Weakley County Government
2025 Plan Options

Understanding your benefits

Gallagher

Insurance | Risk Management | Consulting

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2025 Benefit Information

- **This enrollment will be for Medical Only.** Dental and Vision enrollments were held in April.

- Your BCBST Medical Plan designs and premiums will remain the same.

- You will be moving from a two-card medical insurance plan to a one-card BCBST medical plan as of 7/1/25. **You will have BCBST only. PMD will no longer be effective.**

- All employees enrolled in the Medical plan will receive new BCBST ID cards for Medical Only. (Please be sure to keep your new insurance ID card as the Group# will be changing for Medical Only) **BCBST Medical, New Group# will be 146999**

- Your BCBST Dental and Vision remain the same, no changes (Please keep your current BCBST Dental & Vision ID cards. The Group# for Medical will not be the same) **BCBST Dental/Vision Group# is 142230**

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2025 Benefit Information continued

- **Mail order Pharmacy will be available through Home Delivery Network up to a 90-day supply**

- All Deductibles/ Out of Pocket Maximums that have been accumulated for 2025 will roll over to the new BCBST medical plan and run through 12/31/25.

- If you are making changes to Medical Only, please complete an enrollment/change form.

- If you are not making any changes to your medical, you do not need to do anything further. Coverage will roll over to the new plan year.

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Medical Plan Comparison

Major Medical Expense	Premier Plan	Standard Plan	Limited Plan	CDHP Plan
Coinsurance %	90% / 10%	80% / 20%	70% / 30%	70% / 30%
Hospital Services	90% / 10%	80% / 20%	70% / 30%	70% / 30%
Outpatient Services	90% / 10%	80% / 20%	70% / 30%	70% / 30%
Emergency Room Copay	$150	$175	$200	Ded/Coins
Doctor Office Copay	$25	$30	$35	Ded/Coins
Specialist Copay (physical therapy, oncologists, OBGYN, psychiatrist, psychologist, etc.)	$45	$50	$55	Ded/Coins
Rx Copays (Generic/Preferred/Non-Preferred/Specialty)	$7/$40/$90	$14/$50/$100	$14/$60/$110	Ded/Coins
Deductible				
EE	$500	$1,000	$1,800	$2,000
EC	$750	$1,500	$2,500	$4,000
ES	$1,000	$2,000	$2,800	$4,000
FF	$1,250	$2,500	$3,600	$4,000
Net Adjusted OOP Max				
EE	$2,650	$3,600	$4,660	$4,800
EC	$4,075	$4,800	$7,550	$8,600
ES	$4,300	$6,200	$7,760	$8,600
FF	$4,525	$6,600	$8,320	$8,600

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Specialist Copay Vs. a Primary Care Visit Copay

Specialist Visit Copays are applied when you see a doctor that specializes in a specific field of medicine.

Examples of Specialist:

1. Psychiatrist
2. Physical Therapist
3. Cardiologist
4. Dermatologist
5. Surgeon
6. Neurologist
7. Chiropractor
8. Oncologist
9. Pulmonologist

Primary Care Visit Copays are applied when you see a doctor for basic care.

Examples of a Primary Care Physician:

1. Family Physician
2. Pediatrician

Examples of Primary Care:

1. Sinus Infection
2. Cold Symptoms
3. Maintenance Care
4. Physicals
5. Immunizations
6. Kidney Infection

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2025 HSA Employer Contribution

Employer Annual HSA Contributions	
EE	$500
EC	$1,000
ES	$1,000
FF	$1,000

- If you chose the CDHP Plan and have an HSA, you will pay your part with your HSA card
- 2025 HSA Limit is $4,300 for employee only and $8,550 for family; if you are 55 or older you can do an additional $1,000
- Weakley will continue to use Simmons Bank for HSAs

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Monthly Cost & Contributions

