disability retiree under the TRS pension are eligible to participate in TRS-Care. Once enrolled in TRS-Care as a disability retiree, participation continues as long as the individual is a disability retiree under the TRS pension. If you're applying for health coverage because of a disability, you may be contacted to validate your Medicare Social Security Disability status.

NOTE: 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. Consequently, coverage for such a disability retiree will end when disability retirement benefits under the TRS pension end.

A disability retiree is eligible to enroll in TRS-Care even if he or she is eligible for ERS, the UT System, or the A&M System health benefit program coverage.

Other Scenarios

What if I'm already enrolled in TRS-ActiveCare?

TRS-Care (for retirees) is a plan separate and distinct from TRS-ActiveCare (for public school employees who are actively working). When you retire, you must submit an Enrollment application form that tells TRS if you'd like to enroll yourself and your dependents in, or defer enrollment in, TRS-Care. During the Initial Enrollment Period for TRS-Care, if you choose not to enroll in TRS-Care coverage, you are not required to provide the reason (e.g., other group coverage) for waiving coverage. Also, be sure to contact your school official to verify your TRS-ActiveCare termination date. A TRS retiree can be covered as a dependent of an active employee who is enrolled in TRS-ActiveCare.

What if I am 65 or older at the time of retirement?

Please note that if you are already age 65 or older when you retire and you decide not to enroll in TRS-Care during your Initial Enrollment Period, you and one of your eligible dependents would only be able to enter TRS-Care if you or your eligible dependents have a special enrollment event.

What if both me and my spouse are TRS pension retirees?

If both spouses are TRS pension retirees and each meet the TRS-Care eligibility requirements individually, each can enroll separately in TRS-Care as individuals, which may be financially advantageous. Call 1-888-237-6762 if you'd like additional information.

Are my dependents eligible for TRS-Care?

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

- Your spouse (including a common-law spouse. Please note that a common law marriage is not considered a special enrollment event unless there is a Declaration of Common Law Marriage 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 you and depends on you for at least 50 percent of the child's support; or
 - any other child who is in a regular parent-child relationship as determined by TRS.
- A child (regardless of age) who lives with or has his or her care provided by the retiree or surviving spouse on a regular basis, if the child has a mental disability or physical incapacity to such an extent to be dependent on the retiree or surviving spouse for care and support, as determined by TRS.

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

How to Enroll

There are a few opportunities for you to enroll in TRS-Care:

1. Retirement



2. Turning 65



3. A Special Enrollment Event



Each opportunity requires that you return a form to TRS and that you purchase and maintain Medicare Part B coverage.

If you're eligible for premium-free Medicare Part A, sign up for it. If you're not eligible for premium-free Medicare Part A, make sure you get Medicare Part B. If you don't purchase and maintain Medicare Part B coverage, you risk losing all TRS-Care coverage.

See page 11 for more information

Retiring

If you are retiring and you're about to be eligible for Medicare or you are already eligible, TRS will send you an enrollment packet that includes this guide and a TRS-Care Enrollment application (TRS 700M). We'll send this form once we receive and process your retirement application (TRS 30) and determine you are eligible for TRS-Care. If you want to enroll in TRS-Care, you should complete the TRS 700M and return it to TRS. This is referred to as your Initial Enrollment Period.

At this time, you can add your eligible dependents to TRS-Care coverage. They would be enrolled in the appropriate plan based on their Medicare status.

For example, if your spouse isn't eligible for Medicare yet, they would be enrolled in the TRS-Care Standard plan, while you would be covered by the TRS-Care Medicare Advantage® plan.

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 do not need to take any action. You only need to submit an enrollment application if you want to enroll in TRS-Care.

Turning 65

If you've never enrolled in TRS-Care before but were eligible for the program when you retired, you have an additional opportunity to enroll yourself and your eligible dependents at age 65. TRS will send retirees a postcard prior to their 65th birthday inviting them to contact us for an enrollment packet (TRS 700EO). TRS-Care retirees, including those who are currently enrolled in TRS-Care, may add their eligible dependents to their TRS-Care coverage when the retiree reaches age 65.

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

Special Enrollment Event

If you're already eligible for Medicare, not enrolled in TRS-Care and you experience a Special Enrollment Event, you may enroll yourself and your eligible dependents in TRS-Care. Please contact TRS to receive an enrollment packet.

