

2022-2023 PLAN YEAR	TRS-ACTIVECARE PRIMARY <u>IN NETWORK</u> <u>COVERAGE ONLY</u> STATEWIDE NETWORK	TRS-ACTIVECARE PRIMARY PLUS <u>IN NETWORK</u> <u>COVERAGE ONLY</u> STATEWIDE NETWORK	TRS-ACTIVECARE HD (HIGH-DEDUCTIBLE) NATIONWIDE NETWORK (OUT OF NETWORK DEDUCTS/MAXS DIFFER)	BCBS - HMO BLUE ESSENTIALS <u>IN NETWORK</u> <u>COVERAGE ONLY</u>
PCP REQUIRED	YES	YES	NO	YES
IN-NETWORK COSTS				
DEDUCTIBLE INDIVIDUAL/FAMILY	\$2,500/\$5,000	\$1,200/\$3,600	\$3,000/\$6,000	\$950/\$2,850
COINSURANCE	YOU PAY 30% AFTER DEDUCTIBLE	YOU PAY 20% AFTER DEDUCTIBLE	YOU PAY 30% AFTER DEDUCTIBLE	YOU PAY 25% AFTER DEDUCTIBLE
OUT OF POCKET MAX INDIVIDUAL/FAMILY	\$8,150/\$16,300	\$6,900/\$13,800	\$7,050/\$14,100	\$7,450/\$14,900
OUT-OF-NETWORK COSTS				
DEDUCTIBLE INDIVIDUAL/FAMILY	NOT APPLICABLE	NOT APPLICABLE	\$5,500/\$11,000	NOT APPLICABLE
COINSURANCE	NOT APPLICABLE	NOT APPLICABLE	YOU PAY 40% AFTER DEDUCTIBLE	NOT APPLICABLE
INDIVIDUAL/FAMILY OUT-OF-POCKET MAX	NOT APPLICABLE	NOT APPLICABLE	\$20,250/\$40,500	NOT APPLICABLE
DOCTOR VISITS				
PRIMARY CARE	\$30 COPAY	\$30 COPAY	30% /50% IN/OUT NETWORK AFTER DEDUCTIBLE	\$20 COPAY
SPECIALIST	\$70 COPAY	\$70 COPAY	30% /50% IN/OUT NETWORK AFTER DEDUCTIBLE	\$70 COPAY
TRS VIRTUAL HEALTH	\$12 PER CONSULTATION	\$12 PER CONSULTATION	\$30 PER CONSULTATION	NOT APPLICABLE
SAISD EMPLOYEES HEALTH INSURANCE PREMIUMS The premiums below reflect \$380.00 employer contribution				
EMPLOYEE ONLY	\$0.00	\$94.00	\$13.00	\$309.60
EMPLOYEE AND SPOUSE	\$684.00	\$779.00	\$726.00	\$1292.26
EMPLOYEE AND CHILDREN	\$299.00	\$383.00	\$325.00	\$703.58
EMPLOYEE AND FAMILY	\$894.00	\$1077.00	\$942.00	\$1395.58

