

	TRS-ActiveCare							
In-Network benefits	Active	Care HD	ActiveCar		ActiveCare	ActiveCare Primary+		
Individual/Family Calendar Year Deductible	\$3,200/\$6,400	\$3,300/\$6,600		/ \$5,000	\$1,200/\$2,400			
Individual/Family Out of Pocket Maximum (<u>Includes</u> Deductible)	\$8,050/\$16,100	\$8,300/\$16,600	\$8,050/\$16,100		\$6,900/\$13,800			
Co-Insurance	30	0%	30	%	20	0%		
Preventive Visit Copay	100% Covere	ed, No Charge	100% Covere	d, No Charge	100% Covere	ed, No Charge		
Physician Office Visits	30% Coinsurance	e after Deductible	\$30 Cop	pay/Visit	\$15 Co	pay/Visit		
Specialist Visits	30% Coinsuranc	e after Deductible	\$70 Cop	pay/Visit	\$70 Co	pay/Visit		
Diagnostic Test (Lab and X-Ray)	30% Coinsurance after Deductible		Offce/Indpendent: No Charge Outpatient: 30% Coinsurance after Deductible		Offce/Indpendent: No Charge Outpatient: 20% Coinsurance after Deductible			
Imaging (CT, MRI, etc.)	30% Coinsurance after Deductible		30% Coinsurance after Deductible		20% Coinsurance after Deductible			
Urgent Care Copay	30% Coinsurance after Deductible		\$50 Copay/Visit		\$50 Copay/Visit			
Emergency Room Copay	30% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 30% Coinsurance after Deductible		30% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 30% Coinsurance after Deductible		20% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 20% Coinsurance after Deductible			
Outpatient Services	30% Coinsurance	e after Deductible	30% Coinsurance	e after Deductible	20% Coinsuranc	20% Coinsurance after Deductible		
Inpatient Hospital	30% Coinsuranc	e after Deductible	30% Coinsurance	e after Deductible	20% Coinsurance after Deductible			
Prescription Benefits	20% Coinsurance after Deductible	20%/25%/50%/20% after Deductible		% after Deductible lot Apply to Tier 1)	\$15/25% to \$100/25%/50%/30% after Deductible RX Deductible: \$200 (Deductible Does Not Apply to Tier 1)			
PCP Required	1	lo	Y	es	Yes			
Out of Network Benefits	Y	es	No		No			
Network	Natio	nwide	Statewide		Statewide			
Medical Rates	Current Rates	Renewal Rates	Current Rates	Renewal Rates	Current Rates	Renewal Rates		
Employee	\$459.00	\$521.00	\$ 44 6.00	\$509.00	\$523.00	\$598.00		
Employee + Spouse	\$1,240.00	\$1,407.00	\$1,205.00	\$1,375.00	\$1,360.00	\$1,555.00		
Employee + Child/ren	\$781.00	\$886.00	\$759.00	\$866.00	\$890.00	\$1,017.00		
Employee + Family	\$1,561.00	\$1,772.00	\$1,517.00	\$1,731.00	\$1,726.00	\$1,974.00		
Employee Cost	Current EE COST	Renewal EE COST @\$400	Current EE COST	Renewal EE COST @\$400	Current EE COST	Renewal EE COST @\$400		
Employee	\$59.00	\$121.00	\$46.00	\$109.00	\$123.00	\$198.00		
Employee + Spouse	\$840.00	\$1,007.00	\$805.00	\$975.00	\$960.00	\$1,155.00		
Employee + Child/ren	\$381.00	\$486.00	\$359.00	\$466.00	\$490.00	\$617.00		
Employee + Family	\$1,161.00	\$1,372.00	\$1,117.00	\$1,331.00	\$1,326.00	\$1,574.00		