BCBS Network S

Premier PPO	Paid By Employer	Paid by Employee	Total Premium
Employee	$694.74	$173.68	$868.42
Employee + Child(ren)	$968.71	$447.66	$1,416.37
Employee + Spouse	$1,172.47	$651.42	$1,823.89
Employee + Family	$1,462.08	$941.03	$2,403.11
Standard PPO	**Paid By Employer**	**Paid By Employee**	**Total Premium**
Employee	$667.06	$166.77	$833.83
Employee + Child(ren)	$931.54	$431.25	$1,362.79
Employee + Spouse	$1,125.01	$624.72	$1,749.73
Employee + Family	$1,405.15	$904.85	$2,310.00
Limited PPO	Paid By Employer	Paid By Employee	Total Premium
Employee	$575.43	$143.85	$719.28
Employee + Child(ren)	$808.60	$377.03	$1,185.63
Employee + Spouse	$967.88	$536.31	$1,504.19
Employee + Family	$1,216.70	$785.13	$2,001.83
CDHP + HSA	Paid By Employer	Paid By Employee	Total Premium
Employee	$544.45	$136.11	$680.56
Employee + Child(ren)	$765.67	$357.34	$1,123.01
Employee + Spouse	$912.99	$504.66	$1,417.65
Employee + Family	$1,150.70	$742.37	$1,893.07

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BCBST Telehealth Benefit

Use PhysicianNow® Powered by MDLive when it's not an emergency, and you can't get to a doctor's office. **And you'll typically pay less than you would for a visit to the office or urgent care clinic.**

Use PhysicianNow for things like:

- Allergies, cold, fever and flu
- Sinus or respiratory issues
- Skin conditions (rashes or insect bites)
- Certain pediatric conditions
- Urinary tract infections
- Constipation or diarrhea
- Earaches
- Nausea and vomiting
- Pink eye

Have your BlueCross Member ID card with you — your doctor will need information from it.

How do I use PhysicianNow?

You can talk with a doctor using your phone, online video chat, or the mobile app.

It's easy to get started.

Register for PhysicianNow by logging in to your BlueAccess℠ account at **bcbst.com/member** and clicking **Talk With a Doctor Now**. Or call **1-888-283-6691**.

Once you register, you can use it anytime. You can also download the app from the App Store® or Google Play®. Search for PhysicianNow, one word.

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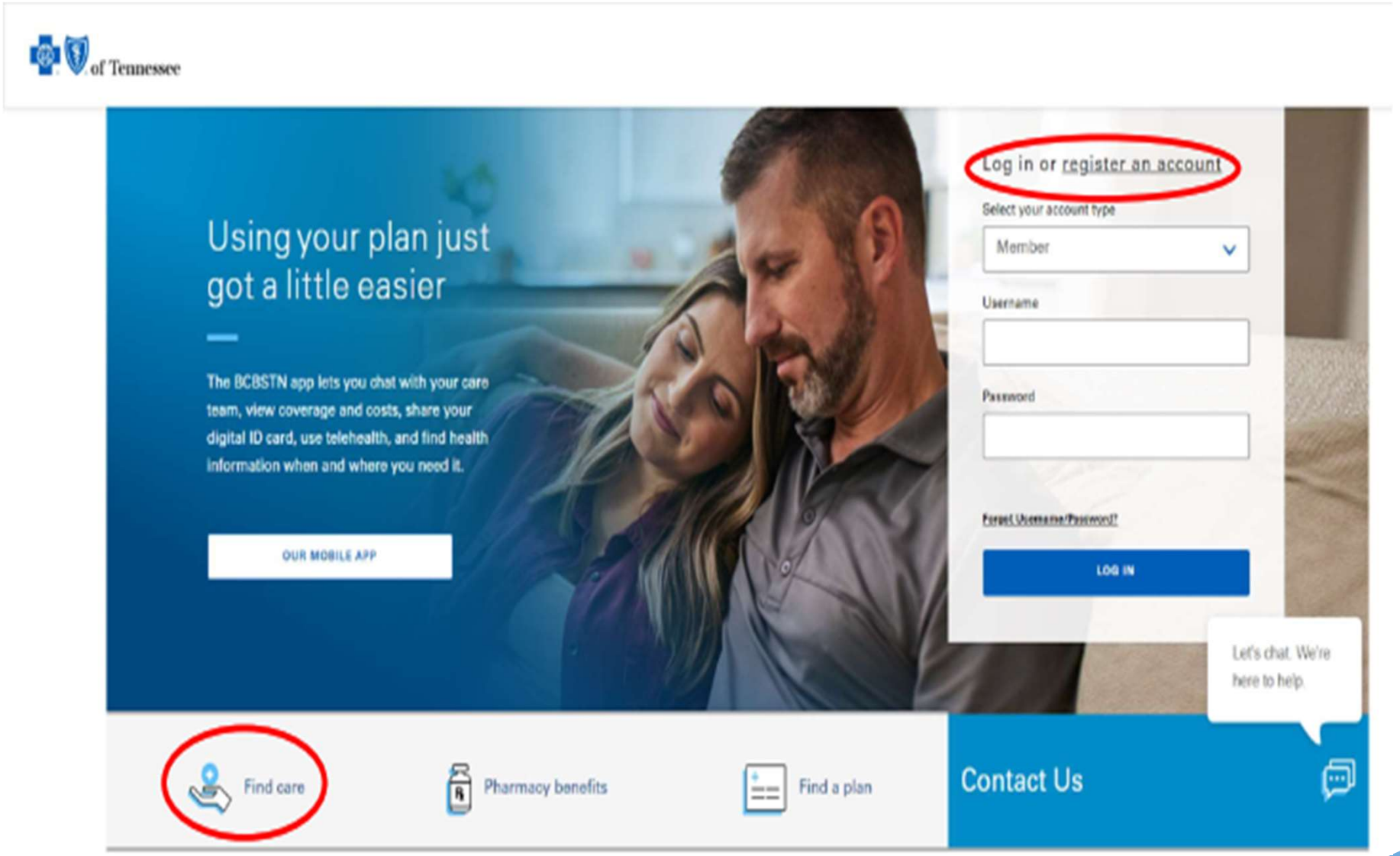
Picking a Network Provider-BCBST



