

2023-2024 PLAN YEAR	TRS-ACTIVECARE PRIMARY <u>IN NETWORK COVERAGE ONLY</u> STATEWIDE NETWORK	TRS-ACTIVECARE PRIMARY PLUS <u>IN NETWORK 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 COVERAGE ONLY</u>
PCP REQUIRED	YES	YES	NO	YES
IN-NETWORK COSTS				
DEDUCTIBLE INDIVIDUAL/FAMILY	\$2,500/\$5,000	\$1,200/\$2,400	\$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	\$7,500/\$15,000	\$6,900/\$13,800	\$7,500/\$15,000	\$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	\$15 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	\$12.00 PER CONSULTATION	\$12.00 PER CONSULTATION	\$30 PER CONSULTATION	NOT APPLICABLE
SAISD EMPLOYEES HEALTH INSURANCE PREMIUMS				
The District contributes \$420/month towards any one of the group plans available through TRS				
EMPLOYEE ONLY	\$ 0.00	\$ 73.00	\$ 14.00	\$ 445.00
EMPLOYEE AND SPOUSE	\$ 714.00	\$ 862.00	\$ 752.00	\$1683.16
EMPLOYEE AND CHILDREN	\$ 294.00	\$ 419.00	\$ 318.00	\$ 941.42
EMPLOYEE AND FAMILY	\$1008.00	\$1207.00	\$1056.00	\$1813.34