

2025 TCA BlueCross BlueShield Monthly Rate Sheet

Option 1			
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
\$407.52	\$855.11	\$745.24	\$1,235.54

Option 2			
\$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
\$455.66	\$956.20	\$833.34	\$1,381.65

Option 3			
\$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
\$511.66	\$1,073.80	\$935.81	\$1,551.61

Option 4			
\$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
\$616.79	\$1,294.56	\$1,128.20	\$1,870.68

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

Group Term Life and Voluntary Group Term Life and AD&D by Companion Life							
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		

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

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