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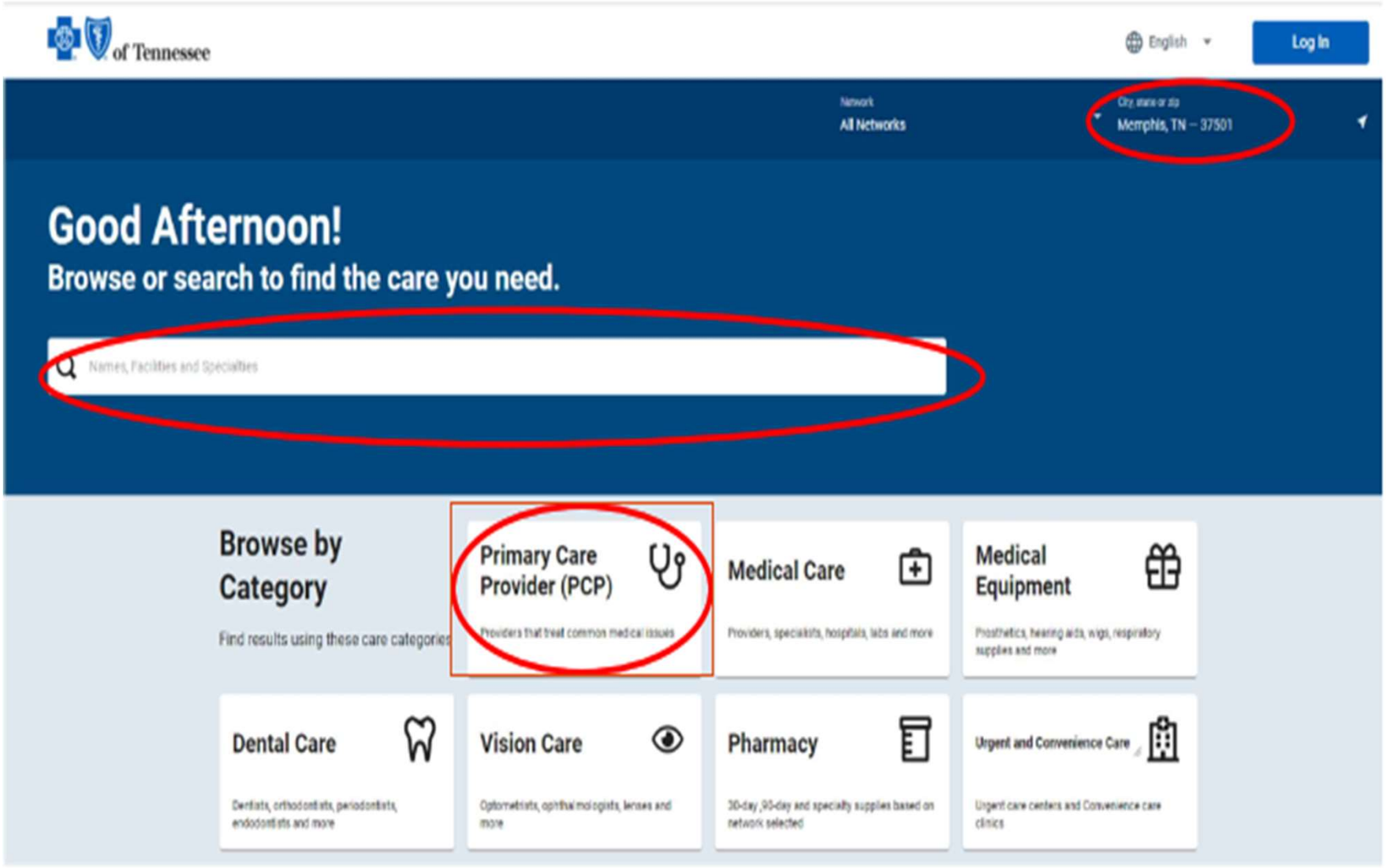
Picking a Network Provider-BCBST