See page 9 for more information



When You May Enroll

Initial Enrollment Period: Retirement

If you're a service retiree and are already eligible for Medicare, your Initial Enrollment Period is the later of:

1. the period that begins on your retirement effective date 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 your effective retirement date; or
2. the period that begins on the last day of the month in which TRS receives your election to retire 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, following the last day of the month in which TRS receives your election to retire.

Your application for TRS-Care (TRS 700M) is due no later than the last day of your Initial Enrollment Period. Please see the Initial Enrollment Period chart on this page for more information.

Initial Enrollment Period: Disability Retirement

If you're a disability retiree, your Initial Enrollment Period begins on the date that your disability retirement is approved by the TRS Medical Board 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 that your disability retirement is approved by the TRS Medical Board.

Initial Enrollment Period: 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.

Effective Date of Coverage for Retirement

If you're retiring, your coverage will take effect:

1. The first day of the month following your retirement effective date as long as TRS receives your TRS-Care Enrollment application (TRS 700M) on or before your effective retirement date; or
2. If it's past your retirement date but still within your Initial Enrollment Period, the first day of the month following the date TRS receives your Form TRS 700M. If you want your coverage to take effect the first of the month after your retirement date, TRS must receive the application before the retirement date.

This same information also applies for disability retirees.

During your Initial Enrollment Period, you may still make changes to your coverage elections. The effective date of coverage for any new elections is the first day of the month after TRS receives the new application requesting changes to your 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 following the month after your retirement date. For example, if your retirement date is May 31, the TRS-Care coverage effective date (normally June 1) may be deferred to July 1, Aug. 1, or Sept. 1.

1. For a deferred effective date, you must write the coverage effective date in the space provided on the Initial Enrollment application (TRS 700M). If you have questions about deferring your effective date, please call 1-888-237-6762.

Initial Enrollment Period – Three consecutive months but no less than 90 days

TRS RETIREMENT DATE	TRS 700M DUE DATE
Sept. 30	Dec. 31
Oct. 31	Jan. 31
Nov. 30	Feb. 28 (or 29)
Dec. 31	March 31
Jan. 31	May 1
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

Other Enrollment Rules

Adjustment Rule

If, for any reason, a person is enrolled in an inappropriate level of coverage, his or her coverage will be adjusted as provided in this Guide.

Benefits for claims incurred after the date the adjustment becomes effective are payable in accordance with the revised plan provisions. In other words, there are no vested rights to benefits based upon provisions of the plan in effect prior to the date of any adjustment.

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

Letter of Coverage

TRS may request that you obtain a letter of coverage that states the exact period of time your prior insurer provided comprehensive health coverage to you and the reason you lost coverage. TRS may also request that you provide other letters of coverage for any eligible dependents you desire to enroll in TRS-Care.

Under What Circumstances can TRS-Care Terminate My Coverage?

Retiree coverage under TRS-Care ceases at the earliest occurrence of the following:

- you are no longer eligible;
- it is established that fraud was committed by you or your covered dependent;
- you fail to make the required contribution; or
- TRS-Care is discontinued.

Dependent coverage will cease at the earliest occurrence of any of the following:

- discontinuance of all dependent coverage under TRS-Care;
- a dependent becomes enrolled in a plan offered by TRS-ActiveCare or a plan offered by a Texas public school that is not participating in TRS-ActiveCare;
- a dependent becomes eligible for coverage under a plan provided under a health program administered by the ERS, the UT System, or Texas A&M;
- a dependent enrolls in TRS-Care as a retiree;
- the person ceases to meet TRS-Care's definition of a dependent;
- the retiree's coverage ceases;
- the retiree fails to make any required contributions; or
- it is established 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 for which the last contribution was made.

Special Enrollment Events

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

There are two general categories of Special Enrollment Events.

1. an individual has an involuntary loss of comprehensive health coverage; and
2. an individual acquires 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, are not enrolled in TRS-Care, and through no fault of your own, you lose comprehensive health coverage with another health plan, you may be able to enroll in TRS-Care under a Special Enrollment Event. However, you must otherwise be eligible for TRS-Care and you must be able to show that you involuntarily lost comprehensive health coverage. Loss of disability, a specified disease, vision, dental, or other coverage that is not comprehensive health coverage does not trigger a Special Enrollment Event.