\$400

Employer Cost with Enrollment \$17,760,000.00



RELATIONSHIPS								
	TRS-ActiveCare TRS-ActiveCare							
In-Network benefits	Active	ActiveCare HD ActiveCare Primary		Primary	ActiveCare Primary+			
Individual/Family Calendar Year Deductible	\$\frac{4}{1}\ll\frac{1}{1}\frac{1}\frac{1}\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{1}{1}\frac{1}\frac{1}{1}\frac{1}\frac{1}{1}\frac{1}\frac{1}{1}\frac{1}\frac{1}{1}\frac{1}{1}\fr		\$2,500/5	\$5,000	\$1,200/\$2,400			
Individual/Family Out of Pocket Maximum (<u>Includes</u> Deductible)	\$8,050/\$16,100	\$8,300/\$16,600	\$8,050/\$	16,100	\$6,900/\$13,800			
Co-Insurance	30)%	309	%	20	%		
Preventive Visit Copay	100% Covere	ed, No Charge	100% Covered	d, No Charge	100% Covere	d, No Charge		
Physician Office Visits	30% Coinsuranc	e after Deductible	\$30 Copa	ay/Visit	\$15 Cop	ay/Visit		
Specialist Visits	30% Coinsurance	e after Deductible	\$70 Copay/Visit		\$70 Copay/Visit			
Diagnostic Test (Lab and X-Ray)	30% Coinsurance after Deductible		Offce/Indpendent: No Charge Outpatient: 30% Coinsurance after Deductible		Offce/Indpendent: No Charge Outpatient: 20% Coinsurance after Deductible			
Imaging (CT, MRI, etc.)	30% Coinsurance after Deductible		30% Coinsurance after Deductible		20% Coinsurance after Deductible			
Urgent Care Copay	30% Coinsurance after Deductible		\$50 Copa	ay/Visit	\$50 Cop	ay/Visit		
Emergency Room Copay	30% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 30% Coinsurance after Deductible		30% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 30% Coinsurance after Deductible		20% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 20% Coinsurance after Deductib			
Outpatient Services	30% Coinsurance after Deductible		30% Coinsurance	after Deductible	20% Coinsurance	after Deductible		
Inpatient Hospital	30% Coinsurance after Deductible		30% Coinsurance after Deductible		20% Coinsurance after Deductible			
Prescription Benefits	20% Coinsurance after Deductible	20%/25%/50%/20% after Deductible		\$15/30%/50%/30% after Deductible (Deductible Does Not Apply to Tier 1) \$15/25% to \$100/25%/50%/30% RX Deductible: \$2 (Deductible Does Not Apply to Tier 1)		ible: \$200		
PCP Required	Ν	No		Yes		Yes		
Out of Network Benefits	Υ	es	No		No			
Network	Nationwide		Statewide		Statewide			
Medical Rates	Current Rates	Renewal Rates	Current Rates	Renewal Rates	Current Rates	Renewal Rates		
Employee	\$459.00	\$521.00	\$446.00	\$509.00	\$523.00	\$598.00		
Employee + Spouse	\$1,240.00	\$1,407.00	\$1,205.00	\$1,375.00	\$1,360.00	\$1,555.00		
Employee + Child/ren	\$781.00	\$886.00	\$759.00	\$866.00	\$890.00	\$1,017.00		
Employee + Family	\$1,561.00	\$1,772.00	\$1,517.00	\$1,731.00	\$1,726.00	\$1,974.00		
		13.51%		14.13%		14.34%		

^{**} Please note this is intended to be used for illustrative purposes only. The rates and benefit information shown above are based off of data we have been provided with to this point. Rates are subject to change based off of final enrollment and any changes in employer data. Please refer to your benefit summaries for the most accurate and up to date representation of plan benefits.



	TRS-ActiveCare							
In-Network benefits	Active	Care HD	ActiveCar		ActiveCare	e Primary+		
Individual/Family Calendar Year Deductible	\$3,200/\$6,400	\$3,300/\$6,600		/\$5,000	\$1,200/\$2,400			
Individual/Family Out of Pocket Maximum (<u>Includes</u> Deductible)	\$8,050/\$16,100	\$8,300/\$16,600	\$8,050/\$16,100		\$6,900/\$13,800			
Co-Insurance	30	0%	30	%	20	0%		
Preventive Visit Copay	100% Covere	ed, No Charge	100% Covere	d, No Charge	100% Covere	ed, No Charge		
Physician Office Visits	30% Coinsurance	e after Deductible	\$30 Cop	pay/Visit	\$15 Co	pay/Visit		
Specialist Visits	30% Coinsuranc	e after Deductible	\$70 Cop	pay/Visit	\$70 Co	pay/Visit		
Diagnostic Test (Lab and X-Ray)	30% Coinsuranc	e after Deductible	Offce/Indpendent: No Charge Outpatient: 30% Coinsurance after Deductible		Offce/Indpendent: No Charge Outpatient: 20% Coinsurance after Deductible			
Imaging (CT, MRI, etc.)	30% Coinsurance after Deductible		30% Coinsurance after Deductible		20% Coinsurance after Deductible			
Urgent Care Copay	30% Coinsurance after Deductible		\$50 Copay/Visit		\$50 Copay/Visit			
Emergency Room Copay	30% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 30% Coinsurance after Deductible		30% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 30% Coinsurance after Deductible		20% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 20% Coinsurance after Deductible			
Outpatient Services	30% Coinsuranc	e after Deductible	30% Coinsurance	e after Deductible	20% Coinsurance after Deductible			
Inpatient Hospital	30% Coinsuranc	e after Deductible	30% Coinsurance	e after Deductible	20% Coinsurance after Deductible			
Prescription Benefits	20% Coinsurance after Deductible	20%/25%/50%/20% after Deductible		% after Deductible lot Apply to Tier 1)	\$15/25% to \$100/25%/50%/30% after Deductible RX Deductible: \$200 (Deductible Does Not Apply to Tier 1)			
PCP Required	1	lo	Y	es	Yes			
Out of Network Benefits	Y	es	No		No			
Network	Natio	nwide	Statewide		Statewide			
Medical Rates	Current Rates	Renewal Rates	Current Rates	Renewal Rates	Current Rates	Renewal Rates		
Employee	\$459.00	\$521.00	\$446.00	\$509.00	\$523.00	\$598.00		
Employee + Spouse	\$1,240.00	\$1,407.00	\$1,205.00	\$1,375.00	\$1,360.00	\$1,555.00		
Employee + Child/ren	\$781.00	\$886.00	\$759.00	\$866.00	\$890.00	\$1,017.00		
Employee + Family	\$1,561.00	\$1,772.00	\$1,517.00	\$1,731.00	\$1,726.00	\$1,974.00		
Employee Cost	Current EE COST	Renewal EE COST @\$410	Current EE COST	Renewal EE COST @\$410	Current EE COST	Renewal EE COST @\$410		
Employee	\$59.00	\$111.00	\$46.00	\$99.00	\$123.00	\$188.00		
Employee + Spouse	\$840.00	\$997.00	\$805.00	\$965.00	\$960.00	\$1,145.00		
Employee + Child/ren	\$381.00	\$476.00	\$359.00	\$456.00	\$490.00	\$607.00		
Employee + Family	\$1,161.00	\$1,362.00	\$1,117.00	\$1,321.00	\$1,326.00	\$1,564.00		