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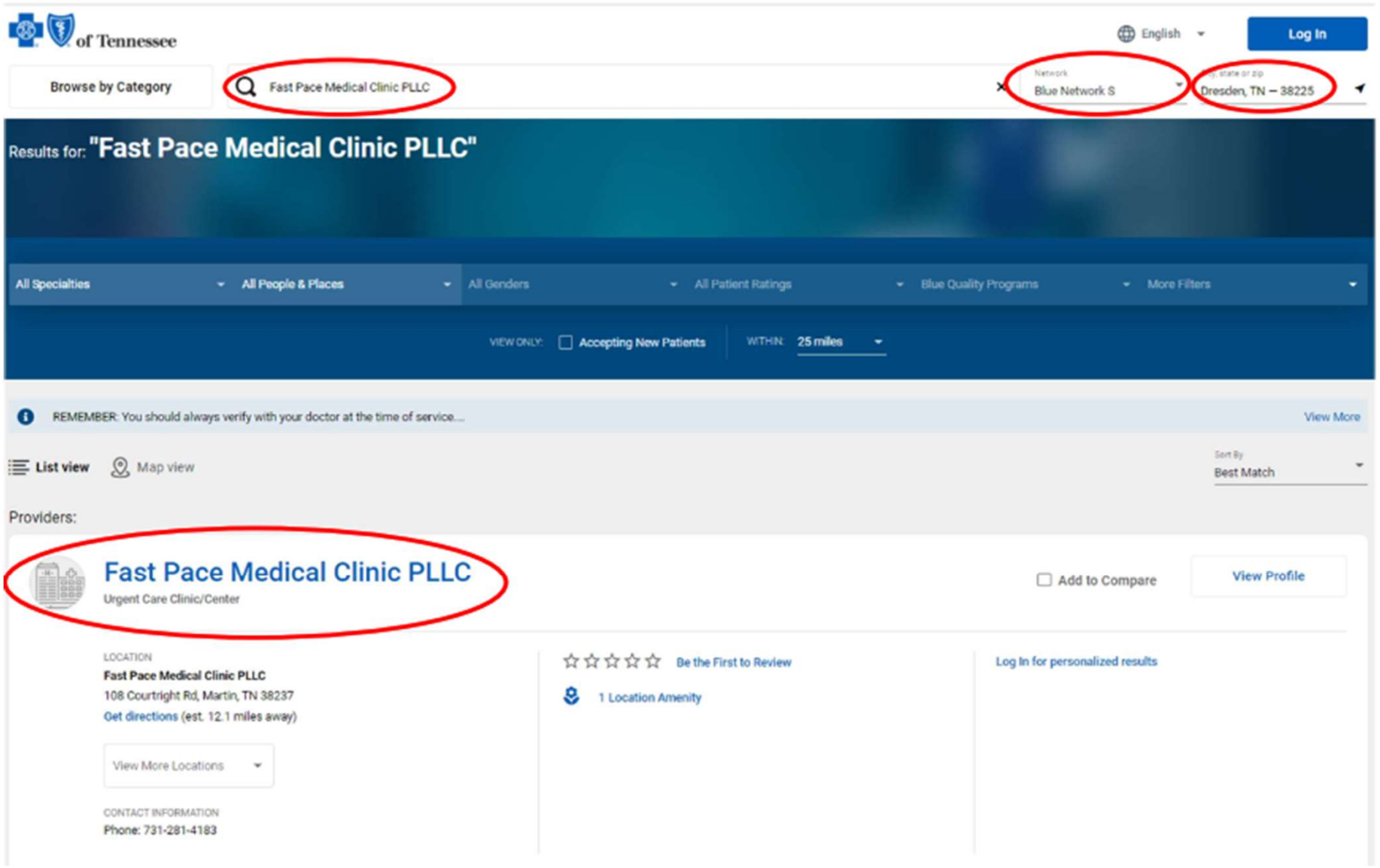
Picking a Network Provider-BCBST



