



2016-2017 TRS-ActiveCare HMO Rates and Benefit Changes Changes Effective September 1, 2016

FirstCare Premium Changes

Coverage Tier	2015-2016 Premiums	2016-2017 Premiums
Employee Only	\$418.80	\$472.50
Employee & Spouse	\$1,050.44	\$1,180.50
Employee & Child(ren)	\$664.74	\$748.50
Employee & Family	\$1,060.84	\$1,190.50

FirstCare Benefit Changes

Benefit	2015-2016 Plan Year	2016-2017 Plan Year
Deductible	Individual - \$450 Family - \$1,125	Individual - \$500 Family - \$1,500
Out-of-Pocket Maximum	Individual - \$5,000 Family - \$10,000	Individual - \$6,000 Family - \$12,000
Emergency Room Copay	25% after deductible	\$500 copay after deductible
Advanced Imaging Copay (MRI, CT Scan, PET Scan)	25% after deductible	\$250 copay after deductible

Scott & White Premium Changes

Coverage Tier	2015-2016 Premiums	2016-2017 Premiums
Employee Only	\$503.60	\$530.16
Employee & Spouse	\$1,135.62	\$1,192.82
Employee & Child(ren)	\$798.30	\$839.16
Employee & Family	\$1,259.76	\$1,322.98

Scott & White Benefit Changes

Benefit	2015-2016 Plan Year	2016-2017 Plan Year
Deductible	Individual - \$800 Family - \$2,400	Individual - \$1,000 Family - \$3,000
Out-of-Pocket Maximum	Individual - \$5,000 Family - \$10,000	No change
Primary Care Office Visit Copay	\$20	\$20; copay for the first visit for illness waived, does not apply to wellness or preventive visits
Durable Medical Equipment Coinsurance	50% after deductible	20% after deductible
Manipulative Therapy	N/A	New benefit; 20% without office visit \$40 plus 20% with office visit (5 visits max per month, 35 max visit per year)
Prescription Drugs - Specialty Medications	Tier I - 10% after deductible Tier II - 20% after deductible Tier III - 30% after deductible Tier IV - 50% after deductible	20% after deductible

Alleghian Premium Changes

Coverage Tier	2015-2016 Premiums	2016-2017 Premiums
Employee Only	\$413.38	\$449.08
Employee & Spouse	\$1,001.88	\$1,085.74
Employee & Child(ren)	\$647.94	\$702.84
Employee & Family	\$1,022.16	\$1,151.60

Alleghian Benefit Changes

Benefit	2015-2016 Plan Year	2016-2017 Plan Year
Deductible	Individual - \$500 Family - \$1,000	No major benefit changes
Out-of-Pocket Maximum	Individual - \$4,500 Family - \$9,000	