Prescription Drug Program At A Glance

TRS-ActiveCare 2
Plan Year 2026 – 2027

Annual Rx Deductible (DED)	$200 per Person Brand Drug Only (Rx Only)			
Access Options	**Generic**	**Preferred Brand**	**Non-Preferred Brand**	**Specialty**
Retail – 31-Day Supply	$20	25% coinsurance after deductible, $40 minimum and $80 maximum per fill	50% coinsurance after deductible, $100 minimum and $200 maximum per fill	NA
Retail – 90-Day Supply	$45	25% coinsurance after deductible, $105 minimum and $210 maximum per fill	50% coinsurance after deductible, $215 minimum and $430 maximum per fill	NA
Home Delivery – 90-Day Supply	$45	25% coinsurance after deductible, $105 minimum and $210 maximum per fill	50% coinsurance after deductible, $215 minimum and $430 maximum per fill	NA
Accredo® Specialty Pharmacy – 31-Day Supply	NA	NA	NA	30% coinsurance after deductible, $200 minimum and $900 maximum per fill

Your Cost-share

TRS-ActiveCare 2 has copays and coinsurance. You pay the lowest copay for generic drugs. **Your plan also includes SaveOnSP medications with $0 copays.**

Rx Deductible

Each plan year (September–August), each covered person in your family will pay the first $200 for brand-name drugs. After you meet your annual $200 deductible, you are responsible for the cost-share listed in the chart above.

Ex: Pref. Brand drug cost $800; you pay $200 DED + 25% coinsurance up to max of $80
Retail 31 day: $200 DED + 25% or $80 maximum = $280 first fill, then 25% up to a $80 maximum per fill thereafter

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 copay. This difference does not count toward your annual deductible.

Maximum Out of Pocket (MOOP)

$7,900 per Person
$15,800 per Family
Your MOOP is shared with your medical plan. Your prescription deductible and cost-shares 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**
Web or Mobile: **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.

Download the Express Scripts® mobile app or call the Member Services number on your digital ID card.

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