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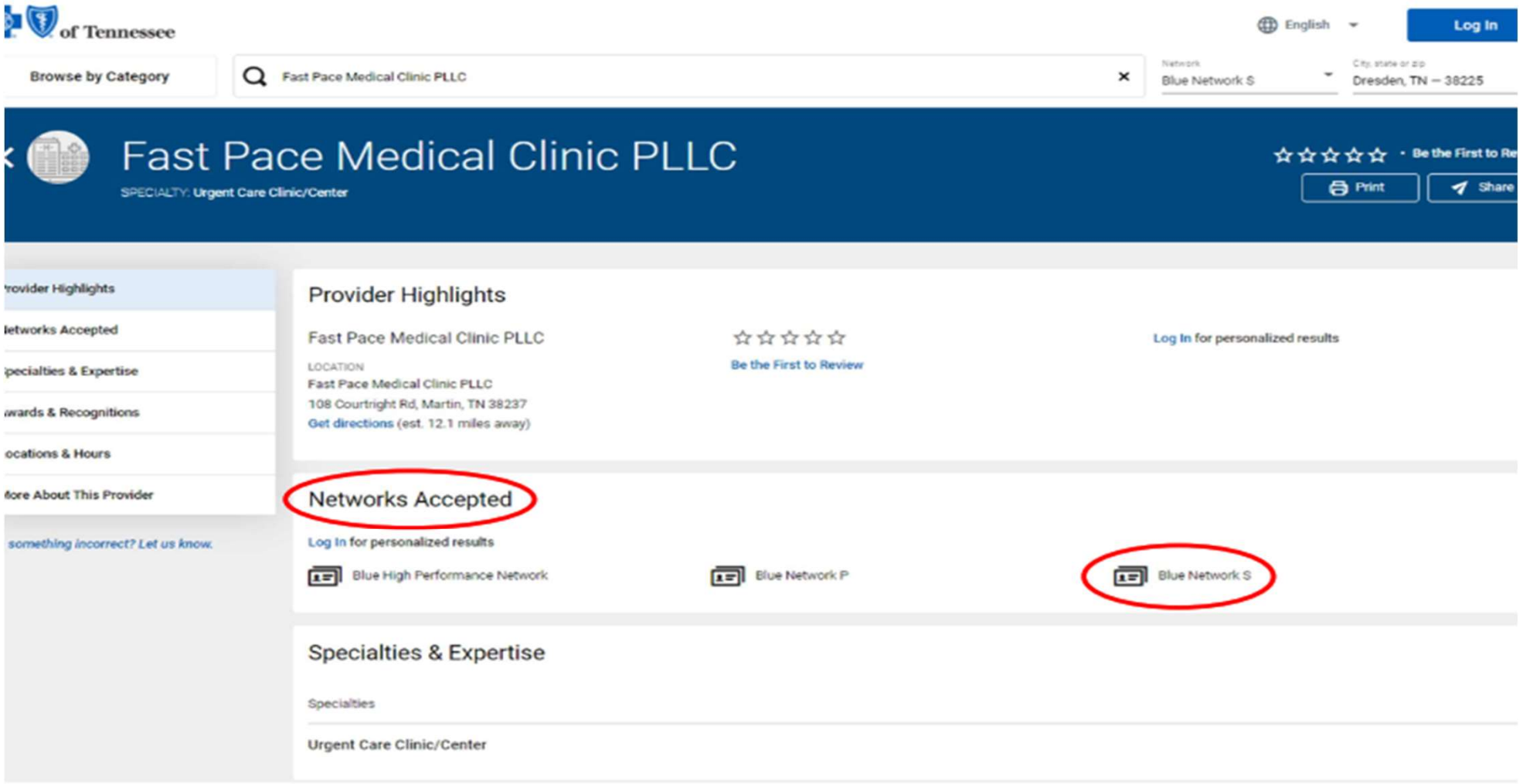
Picking a Network Provider-BCBST