If you are not already enrolled in TRS-Care at the time you experience an involuntary loss of comprehensive coverage through no fault of your own, you may enroll yourself and your eligible dependents in TRS-Care within 31 days following the loss of coverage under the other comprehensive health plan. However, if you are already enrolled in TRS-Care at the time you lose other comprehensive health plan coverage, you will not be able to enroll any of your otherwise eligible dependents.

Should you lose coverage with another plan, it will be important to keep your notice of termination letter in order to demonstrate to TRS that the 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 following the dependent's involuntary loss of the other health plan coverage. If you enroll an eligible dependent, you must also become enrolled in TRS-Care (if you are not already enrolled).

Examples of an Involuntary Loss of Comprehensive Health Coverage Include:

- divorce or legal separation which 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 his or her 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 are no longer covered by the comprehensive health plan;
- your plan decides it will no longer offer comprehensive health coverage to a certain group of individuals (e.g., those who work part time);
- an individual loses coverage under a State Children's Health Insurance Program (CHIP) or Medicaid, or becomes eligible to receive premium assistance under those programs for group health plan coverage;
- an individual involuntarily loses coverage under a Medicare supplement plan (e.g., 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.

New Dependents

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

For example, if an otherwise eligible retiree is not currently enrolled in TRS-Care at the time he/she gets married, the retiree may enroll himself or herself, along with any eligible dependents, during a special enrollment period.

A surviving spouse, however, may not enroll a new spouse if the surviving spouse remarries.

Enrollment is effective:

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

Documentation is required to establish the eligibility for all new dependents.

A common law marriage is not considered a special enrollment event unless there is a Declaration of Common Law Marriage filed with an authorized government agency.

NOTE:

Among other possible events, the following actions do not qualify for a Special Enrollment Event:

- Voluntarily dropping other coverage due to an increase in premiums.
- Termination of coverage for failure to pay your premiums.
- Termination of coverage for cause (e.g. making a fraudulent claim or intentionally misrepresenting material fact in connection with the plan).

Turning Age 65: Another Enrollment Opportunity

If you're a retiree or surviving spouse who isn't 65 yet, and you either terminated 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 dependents at that time. Prior to your 65th birthday, TRS will send retirees a postcard with instructions on how to enroll. To enroll in TRS-Care at 65, you must request an application for TRS-Care and submit your application for coverage no later than 31 days from the end of the month in which you turn 65. Call TRS Health and Insurance Benefits at 1-888-237-6762 to request an application prior to your 65th birthday.

