

## 2023/2024 Medical Plan Highlights

*Effective: September 1<sup>st</sup>, 2023*

<b>NEW BCBS Plan Name</b>	<b>Medical HMO Low Deductible</b>	<b>Medical HMO High Deductible</b>	<b>Medical PPO High Deductible (HSA elig.)</b>		<b>Medical PPO Grandfathered (AC2 frozen)</b>	
<b>OLD TRS Plan Name</b>	TRS ActiveCare Primary+	TRS ActiveCare Primary	TRS ActiveCare Primary HD		TRS ActiveCare2	
<b>Network Name</b>	<i>Blue Essentials</i>	<i>Blue Essentials</i>	<i>Blue Access</i>		<i>Blue Access</i>	
	In Network	In Network	In Network	Out of Network	In Network	Out of Network
<b>Calendar Year Deductible</b>						
Per Individual	\$1,200	\$2,500	\$3,000	\$5,500	\$1,000	\$2,000
Per Family	\$3,600	\$5,000	\$6,000	\$11,000	\$3,000	\$6,000
<b>Out of Pocket Max</b>						
Per Individual	\$6,900	\$8,150	\$7,050	\$20,250	\$7,900	\$23,700
Per Family	\$13,800	\$16,300	\$14,100	\$40,500	\$15,800	\$47,400
<b>Hospital Charges</b>						
Inpatient/Outpatient	80% after deductible	70% after deductible	70% after deductible	50% after deductible	\$150 + 80% after deductible	60% after deductible
Urgent Care	\$50 copay	\$50 copay	70% after deductible	50% after deductible	\$50 copay	60% after ded.
Emergency Room	80% after deductible	70% after deductible	70% after deductible		\$250 copay + 80% after deductible	
Preventive Care	No Charge	No Charge	No Charge	50% after deductible	No Charge	60% after deductible
Physician Office Visit	\$30 copay	\$30 copay	70% after deductible	50% after deductible	\$30 copay	60% after deductible
Specialist Office Visit	\$70 copay	\$70 copay	70% after deductible	50% after deductible	\$70 copay	60% after deductible

*\*The above is for illustrative purposes only, please refer to the full plan document for an outline of all of the available benefits. Some benefits may vary from the TRS plans, but the intent was to match benefits as close as possible. The above plans are subject to change.*

# 2023/2024 RX Plan Highlights & Premiums

NEW BCBS Plan Name	Medical HMO <i>Low Deductible</i>	Medical HMO <i>High Deductible</i>	Medical PPO <i>High Deductible (HSA elig.)</i>	Medical PPO <i>Grandfathered (AC2 frozen)</i>
<b>Prescription Drugs</b>				
Deductible	\$200 Brand Deductible	Included in Medical deductible	Included in Medical deductible	\$200 Brand Deductible
<b>Retail</b>				
Generic	\$15 copay**	\$15 copay**	80% after deductible**	\$20 copay**
Brand	75% after deductible	70% after deductible	75% after deductible	75% after deductible (\$80 max)
Non Brand	50% after deductible	50% after deductible	50% after deductible	50% after deductible (\$200 max)
Specialty	70% after deductible	70% after deductible	80% after deductible	80% after deductible (\$900 max)
<b>Mail Order</b>				
Generic	\$45 copay	\$45 copay	80% after deductible	\$45 copay
Brand	75% after deductible	70% after deductible	75% after deductible	75% after deductible (\$210 max)
Non Brand	50% after deductible	50% after deductible	50% after deductible	50% after deductible (\$430 max)
<b>Employee Semi-Monthly Premiums</b>				
<b>Employee Only</b>	\$61.08	\$9.28	\$15.19	\$306.77
<b>Employee + Spouse</b>	\$377.63	\$327.31	\$342.11	\$941.53
<b>Employee + Child(ren)</b>	\$165.49	\$120.60	\$129.97	\$499.98
<b>Employee + Family</b>	\$537.97	\$439.30	\$456.57	\$1,158.11
<b>Employee Monthly Premiums</b>				
<b>Employee Only</b>	\$122.16	\$18.56	\$30.38	\$613.53
<b>Employee + Spouse</b>	\$755.26	\$654.62	\$684.22	\$1,883.05
<b>Employee + Child(ren)</b>	\$330.98	\$241.20	\$259.94	\$999.95
<b>Employee + Family</b>	\$1,075.94	\$878.60	\$913.14	\$2,316.21

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*\*\*Some preventive generics have a \$0 cost share.*

***If you have a prescription that required your physician to submit documentation for step therapy, quantity limits, medical necessity or prior authorization – please notify Human Resources as soon as possible to assist with the transition.***