

## Prescription Drug Program At A Glance

### TRRS-ActiveCare HD Plan Year 2026 – 2027

Annual Deductible (DED)	\$3,400 per Person and \$6,800 for Family Per Year (Integrated with Medical)			
Access Options	<u>Generic</u>	<u>Preferred Brand</u>	<u>Non-Preferred Brand</u>	<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 <sup>®</sup> Specialty Pharmacy – 31-Day Supply	NA	NA	NA	20% After DED

#### Your Cost-share

TRRS-ActiveCare HD has coinsurance. You pay the lowest coinsurance for generic drugs. **Your plan also includes certain preventive generic drugs with \$0 copays.**

#### Deductible

Each plan year (September–August), each covered person in your family will pay the first \$3,400 in medical and drug costs, not to exceed \$6,800 per family. After you meet your annual deductible, you are responsible for the coinsurance listed in the chart above.

**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**

Web or Mobile: [express-scripts.com/trsactivecare](https://express-scripts.com/trsactivecare)



For additional information on how to take control of your prescription plan or any other questions about your account or coverage, visit [express-scripts.com/trsactivecare](https://express-scripts.com/trsactivecare).



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