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Total Cost of Healthcare

Your Insurance Premium Cost
\+ Your Out-of-Pocket Expenses
\- Employer HSA Contributions
= Your Total Cost

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Total Cost – Wellness (No Claims)

Hospital and Doctor Bills	$0	$0	$0	$0
Employee Pays These OOP Expenses	**Premier**	**Standard**	**Limited**	**CDHP**
Deductibles	$0	$0	$0	$0
Separate Prescription Deductible	$0	$0	$0	$0
Coinsurance	$0	$0	$0	$0
Urgent Care Copay	$0	$0	$0	$0
Emergency Room Copay	$0	$0	$0	$0
Primary Care Office Visit Copay	$0	$0	$0	$0
Specialist Copay	$0	$0	$0	$0
Generic Drugs Copays	$0	$0	$0	$0
Non-Preferred Drugs Copays	$0	$0	$0	$0
Employer HRA / HSA Contributions	$0	$0	$0	($500)
Gap Reimb. For OOP Costs	$0	$0	$0	$0
Adjustment for Max OOP	$0	$0	$0	$0
Net OOP Cost	**$0**	**$0**	**$0**	**($500)**
Your Total Cost= OOP + Annual Premiums	**Premier**	**Standard**	**Limited**	**CDHP**
EE	$2,084	$2,001	$1,726	$1,133
EC	$5,372	$5,175	$4,524	$3,788
ES	$7,817	$7,497	$6,436	$5,556
FF	$11,292	$10,858	$9,422	$8,408

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Total Cost – Average Jones Family

Hospital and Doctor Bills	$3,140	$3,140	$3,140	$3,140
Employee Pays These OOP Expenses	**Premier**	**Standard**	**Limited**	**CDHP**
Deductibles	$0	$0	$0	$1,700
Separate Prescription Deductible	$0	$0	$0	$0
Coinsurance	$0	$0	$0	$0
Urgent Care Copay	$90	$100	$110	$0
Emergency Room Copay	$0	$0	$0	$0
Primary Care Office Visit Copay	$300	$360	$420	$0
Specialist Copay	$0	$0	$0	$0
Generic Drugs Copays	$420	$840	$840	$0
Non-Preferred Drugs Copays	$0	$0	$0	$0
Employer HRA / HSA Contributions	$0	$0	$0	($1,000)
Gap Reimb. For OOP Costs	$0	$0	$0	$0
Adjustment for Max OOP	$0	$0	$0	$0
Net OOP Cost	**$810**	**$1,300**	**$1,370**	**$700**
Your Total Cost= OOP + Annual Premiums	**Premier**	**Standard**	**Limited**	**CDHP**
EE	N/A	N/A	N/A	N/A
EC	$5,858	$6,027	$5,406	$4,248
ES	$8,303	$8,349	$7,318	$6,016
FF	$12,102	$12,158	$10,792	$9,608

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Total Cost – Managing Diabetes

Hospital and Doctor Bills	$5,630	$5,630	$5,630	$5,630
Employee Pays These OOP Expenses	**Premier**	**Standard**	**Limited**	**CDHP**
Deductibles	$500	$1,000	$1,300	$2,000
Separate Prescription Deductible	$0	$0	$0	$0
Coinsurance	$80	$60	$0	$585
Urgent Care Copay	$0	$0	$0	$0
Emergency Room Copay	$150	$175	$200	$0
Primary Care Office Visit Copay	$75	$90	$105	$0
Specialist Copay	$270	$300	$330	$0
Generic Drugs Copays	$168	$336	$336	$0
Non-Preferred Drugs Copays	$1,080	$1,200	$1,320	$0
Employer HRA / HSA Contributions	$0	$0	$0	($500)
Gap Reimb. For OOP Costs	$0	$0	$0	$0
Adjustment for Max OOP	$0	$0	$0	$0
Net OOP Cost	**$2,323**	**$3,161**	**$3,591**	**$2,085**
Your Total Cost= OOP + Annual Premiums	**Premier**	**Standard**	**Limited**	**CDHP**
EE	$4,407	$5,162	$5,317	$3,718
EC	$7,695	$8,336	$8,115	$7,738
ES	$10,140	$10,658	$10,027	$9,506
FF	$13,615	$14,019	$13,013	$12,358