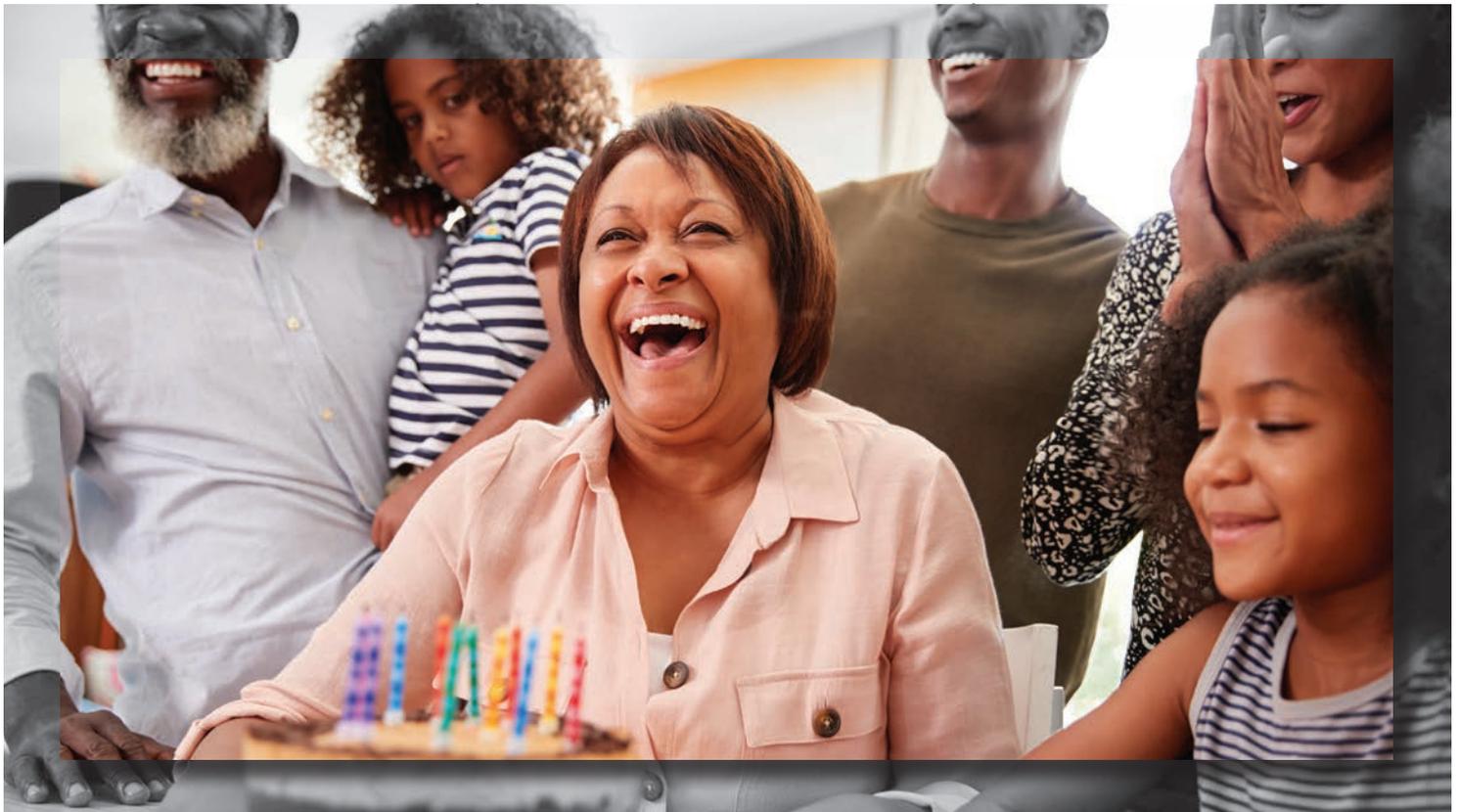
TRS does not always have information about surviving spouses in its records. Surviving spouses are responsible for requesting and submitting their application for coverage no later than 31 days from the end of the month in which they turn 65.

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

TRS-Care retirees, including those who are currently enrolled in TRS-Care, may add their eligible dependents to their TRS-Care coverage when the retiree reaches age 65.

If eligible for Medicare, you must purchase and maintain Medicare coverage, including Medicare Part B coverage, to participate in the TRS-Care Medicare Advantage[®] plan. You risk losing all TRS-Care coverage if you do not have Medicare Part B coverage when you're eligible to purchase it.

Find more information in the Medicare & TRS-Care section on page 11.



Keep in Mind

Even though you're eligible to enroll in TRS-Care, you must also take the additional step of signing up for Medicare early enough so that it takes effect the first day of your 65th birthday month. **See the Medicare & TRS-Care section on page 11 for more details.**

Medicare & TRS-Care

What Should You Know?

When you enroll in the TRS-Care Medicare plans, you need to indicate on your enrollment form when you want your coverage to take effect. If TRS or UnitedHealthcare can't verify that you have Medicare Part B, you will have 21 days or until the end of the month, whichever is greater, to provide your Medicare information to UnitedHealthcare. If you don't provide your Medicare information within that timeframe, you won't be enrolled in the TRS-Care Medicare Advantage® or TRS-Care Medicare Rx® plans.

If you're past Medicare age, still working and will retire soon, you must sign up for Medicare to enroll in TRS-Care at retirement. You don't have to buy Part A if you aren't already getting it for free, but you do need to buy and maintain Medicare Part B. Again, if you do not buy and maintain Medicare Part B, you risk losing all TRS-Care coverage.

When am I Eligible for Medicare?

In most cases, you are eligible for Medicare at age 65. You may also be eligible at any age if you have received 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 for it. You can enroll three months prior to the month you turn 65. The earlier you sign up, the sooner TRS can verify your Medicare status and enroll you in the TRS-Care Medicare Advantage® plan and

TRS-Care Medicare Rx® plan on the first day of your birthday month.

