

# 2025 PT/Temp Employee - Tier 1 ACA

<b>Medical</b>				
Plan/Coverage Level	Monthly Premium	Monthly Employer Rate	Monthly Employee Rate	Per Pay Period Employee Rate
<b>Blue Shield Trio HMO</b>				
Employee Only	\$685.00	\$516.00	\$169.00	<b>\$78.00</b>
Employee + Child(ren)	\$1,367.00	\$516.00	\$851.00	<b>\$392.77</b>
Employee + Spouse/RDP*	\$1,505.00	\$516.00	\$989.00	<b>\$456.46</b>
Family	\$2,051.00	\$516.00	\$1,535.00	<b>\$708.46</b>

\*Registered Domestic Partner (RDP)

	Blue Shield Trio HMO
Plan Features	In-Network Only
Annual Deductible Individual / Family	None / None
Out-of-Pocket Maximum Individual / Family	\$2,500 / \$5,000
Preventive Care	No copay
Office Visit (primary/specialist)	\$20 copay
TelaDoc Consultation	\$5 copay
Lab & X-Ray (CT/MRI/PET)	No copay
Inpatient Hospital	\$500 copay per admit
Outpatient Surgery	\$250 copay per procedure
Emergency Room (waived if admitted)	\$150 copay
Urgent Care	\$20 copay
Chiropractic Care / Acupuncture Care	\$15 copay (Combined 30 visits per year)
Prescription Drug Coverage	
Out-of-Pocket Maximum Individual / Family	\$2,500 / \$5,000
Prescription Drug: Retail	(30-day supply)
Generic	\$10 copay
Brand	\$20 copay
Non-Formulary Brand	\$50 copay
Prescription Drug: Mail Order	(90-day supply)
Generic	\$20 copay
Brand	\$40 copay
Non-Formulary Brand	\$100 copay