

**2023-2024 RYSS Healthcare Options**

TRS Active Care-Blue Cross Blue Shield	
Medical-Group #: 866344-01400349	
Active Care Primary	
PCP-Required for Enrollment	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee	\$23.00
w/ Spouse	\$333.50
w/ Children	\$17.50
w/Family	\$484.50
Active Care HD	
PCP-Required for Enrollment	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee	\$29.00
w/ Spouse	\$349.50
w/ Children	\$127.50
w/Family	\$505.00
Active Care Primary+	
PCP-Required for Enrollment	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee	\$60.50
w/ Spouse	\$409.50
w/ Children	\$181.00
w/Family	\$587.00
Active Care 2	
Only Current Participants	
PCP-Required for Enrollment	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee	\$313.50
w/ Spouse	\$951.00
w/ Children	\$503.50
w/Family	\$1,170.50

METLIFE - Dental	
Dental - Low Option	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee	\$0.00
w/ Spouse	\$14.43
w/ Children	\$21.32
w/Family	\$36.38
Dental - High Option	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee	\$1.67
w/ Spouse	\$19.17
w/ Children	\$27.22
w/Family	\$44.70

AFLAC - Short Term Disability	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee	\$0.00

EyeMed - Vision	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee	\$0.00
w/ Spouse	\$2.45
w/ Children	\$2.72
w/Family	\$5.27

Dearborn - Life Insurance	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee (10K)	\$0.00
AD&D	
<b>Coverage</b>	<b>Per Pay Period</b>
Employee (10K)	\$0.00

Optional Providers
AFLAC Supplemental
AXA - Equitable Retirement Fund
Dearborn (Supplemental Life)
Legal Shield

**Selections can only be changed at next year's open enrollment, or life event during the year.**