If your birthday is on the first of the month, your Medicare coverage will take effect the first of the previous month. If you don't sign up early enough to make your effective date the first day of your birthday month, you risk having a gap in TRS-Care coverage. **Keep in mind, the period for enrolling in the TRS-Care program is shorter than the enrollment period for Medicare.** The enrollment period for Medicare extends for three months after your 65th birthday, but you must submit an application for enrollment in the TRS-Care program no later than 31 days from the end of the month in which you turn 65. If you enroll after you turn 65, you may have a break in coverage, or you may not be able to enroll in TRS-Care.

Medicare eligibility due to 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 of time, known as the coordination period. While you are in this coordination period, you are not eligible for the TRS-Care Medicare Advantage® plan, so you will be enrolled in an alternative medical plan.

You will be eligible for prescription drug coverage through the TRS-Care Medicare Rx® plan while you are in the coordination period with Medicare.

Once Medicare becomes your primary coverage, TRS will enroll you in the TRS-Care Medicare Advantage® plan and your TRS-Care monthly premium and your TRS-Care deductible will go down. If you're eligible for Medicare due to ESRD, please let TRS know by phone or in writing.

Losing Medicare Part B

If you lose Medicare Part B for any reason, including not paying the premium, but you take steps to get Medicare Part B reinstated within 90 days of losing it, TRS will work with you to ensure your TRS-Care coverage isn't terminated.

If you have Medicare Part A only, then Medicare would still pay your covered hospitalization costs.

What Happens if I'm Trying to Enroll in TRS-Care for the First Time and I Don't Get Medicare?

If you do not get Medicare, TRS cannot enroll you, and you risk losing TRS-Care coverage altogether.

Remember:

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 are not eligible for premium-free Medicare Part A.

TRS-Care Medicare Health Plans

Medicare-eligible TRS-Care participants are eligible to enroll in the TRS-Care Medicare Advantage[®] medical plan and TRS-Care Medicare Rx[®] prescription drug plan. Your TRS benefits offer maximum flexibility when it comes to the doctors you see, as well as a simpler insurance experience.

In addition, you can take advantage of special offers like free gym memberships through SilverSneakers and wellness programs that reward you for the positive steps you take toward better health.

TRS-Care Medicare Advantage[®] Medical Coverage

TRS-Care Medicare Advantage[®] is the sole medical option for TRS-Care participants who are eligible for Medicare. The plan covers everything that original Medicare covers, along with extras. TRS-Care Medicare Advantage[®] is designed to give you richer benefits at a lower cost than your current combination of original Medicare and your TRS-Care Standard plan.

To Be Eligible:

- You must be entitled to Medicare Part A (whether it's premium-free or not),
- be enrolled in Medicare Part B, and
- live in the service area of the United States or Puerto Rico.

If you're eligible for premium-free Medicare Part A, go ahead and sign up for it. If you're not eligible to get it for free, make sure you get Medicare Part B. You are not required to purchase Medicare Part A if you're not eligible to get it for free. If you don't purchase Medicare Part B, you won't have any TRS-Care coverage.

Reminder:

If you're currently enrolled in the TRS-Care Standard plan, once you turn 65 and enroll in TRS-Care Medicare Advantage[®], you'll have a \$0 deductible through Dec. 31, 2021. Your \$500 deductible will begin Jan. 1, 2022.

TRS-Care Medicare Advantage[®] allows you to choose any doctor who accepts Medicare and is willing to bill UnitedHealthcare.

What to do if your doctor says they won't accept UnitedHealthcare plans:

- Identify yourself as a TRS-Care Medicare Advantage[®] participant.
- Confirm with the provider that they take Medicare.
- Inform the provider that your plan provides out-of-network coverage.
- Give the provider flyer in your Plan Guide from UnitedHealthcare to your doctor—it explains that your doctor doesn't have to be in the network to be reimbursed by the plan.
- Call UnitedHealthcare's Customer Care Center at 1-866-347-9507, 7 a.m. – 6 p.m. CT, Monday – Friday (TTY/TDD 711) to have them work with your provider on accepting your plan.

