

2024/2025 Medical Plan Highlights

Effective: September 1st, 2024

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>	
OLD TRS Plan Name	TRS ActiveCare Primary+	TRS ActiveCare Primary	TRS ActiveCare Primary HD		TRS ActiveCare2	
Network Name	<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
Calendar Year Deductible						
Per Individual	\$1,200	\$2,500	\$3,200	\$5,500	\$1,000	\$2,000
Per Family	\$3,600	\$5,000	\$6,000	\$11,000	\$3,000	\$6,000
Out of Pocket Max						
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
Hospital Charges						
Inpatient/Outpatient	80% after deductible	70% after deductible	70% after deductible	50% after deductible	\$150 + 80% after deductible / 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.*

2024/2025 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>
Prescription Drugs				
Deductible	\$200 Brand Deductible	Included in Medical deductible	Included in Medical deductible	\$200 Brand Deductible
Retail				
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)
Mail Order				
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)
Employee Semi-Monthly Premiums				
Employee Only	\$64.89	\$12.31	\$18.31	\$314.26
Employee + Spouse	\$386.94	\$335.87	\$350.89	\$959.30
Employee + Child(ren)	\$171.62	\$126.06	\$135.57	\$511.13
Employee + Family	\$549.69	\$449.54	\$467.07	\$1,179.13
Employee Monthly Premiums				
Employee Only	\$129.78	\$24.62	\$36.62	\$628.52
Employee + Spouse	\$773.88	\$671.74	\$701.78	\$1,918.60
Employee + Child(ren)	\$343.24	\$252.12	\$271.14	\$1,022.26
Employee + Family	\$1,099.38	\$899.08	\$934.14	\$2,358.26

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

Out of Network pharmacy benefits will incur an additional 50% charge.