

TRS Health Insurance Plans 2009-2010

IN/OUT OF NETWORK	Plan 1		Plan 2		Plan 3	
	In Network	Out Network	In Network	Out Network	In Network	Out Network
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	1,000,000
Individual Annual Deductible	1,150	1,150	500	500	None	500
Family Annual Deductible	3,000	3,000	1,500	1,500	None	1,500
Maximum Out-of-Pocket incl. Ded	3,100	3,100	2,500	2,500	1,000	3,500
Family Maximum Out-of-Pocket	9,000	9,000	7,500	7,500	N/A	N/A
Coinsurance	80%	60%	80%	60%	80%	60%
Office Visits						
Copay	Deductible	Deductible	\$25/\$35 per visit	Ded & Coins	\$20/\$30	Ded & Colns
Coinsurance Applies	Yes	Yes	No	Yes	No	Yes
Immunizations under age 6	\$15 copay	\$15 copay	\$25 copay	\$25 copay	100%	100%
Preventive Care	\$15 copay	40% after Ded	\$25/\$35	40% after Ded	\$20/\$30	35% after Ded
Including vision & hearing exams	\$500 annual maximum per person		\$500 annual maximum per person		No maximum	
Hospital Admission						
Copay	Deductible	Deductible	\$100 per day, \$500 limit per admission	Deductible	\$100 per day, \$500 limit per admission	Deductible
Coinsurance Applies	Yes	Yes	Yes	Yes	Yes	Yes
Emergency Room						
Copay	Deductible	Deductible	\$100 copay	Deductible	\$100 copay	Deductible
Coinsurance Applies	Yes	Yes	Yes	Yes	Yes	Yes
Prescription Drugs						
Retail - Short-Term Drugs	\$50 Plan Year prescription deductible until and Non-network purchases, plus copay(s)				met by any combination of Network	
Generic Copay	Deductible + Coinsurance		\$10	\$10	\$10	\$10
Brand-Name Copay	Discount Card included		\$25	\$25	\$25	\$25
Formulary Copay			\$45	\$45	\$40	\$40
Plus Amount > Network Cost				Yes		Yes
Retail - Maintenance Drugs (applies after 2 fills)						
Generic Copay	Deductible + Coinsurance		\$15	\$15	\$15	\$15
Brand-Name Copay	Discount Card included		\$35	\$35	\$35	\$35
Formulary Copay			\$60	\$60	\$55	\$55
Plus Amount > Network Cost				Yes		Yes
Mail Order						
Mail Generic Copay	Deductible + Coinsurance		\$20	Not Available	\$20	Not Available
Mail Brand Copay (Preferred)	Discount Card included		\$62.50		\$62.50	
Mail Brand Copay (Non-preferred)			\$112.50		\$100.00	
Mail Order Days			90		90	
Monthly Cost						
	Total	Maximum Employee Cost	Total	Maximum Employee Cost	Total	Maximum Employee Cost
Employee Only	\$278	\$12	\$370	\$104	\$498	\$232
Employee and Spouse	\$633	\$367	\$842	\$576	\$1,134	\$868
Employee and Children	\$443	\$177	\$589	\$323	\$794	\$528
Employee & Family	\$697	\$431	\$926	\$660	\$1,247	\$981

District Maintenance of Effort	\$150.00	
Addtl District Contribution	\$41.00	Total District Contribution: \$191 per month
State Insurance Contribution	\$75.00	
Total	\$266.00	