

## 2025 TDA BlueCross BlueShield Monthly Rate Sheet

<b>Option 1</b>			
This is the lowest cost option. \$6,550 deductible* and out-of-pocket max*. All copays, coinsurance and deductible go towards your total out-of-pocket max of \$6,550. HSA-qualified plan.			
Individual	Employee + Spouse	Employee + Child(ren)	Family
<b>\$407.52</b>	<b>\$855.11</b>	<b>\$745.24</b>	<b>\$1,235.54</b>

<b>Option 2</b>			
\$5,000 deductible* with a \$6,550 out-of-pocket max*. All copays, coinsurance and deductible go towards your total out-of-pocket max of \$6,550. HSA-qualified plan.			
Individual	Employee + Spouse	Employee + Child(ren)	Family
<b>\$455.66</b>	<b>\$956.20</b>	<b>\$833.34</b>	<b>\$1,381.65</b>

<b>Option 3</b>			
\$7,350 deductible* and out-of-pocket max*. \$0 copay for virtual care. Generous pharmacy benefit of \$10/\$10/\$45/\$85. All copays, coinsurance and deductible go towards your total out-of-pocket max of \$7,350.			
Individual	Employee + Spouse	Employee + Child(ren)	Family
<b>\$511.66</b>	<b>\$1,073.80</b>	<b>\$935.81</b>	<b>\$1,551.61</b>

<b>Option 4</b>			
\$5,000 deductible*/copay plan with a \$7,350 out-of-pocket max*. Primary care visits are \$45, specialist visits are \$90, and urgent care visits are \$90. \$0 copay for virtual care visits. Generous pharmacy benefit of \$10/\$10/\$45/\$85. All copays, coinsurance and deductible go towards your total out-of-pocket max of \$7,350.			
Individual	Employee + Spouse	Employee + Child(ren)	Family
<b>\$616.79</b>	<b>\$1,294.56</b>	<b>\$1,128.20</b>	<b>\$1,870.68</b>

<b>Stand-Alone Vision – Available to you, your practice and family even if not covered by the health plan.</b>			
Individual	Employee + Spouse	Employee + Child(ren)	Family
<b>\$6.42</b>	<b>\$12.84</b>	<b>\$13.48</b>	<b>\$21.19</b>

<b>Group Term Life and Voluntary Group Term Life and AD&amp;D by Companion Life</b>							
Premium rate shown is the monthly premium per \$1,000 of insurance coverage. Each enrolling health plan employee subscriber receives \$15,000 guaranteed issue life insurance coverage for a \$3 monthly fee.							
Age	Premium	Age	Premium	Age	Premium	Age	Premium
15 - 29	\$0.12	40 - 44	\$0.20	55 - 59	\$0.82	70+	\$4.44
30 - 34	\$0.13	45 - 49	\$0.32	60 - 64	\$1.55	Dependent child monthly rate is \$0.25 per \$1,000.	
35 - 39	\$0.15	50 - 54	\$0.56	65 - 69	\$2.42		

<b>Deductible Guard by Gulf Guaranty</b>				
Option 1: \$3,000 benefit. Option 2: \$4,000 benefit.				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Option 1	<b>\$29.00</b>	<b>\$63.80</b>	<b>\$53.65</b>	<b>\$88.45</b>
Option 2	<b>\$39.00</b>	<b>\$85.80</b>	<b>\$72.15</b>	<b>\$118.95</b>

\* Deductible and out-of-pocket maximums listed on this document are for individual plans. Version 081924.