

TRS ACTIVECARE RATES 2022-2023 (SEPT 2022 TO AUG 2023)

BLUE CROSS BLUE SHIELD/BLEU ESSENTIAL WEST TEXAS

	TRS ACTIVECARE PRIMARY (HMO)	TRS ACTIVECARE HD (PPO)	TRS ACTIVECARE PRIMARY + (HMO)	<i>(No New Enrollees)</i> TRS ACTIVECARE 2	WEST TEXAS BLUE ESSENTIAL (HMO)
DEDUCTIBLES EMPL ONLY/FAMILY	\$2500/\$5000	\$3000/\$6000	\$1200/\$3600	\$1000/\$3000	\$950/\$2850
OUT OF POCKET MAXIMUM	\$8150/\$16300	\$7050/\$10100	\$6900/\$13800	\$7900/\$15800	\$7450/\$14900
COPAYS MEDICAL	\$30 PCP/\$70 SPC	you have to meet deductible first/then you pay	\$30 PCP/\$70 SPC	\$30 PCP/\$70 SPC	\$20 PCP/\$70 SPC
URGENT CARE	\$50 COPAY	30% AFTER DED	\$50 COPAY	\$50 COPAY	\$50.00
TRS VIRTUAL HEALTH (MEDICAL)	TELEDOC \$12 RediMD \$0	\$42 Conduit Fee Teledoc \$30 Consult Fee RediMD	TELEDOC \$12 RediMD \$0	TELEDOC \$12 RediMD \$0	24/7 NURSELINE
EMERGENCY ROOM	30% AFTER DEDUCTIBLE	30% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE	\$250 + 20% AFTER DEDUCTIBLE	\$500 copay before deductible+ 25% after deductible
OUT OF NETWORK COVERAGE	NO	YES	NO	YES	NO
PREVENTIVE CARE	COVERED AT 100%	COVERED AT 100%	COVERED AT 100%	COVERED AT 1000%	COVERED AT 100%
Prescriptions deductible	For meds you go off of medical deductible	For meds you go off of medical deductible	\$200.00 brand deductible	\$200.00 brand deductible	\$150.00
PRESCRIPTION DEDUCIBLES	Generics \$15/\$45	After deductible is met/ you pay 20% of the medication	Generics \$15/\$45	Generics \$20/\$45	Generics \$5.00/\$12.50
*INSULIN OUT OF POCKET	\$25 copay for 31-day supply/ \$75 for 61-90 day supply	Have to meet deductible before they pay anything	\$25 copay for 31-day supply/\$75 for 61-90 day supply	\$25 copay for 31-day supply/\$75 for 61-90 day supply	N/A
Primary Care Providers Name	YES	NO	YES	NO	YES

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ACTUAL INSURANCE PREMIUMS

	TRS ACTIVECARE PRIMARY (HMO)	TRS ACTIVECARE HD (PPO)	TRS ACTIVECARE PRIMARY + (HMO)	<i>(No New Enrollees)</i> TRS ACTIVECARE 2	WEST TEXAS BLUE ESSENTIAL (HMO)
EMPLOYEE	\$ 368.00	\$ 380.00	\$ 462.00	\$ 1,013.00	\$ 689.60
EMPLOY/SPOUSE	\$ 1,038.00	\$ 1,069.00	\$ 1,130.00	\$ 2,402.00	\$ 1,672.26
EMPL/CHILDREN	\$ 662.00	\$ 682.00	\$ 744.00	\$ 1,507.00	\$ 1,083.58
EMPL/FAMILY	\$ 1,242.00	\$ 1,279.00	\$ 1,421.00	\$ 2,841.00	\$ 1,775.58

WHAT THE DISTRICT (LEVELLAND ISD) CONTRIBUTES

EMPLOYEE	\$ 335.00	\$ 335.00	\$ 335.00	\$ 335.00	\$ 335.00
EMPLOY/SPOUSE	\$ 335.00	\$ 335.00	\$ 335.00	\$ 335.00	\$ 335.00
EMPL/CHILDREN	\$ 335.00	\$ 335.00	\$ 335.00	\$ 335.00	\$ 335.00
EMPL/FAMILY	\$ 335.00	\$ 335.00	\$ 335.00	\$ 335.00	\$ 335.00
BOTH EMPLOYEES WORK AT LISD	\$ 670.00	\$ 670.00	\$ 670.00	\$ 670.00	\$ 670.00

EMPLOYEES DEDUCTIONS FROM PAY CHECK - MONTHLY

EMPLOYEE	\$ 33.00	\$ 45.00	\$ 127.00	\$ 678.00	\$ 354.60
EMPLOY/SPOUSE	\$ 703.00	\$ 734.00	\$ 795.00	\$ 2,067.00	\$ 1,337.26
EMPL/CHILDREN	\$ 327.00	\$ 347.00	\$ 409.00	\$ 1,172.00	\$ 748.58
EMPL/FAMILY	\$ 907.00	\$ 944.00	\$ 1,086.00	\$ 2,506.00	\$ 1,440.58

BOTH EMPLOYEES WORK AT LISD	\$ 572.00	\$ 609.00	\$ 751.00	\$ 2,171.00	\$ 1,105.58
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