TRS CARE
TEACHER RETIREMENT SYSTEM OF TEXAS

EVERNORTH
HEALTH SERVICES

Prescription Drug Benefits At A Glance

TRS-Care Standard Plan
Plan Year: Jan. 1, 2027–Dec. 31, 2027

Annual Deductible (DED)	$1,750 Retiree only or $3,500 Family per year. Your prescription drug deductible is combined with your medical deductible.		
Access Options	Generic	Preferred Brand	Non-Preferred Brand
Retail – 31-Day Supply*	20% After deductible	20% After deductible	20% After deductible
Retail – 90-Day Supply	20% After deductible	20% After deductible	20% After deductible
Home Delivery – 90-Day Supply	20% After deductible	20% After deductible	20% After deductible
Accredo® Specialty Pharmacy – 31-Day Supply*	20% After deductible	20% After deductible	20% After deductible

***Your plan also includes certain preventive generic drugs (before you pay your deductible) and some specialty drugs (available through SaveOnSP after you pay your deductible) at no added cost to you. The formulary insulin copay is $25 for a 30-day supply and $75 for a 60- to 90-day supply, and the deductible does not apply.**

Your Cost Share **TRS-Care Standard** has a coinsurance. Under this plan, you pay the lowest coinsurance for generic drugs.

To log into your account, compare medication prices, find a pharmacy, and learn more about your coverage, visit express-scripts.com/trscarestandard.

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

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Deductible	Your TRS-Care Standard plan deductible includes both your medical and prescription drug expenses. The in-network deductibles are $1,750 for retiree-only coverage and $3,500 for family coverage. After you pay your annual deductible for the plan year (Jan.–Dec.), you are responsible for the 20% coinsurance in the table above. However, **if you choose a brand-name drug with a generic or biosimilar alternative, you must pay the difference between the cost of the brand-name drug and the generic or biosimilar drug, plus the applicable generic coinsurance.** This difference does not count toward your annual deductible.
Maximum Out of Pocket (MOOP)	$5,650 per Person $11,300 per Family TRS-Care Standard combines your prescription drug and medical MOOP. Your deductible and 20% coinsurance apply toward your MOOP.
Contact us:	**TRS-Care Standard Express Scripts Member Services**: 1-855-778-1459, 24 hours, 7 days a week. **Accredo Member Services:** 1-800-596-7701, Mon.–Fri. 8 a.m.–11 p.m. and Sat. 8 a.m.–5 p.m. CT. **SaveOnSP:** 1-800-683-1074, Mon.–Thur. 7 a.m.–10 p.m. and Fri. 7 a.m.–9 p.m. CT. **Web or Mobile:** express-scripts.com/trscarestandard

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