

2024 Construction Safety Flagperson

Medical				
Plan/Coverage Level	Monthly Premium	Monthly Employer Rate	Monthly Employee Rate	Per Pay Period Employee Rate
Blue Shield Trio HMO				
Employee Only	\$650.00	\$442.00	\$208.00	\$96.00
Employee + Child(ren)	\$1,297.00	\$442.00	\$855.00	\$394.62
Employee + Spouse/RDP*	\$1,428.00	\$442.00	\$986.00	\$455.08
Family	\$1,946.00	\$442.00	\$1,504.00	\$694.15

*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