

## 2024-2025 Healthcare Options

TRS Active Care-BlueCross BlueShield	
Medical - Group #: 866344-014-00349	
ActiveCare Primary	
PCP - Required For Enrollment	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee	\$42.50
w/Spouse	\$386.00
w/Children	\$150.50
w/Family	\$551.00
ActiveCare HD	
PCP - Required For Enrollment	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee	\$49.00
w/Spouse	\$403.50
w/Children	\$161.50
w/Family	\$573.00
ActiveCare Primary+	
PCP - Required For Enrollment	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee	\$83.50
w/Spouse	\$469.00
w/Children	\$220.50
w/Family	\$662.50
ActiveCare 2	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee	\$313.50
w/Spouse	\$951.00
w/Children	\$503.50
w/Family	\$1,170.50

METLIFE - Dental	
Dental - Low Option	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee	\$0.00
w/Spouse	\$14.43
w/Children	\$21.32
w/Family	\$36.38
Dental - High Option	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee	\$1.67
w/Spouse	\$19.17
w/Children	\$27.22
w/Family	\$44.70

AFLAC - Short Term Disability	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee	\$0.00

EyeMed - Vision	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee	\$0.00
w/Spouse	\$2.45
w/Children	\$2.72
w/ Family	\$5.27

Dearborn - Life Insurance	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee (10k)	\$0.00
AD&D	
Employee (10k)	\$0.00

Optional Providers	
AFLAC Supplemental	
AXA-Equitable Retirement Fund	
Dearborn (Supplemental Life)	
Legal Shield	

**Selections can only be changed**  
**At next year's open enrollment, or**  
**Life Event during the year.**

**Less than 12 month employees must be annualized to receive any benefits.**