		FY2018			FY2019	
	TRS ActiveCare-1HD	TRS ActiveCare-Select	TRS ActiveCare-2	TRS ActiveCare-1HD	TRS ActiveCare-Select	TRS ActiveCare-2
Monthly Premiums			_	-		
Employee Only	\$351	\$514	\$714	\$367	\$540	\$782
Employee & Spouse	\$991	\$1,264	\$1,694	\$1,035	\$1,327	\$1,855
Employee & Children	\$671	\$834	\$1,062	\$701	\$876	\$1,163
Employee & Family	\$1,316	\$1,589	\$2,004	\$1,374	\$1,668	\$2,194
Average % Change				4.4%	5.0%	9.5%
Employer Contribution	\$260					
Monthly Premiums After Em	ployer Contribution					
Employee Only	\$91	\$254	\$454	\$107	\$280	\$522
Employee & Spouse	\$731	\$1,004	\$1,434	\$775	\$1,067	\$1,595
Employee & Children	\$411	\$574	\$802	\$441	\$616	\$903
Employee & Family	\$1,056	\$1,329	\$1,744	\$1,114	\$1,408	\$1,934
In-Network Deductible	TRS ActiveCare-1HD	TRS ActiveCare-Select	TRS ActiveCare-2	TRS ActiveCare-1HD	TRS ActiveCare-Select	TRS ActiveCare-2
Individual	\$2,500	\$1,200	\$1,000	\$2,750	\$1,200	\$1,000
Family	\$5,000	\$3,600	\$3,000	\$5,500	\$3,600	\$3,000
In-Network Maximum Out-c	-	67.450	67.450	40.000	Á7.050	47.050
Individual Family	\$6,550 \$13,100	\$7,150 \$14,300	\$7,150 \$14,300	\$6,650 \$13,300	\$7,350 \$14,700	\$7,350 \$14,700
Out-of-Network Deductible	\$13,100	\$14,500	\$14,300	\$13,300	\$14,700	\$14,700
Individual	\$5,000	N/A	\$2,000	\$5,500	N/A	\$2,000
Family	\$10,000	N/A	\$6,000	\$11,000	N/A	\$6,000
Out-of-Network Maximum (						
Individual	\$13,100	N/A	\$14,300	\$13,300	N/A	\$14,700
Family Other	\$26,200		\$28,600	\$26,600		\$29,400
Specialist Office Visit						
	20% after deductible	\$60 copay	\$50 copay	20% after deductible	\$70 copay	\$70 copay
ER Copay	20% after deductible	\$200 copay plus 20% after deductible	\$200 copay plus 20% after deductible	20% after deductible	\$250 copay plus 20% after deductible	\$250 copay plus 20% after deductible
Free-Standing ER (FER)	20% after deductible	\$200 copay plus 20% after deductible	\$200 copay plus 20% after deductible	\$500 copay plus 20% after deductible	\$500 copay plus 20% after deductible	\$500 copay plus 20% after deductible
Quest Diagnostic Lab	20% after deductible	Plan pays 100% if performed at a Quest facility	Plan pays 100% if performed at a Quest facility	20% after deductible	20% after deductible	20% after deductible
RX RETAIL (up to 31 day sup	ply					•
Generic		\$20 copay	\$20 copay		\$20 copay	\$20 copay
Perferred Brand	_	\$40 copay	\$40 copay	20% after deductible	\$40 copay	\$40 copay
	20% after deductible	Ş40 COpay	\$40 copay		340 COpay	50 % coinsurance
Non-Preferred Brand		50% coinsurance	\$65 copay	50% after deductible	50% coinsurance	(Min \$65, Max \$130)
RX RETAIL MAINTENANCE (a	fter 1st fill; up to 31 day s	ylqqu)				
Generic		\$35 copay	\$35 copay		\$35 copay	\$35 copay
Perferred Brand	20% after deductible	\$60 copay	\$60 copay	20% after deductible	\$60 copay	\$60 copay
Non-Preferred Brand		50% coinsurance	\$90 copay		50% coinsurance	50 % coinsurance
RX MAIL ORDER & RETAIL-PI	LIS (up to 90 day supply)					(Min \$90, Max \$180)
		4			A	
Generic	20% after deductible	\$45 copay	\$45 copay	20% after deductible	\$45 copay	\$45 copay
Perferred Brand		\$105 copay	\$105 copay		\$105 copay	\$105 copay
Non-Preferred Brand		50% coinsurance	\$180 copay	50% after deductible	50% coinsurance	50 % coinsurance (Min \$180, Max \$360)
RX SPECIALTY PRESCRIPTION	IDRUG					
Specialty	20% after deductible	20% after deductible	\$200 (up to 31 day fill) \$400 (32-90 day fill)	20% after deductible (31 day supply limit per fill)	20% after deductible (31 day supply limit per fill)	20% coinsurance (Min \$200, Max \$900) (31 day supply limit per fill