\$410

Employer Cost with Enrollment



	TRS-ActiveCare							
In-Network benefits	Active	Care HD	ActiveCar		ActiveCare Primary+			
Individual/Family Calendar Year Deductible	\$3,200/\$6,400	\$3,300/\$6,600	\$2,500,	-	\$1,200/\$2,400			
Individual/Family Out of Pocket Maximum (<u>Includes</u> Deductible)	\$8,050/\$16,100	\$8,300/\$16,600	\$8,050/\$16,100		\$6,900/\$13,800			
Co-Insurance	30	0%	30	%	20	0%		
Preventive Visit Copay	100% Covere	ed, No Charge	100% Covere	d, No Charge	100% Covere	ed, No Charge		
Physician Office Visits	30% Coinsurance	e after Deductible	\$30 Cop	pay/Visit	\$15 Co	pay/Visit		
Specialist Visits	30% Coinsurance	e after Deductible	\$70 Cop	pay/Visit	\$70 Co	pay/Visit		
Diagnostic Test (Lab and X-Ray)	30% Coinsurance after Deductible		Offce/Indpendent: No Charge Outpatient: 30% Coinsurance after Deductible		Offce/Indpendent: No Charge Outpatient: 20% Coinsurance after Deductible			
Imaging (CT, MRI, etc.)	30% Coinsurance after Deductible		30% Coinsurance after Deductible		20% Coinsurance after Deductible			
Urgent Care Copay	30% Coinsurance after Deductible		\$50 Copay/Visit		\$50 Copay/Visit			
Emergency Room Copay	30% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 30% Coinsurance after Deductible		30% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 30% Coinsurance after Deductible		20% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 20% Coinsurance after Deductible			
Outpatient Services	30% Coinsurance	e after Deductible	30% Coinsurance	e after Deductible	20% Coinsurance after Deductible			
Inpatient Hospital	30% Coinsuranc	e after Deductible	30% Coinsurance	30% Coinsurance after Deductible		20% Coinsurance after Deductible		
Prescription Benefits	20% Coinsurance after Deductible	20%/25%/50%/20% after Deductible	\$15/30%/50%/30 (Deductible Does N		\$15/25% to \$100/25%/50%/30% after Deductible RX Deductible: \$200 (Deductible Does Not Apply to Tier 1)			
PCP Required	r	lo	Y	es	Yes			
Out of Network Benefits	Y	es	No		No			
Network	Natio	nwide	State	wide	Statewide			
Medical Rates	Current Rates	Renewal Rates	Current Rates	Renewal Rates	Current Rates	Renewal Rates		
Employee	\$459.00	\$521.00	\$446.00	\$509.00	\$523.00	\$598.00		
Employee + Spouse	\$1,240.00	\$1,407.00	\$1,205.00	\$1,375.00	\$1,360.00	\$1,555.00		
Employee + Child/ren	\$781.00	\$886.00	\$759.00	\$866.00	\$890.00	\$1,017.00		
Employee + Family	\$1,561.00	\$1,772.00	\$1,517.00	\$1,731.00	\$1,726.00	\$1,974.00		
Employee Cost	Current EE COST	Renewal EE COST @\$425	Current EE COST	Renewal EE COST @\$425	Current EE COST	Renewal EE COST @\$425		
Employee	\$59.00	\$96.00	\$46.00	\$84.00	\$123.00	\$173.00		
Employee + Spouse	\$840.00	\$982.00	\$805.00	\$950.00	\$960.00	\$1,130.00		
Employee + Child/ren	\$381.00	\$461.00	\$359.00	\$441.00	\$490.00	\$592.00		
Employee + Family	\$1,161.00	\$1,347.00	\$1,117.00	\$1,306.00	\$1,326.00	\$1,549.00		

