Revised 07/17/26

TRS-Care Standard Plan Highlights for Retirees Without Medicare

2027 TRS-Care Standard Monthly Premiums

RETIREE ONLY	$200
RETIREE + SPOUSE	$689
RETIREE + CHILD(REN)*	$408
RETIREE + FAMILY*	$999

* TRS reduces premiums for retirees with disabled children (regardless of the disabled child's age) by $200 in tiers with covered children.

2027 TRS-Care Standard Plan Details

Blue Cross and Blue Shield of Texas (Medical Benefits)

	In-Network:	Out-of-Network:
Deductible	$1,750 individual; $3,500 family	$3,500 individual; $7,000 family
Coinsurance	20% after you meet your deductible	40% after you meet your deductible
Maximum out of pocket (MOOP)	$5,650 individual; $11,300 family	$11,300 individual; $22,600 family
Virtual Medical Visits	RediMD: $30 per visit Teladoc: $42 per visit, applies to deductible; 20% coinsurance after deductible	
Virtual Mental Health (Teladoc)	Initial psychiatry session: $185 On-going psychiatry session: $95 Psychologist, licensed clinical social worker, counselor, or therapist session: $85	

Earn up to $599 in Member Rewards for selecting top performing providers and facilities once you meet your deductible.
Visit https://www.bcbstx.com/trscarestandard/doctors-and-hospitals/member-rewards to learn more.

Express Scripts (Prescription Drug Benefits)

Insulin	$25 for 31-day supply and $75 for 60- to 90-day supply
Prescriptions	20% coinsurance after deductible; $0 cost for certain generics
SaveOnSP	$0 for specialty drugs covered by the SaveOnSP Copay Assistance Program after you meet your deductible

Visit www.trs.texas.gov/trs-care-resources to learn more.

Revised 07/17/26

TRS-Care Medicare Advantage Plan Highlights for Retirees With Medicare

2027 TRS-Care Medicare Advantage Monthly Premiums

	2026	2027	Decrease
RETIREE ONLY	$75	$50	- $25
RETIREE + SPOUSE	$280	$230	- $50
RETIREE + CHILD(REN)*	$408	$383	- $25
RETIREE + FAMILY*	$613	$563	- $50

* TRS reduces premiums for retirees with disabled children (regardless of the disabled child's age) by $200 in tiers with covered children.

2027 TRS-Care Medicare Advantage Plan Details

(You must enroll in and maintain Medicare Part B to participate in TRS-Care Medicare Advantage)

UnitedHealthcare (Medical Benefits)

Deductible	$400*	
Coinsurance	5% after you meet your deductible	
Maximum out of pocket (MOOP)	$3,500	
Copay	**Before you meet your deductible:** $5 primary care provider sick visit $35 urgent care visit $65 emergency room visit $0 preventive care	**After you meet your deductible:** $10 specialist visit $250 outpatient procedure or service $500 inpatient hospital stay $0 preventive care
Virtual Medical Visits	$0 with AmWell, Doctor on Demand, Teladoc $5 virtual medical visits with other providers	
Mental Health Visits	$10	

*If you're a TRS-Care participant who turns 65 in 2027 and completes all enrollment steps on time, you will have a $0 deducible from the month you enroll until the end of the plan year on Dec. 31, 2027.

Express Scripts (Prescription Drug Benefits)

Prescriptions	Retail Copays (31-day supply)	Mail order or Retail-Plus Copays (up to a 90-day supply)
Generic (Tier 1)	$5	$15
Preferred Brand (Tier 2)	$25	$70
Non-Preferred Brand (Tier 3)	$50	$125*
Total Out-of-Pocket Costs in Initial Coverage Stage	You stay in the Initial Coverage Stage until your total out-of-pocket costs reach $2,400. During this stage, you pay the copays listed above for covered Medicare Part D drugs.	

* Specialty drugs are limited to a 31-day supply.

Visit www.trs.texas.gov/trs-care-resources to learn more.

Revised 07/17/26

TRS-Care Dental Plan Highlights

Optional plan for TRS-Care eligible retirees and their dependents.

2027 TRS-Care Dental Monthly Premiums			
Retiree Only: **$41.64**	Retiree + Spouse: **$83.29**	Retiree + Child(ren): **$87.45**	Retiree + Family: **$129.93**

MetLife (Dental Benefits)

	In-Network Coverage* % of Pre-Set (Negotiated) Fee	**Out-of-Network Coverage*** % of Maximum Allowable Charge (MAC)
Type A: Diagnostic and preventive (exams, cleanings, full mouth & bitewing X-rays)	100% of pre-set fee	100% of Maximum Allowable Charge
Type B: Basic (fillings, sealants, other X-rays not covered by Type A)	70% of pre-set fee	70% of Maximum Allowable Charge
Type C: Major (endodontics/root canals, oral surgery, crowns, cast restorations, inlays & onlays, bridges, dentures, implants, periodontics)	50% of pre-set fee	50% of Maximum Allowable Charge

Confirm with your provider if they're in network with MetLife and ask about costs before getting treatment.*

Pre-set (negotiated) fees are fees that participating dentists agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefit maximums. Negotiated fees are subject to change. Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC).
The out-of-network MAC is a scheduled amount MetLife determines.

In-Network and Out-Of-Network Benefits*	
Individual Deductible (diagnostic & preventive waived)	$50 per person
Family Deductible (diagnostic & preventive waived)	$150 per family
Individual Annual Maximum Benefit — applies to Type B&C services	$1,500 per person
Incentive (Annual Rollover Maximum): Getting two exams and cleanings in the plan year results in an Individual Annual Maximum Benefit increase of $250 the following year, capped after two years, for a total annual maximum increase of $500.	Up to $500 annual maximum increase per person

TRS-Care DENTAL

***Should I get a pretreatment estimate?**
MetLife suggests you request a pretreatment estimate before getting certain complex dental services, such as crowns, bridges, dentures or periodontal work (typically those that cost over $300), so that you can budget for the service or discuss available alternative treatment options.

To learn more, scan the QR code with your personal device.

TRS-Care Vision Plan Highlights

Optional plan for TRS-Care eligible retirees and their dependents.

Revised 07/17/26

2027 TRS-Care Vision Monthly Premiums			
Retiree Only: **$6.89**	Retiree + Spouse: **$13.79**	Retiree + Child(ren): **$15.57**	Retiree + Family: **$24.08**

MetLife (Vision Benefits)

	In-Network*	**Out-of-Network***
Routine Eye Exams	$15 copay	Reimbursed up to $40
Lens Copay	$10	NA
Lens Allowance (Single)	Covered in Full	Up to $30
Lens Options (progressive/no-line)	Standard: Covered in full Premium: Up to $110 Ultra: Up to $150 Ultimate: Up to $225	Up to $50
Frames Allowance	$150, 20% off overage	Up to $75
Frame Frequency	12 Months	12 Months
Contact Lens Allowance (non-medically necessary)		
Contact Lens Frequency	12 Months	12 Months

*An in-network provider has a contract with your insurance, meaning you pay lower negotiated rates for services. An out-of-network provider doesn't have a contract with your insurance, often leading to higher costs or no coverage at all.

TRS-Care VISION

For more information, call MetLife at 1-855-488-0522, scan the QR code, or visit www.trs.texas.gov/pages/trs-care-dental-vision.aspx

The Teacher Retirement System of Texas complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex.
The Teacher Retirement System of Texas cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.