

Prescription Drug Program At A Glance

TRS-ActiveCare HD Plan Year 2025 – 2026

Annual Deductible (DED)	\$3,300 per Person and \$6,600 for Family Per Year (Integrated with Medical)			
Access Options	<u>Generic</u>	Preferred Brand	Non-Preferred Brand	<u>Specialty</u>
Retail – 31-Day Supply	20% After DED	25% After DED	50% After DED	NA
Retail – 90-Day Supply	20% After DED	25% After DED	50% After DED	NA
Home Delivery – 90-Day Supply	20% After DED	25% After DED	50% After DED	NA
Accredo [®] Specialty Pharmacy – 31-Day Supply	NA	NA	NA	20% After DED
	TRS-ActiveCare HD has coinsurance. You pay the lowest coinsurance for generic drugs. Your plan also includes certain preventive generic drugs with \$0 copays.			
\$	Each plan year (September–August), each covered person in your family will pay the first \$3,300 in medical and drug costs, not to exceed \$6,600 per family. After you meet your annual deductible, you are responsible for the coinsurance listed in the chart above.			
d	However, if you choose a brand name drug with a generic alternative, you must pay the difference between the cost of the brand name drug and the generic drug, plus the applicable generic coinsurance. This difference does not count toward your annual deductible.			

Maximum Out of Pocket
(MOOP)\$8,300 per Person
\$16,600 per Family
Your MOOP is shared with your medical plan. Your deductible and coinsurance apply toward
your MOOP.Contact us:Express Scripts Member Services: 844-367-6108 24 hours 7 days a week.
Accredo Member Services: 800-596-7701 M–F 8 AM to 11 PM & Sat. 8 AM to 5 PM CT
SaveOnSP Copay Assistance: 800-683-1074 M–Th 7 AM to 10 PM & F 7 AM to 9 PM CT

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