TRS-Care Medicare Advantage[®] Premiums¹

TIER	PREMIUM
Retiree Only	\$135
Retiree + Spouse	\$529
Retiree + Child(ren)	\$468 ²
Retiree + Family	\$1,020 ²

¹ Premiums are determined by the TRS retiree's Medicare eligibility, regardless of their dependents' Medicare status.

² Premiums for retirees with disabled children (regardless of the disabled child's age) are reduced by \$200 in tiers with covered children.

How the Plan Works

2021 TRS-CARE MEDICARE ADVANTAGE PLAN [®]		
Deductible: \$500	Maximum out-of-pocket: \$3,500	Coinsurance: You pay 5% or a copay after meeting your deductible
COPAY AMOUNTS (Deductible Does Not Apply)		
Primary Care Physician (sick) Visit: \$5	Urgent Care: \$35	Emergency Room: \$65
Virtual Visits from MDLive: \$5		
MUST MEET DEDUCTIBLE		
Specialist Visit: \$10	Total Inpatient Hospital Stay: \$500	Outpatient Hospital Stay: \$250
Preventive care benefits and annual wellness visits are 100% covered		

TRS-Care Medicare Health Plans

TRS-Care Medicare Rx®

Prescription coverage

SilverScript Insurance Company, an affiliate of CVS Caremark, administers the TRS-Care Medicare Rx® prescription drug plan. This plan is approved by the federal Centers for Medicare & Medicaid Services (CMS). It offers more coverage than an individual Medicare Part D plan. This plan was specifically created for TRS-Care and is the only option for Medicare-eligible TRS-Care participants. Participants will not have to pay a higher TRS-Care premium to enjoy the benefits of this plan. Because the plan has been designed specifically for TRS retirees, it bridges the coverage gap or “donut hole” found in many Medicare prescription drug plans – resulting in lower prescription drug costs.

You do not have to meet the \$500 medical deductible that applies toward the TRS-Care Medicare Advantage® plan before you can pay the copays for prescription drugs shown in the chart on this page. You pay the copays regardless of which Medicare Part D prescription drug stage you meet so you won’t experience the coverage gap or “donut hole.”

Signing up for an Individual Medicare Part D Plan (Prescription Drugs)

An individual Medicare Part D plan is a prescription drug plan that you purchase directly from a Medicare-approved insurer. While you have the option of opting out of the TRS-Care Medicare Rx® plan, CMS prohibits people enrolled in a Medicare Advantage plan through their group retiree benefits from joining an individual Medicare prescription drug plan. The reverse is true as well – a person with a group Medicare prescription drug plan cannot have an individual Medicare Advantage plan.

Be aware that if you opt out of the TRS-Care Medicare Rx® plan and maintain your medical coverage through the TRS-Care Medicare Advantage® plan, your premium will not be reduced.

TRS-CARE MEDICARE RX®		
DRUG TIER	31-day supply at retail pharmacies	Up to a 90-day supply at retail-plus pharmacies and through home delivery
Tier 1: Generic Drugs	\$5	\$15
Tier 2: Preferred Brand Drugs	\$25	\$70
Tier 3: Non-preferred Drugs	\$50	\$125*

Note: Maintenance drugs are prescriptions that are taken regularly to manage a chronic or long-term condition, such as high blood pressure and diabetes. You can save by purchasing these drugs in bulk through mail delivery or retail-plus pharmacies. *You can only purchase up to a 31-day supply of a specialty medication.

Creditable Coverage

Creditable coverage means that, according to Medicare, your health care coverage provides equal or better coverage than an individual prescription drug plan purchased from a Medicare-approved insurer. Having creditable prescription drug coverage allows you to enroll in an individual Medicare Part D plan during future Medicare annual enrollment periods without the penalty of higher premiums.

For example, if you go 63 days or longer with no prescription coverage and you choose to enroll in an individual Medicare Part D plan purchased from a Medicare-approved insurer during

Medicare’s annual enrollment period (Oct. 15-Dec. 7), your Medicare Part D premium will be 1% higher per month for each month that you did not have Medicare Part D coverage. Medicare’s annual enrollment period is not a qualifying event to add dependents and/or increase your level of coverage.