\$425

Employer Cost with Enrollment \$18,870,000.00



	TRS-ActiveCare							
In-Network benefits	Active	Care HD	ActiveCar		ActiveCare	ActiveCare Primary+		
Individual/Family Calendar Year Deductible	\$3,200/\$6,400	\$3,300/\$6,600		/\$5,000	\$1,200/\$2,400			
Individual/Family Out of Pocket Maximum (<u>Includes</u> Deductible)	\$8,050/\$16,100	\$8,300/\$16,600	\$8,050/\$16,100		\$6,900/\$13,800			
Co-Insurance	3	0%	30	%	20	0%		
Preventive Visit Copay	100% Cover	ed, No Charge	100% Covere	ed, No Charge	100% Covere	ed, No Charge		
Physician Office Visits	30% Coinsurance	e after Deductible	\$30 Cop	pay/Visit	\$15 Co	pay/Visit		
Specialist Visits	30% Coinsuranc	e after Deductible	\$70 Сор	pay/Visit	\$70 Co	pay/Visit		
Diagnostic Test (Lab and X-Ray)	30% Coinsuranc	e after Deductible	Offce/Indpendent: No Charge Outpatient: 30% Coinsurance after Deductible		Offce/Indpendent: No Charge Outpatient: 20% Coinsurance after Deductible			
Imaging (CT, MRI, etc.)	30% Coinsurance after Deductible		30% Coinsurance after Deductible		20% Coinsurance after Deductible			
Urgent Care Copay	30% Coinsurance after Deductible		\$50 Copay/Visit		\$50 Copay/Visit			
Emergency Room Copay	30% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 30% Coinsurance after Deductible		30% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 30% Coinsurance after Deductible		20% Coinsurance after Deductible Freestanding ER: \$500 Copay/Visit + 20% Coinsurance after Deductible			
Outpatient Services	30% Coinsurance	e after Deductible	30% Coinsurance after Deductible		20% Coinsurance	e after Deductible		
Inpatient Hospital	30% Coinsuranc	e after Deductible	30% Coinsurance after Deductible		20% Coinsurance after Deductible			
Prescription Benefits	20% Coinsurance after Deductible	20%/25%/50%/20% after Deductible		% after Deductible Not Apply to Tier 1)	\$15/25% to \$100/25%/50%/30% after Deductible RX Deductible: \$200 (Deductible Does Not Apply to Tier 1)			
PCP Required	ı	No	Υ	es	Yes			
Out of Network Benefits	Y	es	No		No			
Network	Natio	nwide	State	ewide	Statewide			
Medical Rates	Current Rates	Renewal Rates	Current Rates	Renewal Rates	Current Rates	Renewal Rates		
Employee	\$459.00	\$521.00	\$446.00	\$509.00	\$523.00	\$598.00		
Employee + Spouse	\$1,240.00	\$1,407.00	\$1,205.00	\$1,375.00	\$1,360.00	\$1,555.00		
Employee + Child/ren	\$781.00	\$886.00	\$759.00	\$866.00	\$890.00	\$1,017.00		
Employee + Family	\$1,561.00	\$1,772.00	\$1,517.00	\$1,731.00	\$1,726.00	\$1,974.00		
Employee Cost	Current EE COST	Renewal EE COST @\$430	Current EE COST	Renewal EE COST @\$430	Current EE COST	Renewal EE COST @\$43		
Employee	\$59.00	\$91.00	\$46.00	\$79.00	\$123.00	\$168.00		
Employee + Spouse	\$840.00	\$977.00	\$805.00	\$945.00	\$960.00	\$1,125.00		
Employee + Child/ren	\$381.00	\$456.00	\$359.00	\$436.00	\$490.00	\$587.00		
Employee + Family	\$1,161.00	\$1,342.00	\$1,117.00	\$1,301.00	\$1,326.00	\$1,544.00		

\$430

Employer Cost with Enrollment \$19,092,000.00