



2014-2015 TRS-ActiveCare HMO Rates and Benefit Changes effective September 1, 2014

FIRSTCARE Premium Changes

Coverage Tier	2013-2014 Premiums	2014-2015 Premiums
Employee Only	\$391.50	\$390.14
Employee & Spouse	\$985.06	\$977.76
Employee & Child(ren)	\$622.62	\$618.94
Employee & Family	\$994.84	\$987.44

SHA, L.L.C d/b/a FIRSTCARE Benefit Changes

Benefit	2013 - 2014 Plan Year	2014 - 2015 Plan Year
Individual Deductible	\$ 600	\$ 450
Family Deductible	\$1,500	\$1,125
Individual Out-of-Pocket Maximum	\$3,000	\$4,450
Family Out-of-Pocket Maximum	\$9,000	\$9,125
	(Out-of-Pocket Maximums exclude deductibles and copayments)	(Out-of-Pocket Maximums include deductibles, medical copayments and coinsurance)
Primary care copay	\$25	\$20
30-day non-preferred drug copay	\$65	\$60

*Other minor benefit changes will be reflected in the Enrollment Guide and the HMO's Evidence of Coverage

Scott & White Health Plan Premium Changes

Coverage Tier	2013-2014 Premiums	2014-2015 Premiums
Employee Only	\$ 418.42	\$ 452.80
Employee & Spouse	\$ 945.10	\$1020.08
Employee & Child(ren)	\$ 664.00	\$ 717.32
Employee & Family	\$1048.54	\$1131.50

Scott & White Health Plan * Benefit Changes

Benefit	2013 - 2014 Plan Year	2014 - 2015 Plan Year
Individual Out-of-Pocket Maximum	\$3,000	\$4,000
Family Out-of-Pocket Maximum	\$6,000	\$9,000
	(Out-of-Pocket Maximums exclude deductibles and copayments)	(Out-of-Pocket Maximums include deductibles, medical/drug copayments and coinsurance)

*Other minor benefit changes will be reflected in the Enrollment Guide and the HMO's Evidence of Coverage

Valley Baptist Health Plan Premium Changes

Coverage Tier	2013-2014 Premiums	2014-2015 Premiums
Employee Only	\$387.06	\$400.20
Employee & Spouse	\$941.04	\$969.60
Employee & Child(ren)	\$607.86	\$627.14
Employee & Family	\$960.14	\$989.22

Valley Baptist Health Plan, Inc.* Benefit Changes

Benefit	2013 – 2014 Plan Year	2014 – 2015 Plan Year
Individual Out-of-Pocket Maximum	\$4,000	\$4,500
Family Out-of-Pocket Maximum	\$8,000	\$9,000
	(Out-of-Pocket Maximums exclude deductibles and copayments)	(Out-of-Pocket Maximums include deductibles, medical/drug copayments and coinsurance)

*Other minor benefit changes will be reflected in the Enrollment Guide and the HMO's Evidence of Coverage

The three HMOs have certified that their respective prescription drug benefits proposed for the 2014 - 2015 Plan Year meet the actuarial requirements to be considered Creditable Coverage according to current Medicare Part D rules.