For people with limited income or resources, the Social Security Administration (SSA) can provide extra help to pay for Medicare Part D coverage. You may contact SSA at 1-800-772-1213 (TTY: 1-800-325-0778) or online at www.socialsecurity.gov.



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 that is not your grandchild, the child is unmarried, the child's primary residence is your household, you provide at least 50 percent of the child's support, neither of the child's natural parents reside in your household, you have the legal right to make decisions regarding the child's medical care, and you have full legal guardianship (documentation will be required).

Deductible

The plan deductible is 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. The TRS-Care Medicare Advantage® plan has a \$500 deductible and there is no deductible for the TRS-Care Medicare Rx® plan. The office visit copays, precertification penalties, charges for services not covered and any payment for charges greater than the plan's allowable reimbursement do not apply to the deductible. Preventive services are still 100% covered even if you have not met the deductible.

Coinsurance

The coinsurance is the percentage of allowed amounts for covered medical expenses that the participant is required to pay, after the TRS-Care deductible has been met. Coinsurance is in addition to the deductible, office visit copayment (copay), charges for services not covered, precertification penalties and out-of-network charges, which are the patient's responsibility. Out-of-network charges do not apply to coinsurance.

Deferring Coverage

To delay the effective date of TRS-Care coverage by completing the enrollment application and submitting it during your Initial Enrollment Period.

Initial Enrollment Period

The first time the retiree has the opportunity to enroll in TRS-Care at retirement. Please refer to the TRS-Care Initial Enrollment Period chart on page 7 for timeframes specific to your situation.

Maximum Out-of-Pocket (MOOP)

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

Premiums

The monthly contribution made by a retiree or surviving spouse for TRS-Care coverage for himself/herself and their eligible dependents.

Special Enrollment Event

An opportunity to enroll in TRS-Care at a time other than during the Initial Enrollment Period and is based on a specific set of criteria.

TRS-Care Enrollment Form

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

Program Contacts

Teacher Retirement System of Texas Health and Insurance Benefits Dept.

1000 Red River St.
Austin, TX 78701-2698

1-888-237-6762

7 a.m. – 6 p.m., M-F

www.trs.texas.gov

• TRS-Care Medicare Advantage®

• *Medical Coverage*

• Insured by UnitedHealthcare
• 1-866-347-9507 (TTY/TDD: 711)
• 7 a.m. – 6 p.m. CT, Monday – Friday

• UnitedHealthcare's Nurse Line:
• 1-877-365-7949 (TTY: 711)

• www.UHCRetiree.com/TRS-CareMA

• TRS-Care Medicare Rx®

• *Prescription Coverage*

• Administered by SilverScript Insurance
• Company, an affiliate of CVS Caremark
• 1-844-345-4577, Option 2

• info.caremark.com/trscaremedicarerx

The TRS-Care program may be changed in the future to provide coverage levels that are different from the levels described in this booklet, or the TRS-Care program may be discontinued. The cost to participants in the TRS-Care program may be changed with the approval of the TRS Board of Trustees. To the extent that any information in this enrollment guide is not consistent with or contradicts TRS laws and rules, the TRS laws and rules control. The TRS-Care Benefits Booklet will always control over information in this enrollment guide. TRS-Care reserves the right to amend the benefits booklet at any time. Generally, such amendments will be reflected in an updated online version of the 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 has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email:

MAIL: Section 1557 Coordinator, 1000 Red River St., Austin, Texas, 78701 FAX: 512-542-6575

EMAIL: section1557coordinator@trs.texas.gov

You can also 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 available 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)

Teacher Retirement System of Texas Notice of Privacy Practices

The Notice of Privacy Practices (NPP) was changed effective Sept. 1, 2020

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 has recently revised the NPP to add Blue Cross and Blue Shield of Texas, SilverScript, and UnitedHealthcare as companies that may assist TRS with the operations of TRS-Care and TRS-ActiveCare.

You can access both the current NPP and the recently revised NPP at this link: https://www.trsx.texas.gov/TRS%20Documents/notice_privacy_practices.pdf.

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.

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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.

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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 St.
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 in writing the Privacy Officer, 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.



A series of 20 horizontal blue lines, evenly spaced, providing a template for handwritten notes or data entry.



Teacher Retirement System of Texas
1000 Red River St.
Austin, TX 78701-2698
www.trs.texas.gov