

# 2025 Construction Safety Flagperson

| <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        | \$488.00              | \$197.00              | <b>\$90.92</b>               |
| Employee + Child(ren)       | \$1,367.00      | \$488.00              | \$879.00              | <b>\$405.69</b>              |
| Employee + Spouse/RDP*      | \$1,505.00      | \$488.00              | \$1,017.00            | <b>\$469.38</b>              |
| Family                      | \$2,051.00      | \$488.00              | \$1,563.00            | <b>\$721.38</b>              |

\*Registered Domestic Partner (RDP)

|   | <b>Blue Shield Trio HMO</b>                 |
|---|---|
| <b>Plan Features</b>                      | <b>In-Network Only</b>                      |
| 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<br>(Combined 30 visits per year) |
| <b>Prescription Drug Coverage</b>         |   |
| 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                                 |