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Total Cost – Having a Baby

Hospital and Doctor Bills	$9,220	$9,220	$9,220	$9,220
Employee Pays These OOP Expenses	**Premier**	**Standard**	**Limited**	**CDHP**
Deductibles	$500	$1,000	$1,800	$2,000
Separate Prescription Deductible	$0	$0	$0	$0
Coinsurance	$704	$1,308	$1,722	$1,662
Urgent Care Copay	$0	$0	$0	$0
Emergency Room Copay	$0	$0	$0	$0
Primary Care Office Visit Copay	$75	$90	$105	$0
Specialist Copay	$270	$300	$330	$0
Generic Drugs Copays	$0	$0	$0	$0
Non-Preferred Drugs Copays	$0	$0	$0	$0
Employer HRA / HSA Contributions	$0	$0	$0	($500)
Gap Reimb. For OOP Costs	$0	$0	$0	$0
Adjustment for Max OOP	$0	$0	$0	$0
Net OOP Cost	**$1,549**	**$2,698**	**$3,957**	**$3,162**
Your Total Cost= OOP + Annual Premiums	**Premier**	**Standard**	**Limited**	**CDHP**
EE	$3,633	$4,699	$5,683	$4,795
EC	$6,921	$7,873	$8,481	$8,850
ES	$9,366	$10,195	$10,393	$10,618
FF	$12,841	$13,556	$13,379	$13,470

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BCBST Dental Plan

BCBST	Standard Plan
Services	In-Network
Calendar Year Maximum	$1500
Calendar Year Deductible	Individual: $25 Family: $75
Class A: Diagnostic & Preventive (Exams, Routine Cleanings, X-Rays, Fluoride, Sealants, Space Maintainers)	Plan Pays 100% No Deductible
Class B: Basic Restorative (Fillings, Basic Oral Surgery, Simple Extractions, Repairs to Bridges, Crowns, Inlays, Dentures, etc.)	Plan Pays 80% After Deductible
Class C: Major Restorative (Major Surgical Extractions, Root Canal, Crowns, Bridges, Dentures, etc.)	Plan Pays 50% After Deductible **6 month Waiting Period**
Class D: Orthodontia (Coverage for Dependents to age 19)	Plan Pays 50% Lifetime Max: $1250 **12 month Waiting Period**

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BCBST Dental Monthly Rates

2025 BCBST Dental

Coverage Level	Employee Monthly Premiums
Employee Only	$25.43
Employee + Spouse	$58.48
Employee + Child(ren)	$48.10
Employee + Family	$94.12

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BCBST Vision Plan

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BCBST	In-Network	Out-of-Network
Services	IN Member Cost	OON Reimbursement
Frequency of Services	Exams: 12 months Lenses: 12 months Frames: 24 months Contact Lenses: 12 months	Exams: 12 months Lenses: 12 months Frames: 24 months Contact Lenses: 12 months
Eye Exam	$10 Copay	Up to $35
Contact Lens Evaluation & Fitting	$40 Copay Medically necessary 100%; Elective $180 allowance	N/A Medically necessary up to $200 Elective $144 allowance
Standard Frames	$0 Copay Up to $180 allowance; 20% off balance over allowance	Up to $90
Single Vision Eyeglass Lenses **Bifocal Eyeglass Lenses** **Trifocal Eyeglass Lenses**	$20 Copay $20 Copay $20 Copay	Up to $30 Up to $45 Up to $60
Standard Progressive Lenses (add onto Bifocal)	$65 Additional Copay	N/A

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BCBST Vision Monthly Rates

2025 BCBST Vision

Coverage Level	Employee Monthly Premiums
Employee Only	$6.98
Employee + Spouse	$13.97
Employee + Child(ren)	$14.67
Employee + Family	$23.05

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What is MyBenefitsChannel?

MyBenefitsChannel.com (MBC) is a Benefits & Human Resources Online Portal

Gives employees access to items like:

- Online Paycheck Stubs
  - Ability to see paycheck information on-demand
  - Sign up to receive Email and even text notifications

- Benefits Library
  - Benefits & HR forms, brochures, customer service contacts, and more will be at your fingertips 24/7

Support line to help with login or technology questions
800-435-5023 option 2

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Questions

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