




Healthcare Plans by Thin Blue Line Benefits

Plan year is from 09/01/2024 to 08/31/2025

	ULTRA	PRIME	VALUE
PLAN INFORMATION All 3 Thin Blue Line Benefits PPO plans use the extensive Cigna PPO Network 			
ANNUAL DEDUCTIBLE	\$500 INDIVIDUAL \$1,000 FAMILY	\$1,200 INDIVIDUAL \$2,400 FAMILY	\$5,000 INDIVIDUAL \$10,000 FAMILY
OUT-OF-POCKET MAX (OPM) (ALL COPAYS APPLY TO OPM)	\$4,500 INDIVIDUAL \$9,000 FAMILY	\$6,000 INDIVIDUAL \$12,000 FAMILY	\$5,000 INDIVIDUAL \$10,000 FAMILY
PHYSICIAN OFFICE SERVICES - IN PERSON VISIT			
OFFICE VISIT PCP / SPECIALIST	\$25/\$50	\$35/\$65	\$15/\$15
CO-INSURANCE	80/20	80/20	100%
SPECIALISTS (NO REFERRAL)	YES	YES	YES
URGENT CARE AND EMERGENCY			
URGENT CARE	\$40 COPAY	\$40 COPAY	\$50 COPAY
EMERGENCY ROOM	\$500 COPAY (WAIVED IF ADMITTED)	\$500 COPAY (WAIVED IF ADMITTED)	\$1,000 COPAY (WAIVED IF ADMITTED)
RX			
RX GENERIC TIER 1	\$0-\$15 COPAY	\$0-\$15 COPAY	\$0-\$15 COPAY
PREFERRED NAME BRAND IN FORMULARY	20% COINSURANCE	20% COINSURANCE	N/A
NON PREFERRED RX / SPECIALTY RX	NON PREFERRED COVERED AT 30% COINSURANCE AFTER DEDUCTIBLE SPECIALTY COVERED AT 50% COINSURANCE AFTER DEDUCTIBLE	NON PREFERRED RX IS COVERED AT 30% COINSURANCE AFTER DEDUCTIBLE	N/A
OTHER BENEFITS			
CHIROPRACTIC	\$25 COPAY FOR UP TO 10 SESSIONS	\$35 COPAY FOR UP TO 10 SESSIONS	\$0 COPAY AFTER DEDUCTIBLE FOR UP TO 10 VISITS
PHYSICAL THERAPY	20% COINSURANCE AFTER DEDUCTIBLE. 25 VISITS IN NETWORK	20% COINSURANCE AFTER DEDUCTIBLE. 25 VISITS IN NETWORK	0% COINSURANCE AFTER DEDUCTIBLE. 25 VISITS IN NETWORK
PPO NETWORK MENTAL HEALTH	\$50 COPAY	\$65 COPAY	N/A
TELEHEALTH	\$0 COPAY	\$0 COPAY	\$0 COPAY

Always refer to the official SBC document for plan details, limitations and exclusions.
Thin Blue Line Benefits Association Holdings, LLC is a Registered and Licensed Texas Corporation.
Health Insurance plans are exclusively sold and issued to association members and their dependents.
This plan comparison is for illustrative purposes only and does constitute a complete list of coverage.



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New additional chronic care, mental health, and Rx benefits added for all Thin Blue Line Plans

CHRONIC CARE VIRTUAL/ TELE SERVICES	
CHRONIC CARE MANAGEMENT SERVICES	100% IF NO RX REQUIRED / \$45 COPAY IF RX PRESCRIBED
DIABETES MANAGEMENT AND ASSISTANCE	100% IF NO RX REQUIRED / \$45 COPAY IF RX PRESCRIBED
STROKE AND HEART DISEASE	100% IF NO RX REQUIRED / \$45 COPAY IF RX PRESCRIBED
ARTHRITIS AND PAIN MANAGEMENT	100% IF NO RX REQUIRED / \$45 COPAY IF RX PRESCRIBED
HIGH BLOOD PRESSURE	100% IF NO RX REQUIRED / \$45 COPAY IF RX PRESCRIBED
CANCER TREATMENT	100% IF NO RX REQUIRED / \$45 COPAY IF RX PRESCRIBED
MENTAL HEALTH	
OVERALL DEDUCTIBLE	0
OUT-OF-POCKET MAX	0
MENTAL HEALTH COUNSELING IN OFFICE	\$45
24 HOUR CRISIS CALL LINE	100% COVERED
REMOTE VIDEO OR TELE COUNSELING	100% COVERED
BEHAVIORAL HEALTH TELE / VIDEO COUNSELING	100% COVERED
SAME COUNSELOR OPTION AVAILABLE FOR VIRTUAL / TELE CARE	100% COVERED
VIRTUAL WORKSHOPS	100% COVERED
RX ENHANCED RIDER <i>(Rx Enhancement does not apply towards deductible or OPM)</i>	
400 GENERIC MEDICATIONS (93% OF MEDICATIONS)	\$0
NAME BRAND RX AND SPECIALTY RX	DIRECT COMMERCIAL WHOLESALE PRICING/NON PBM

Plan Premiums

	VALUE	PRIME	ULTRA
MEMBER	\$778.00	\$937.00	\$1187.00
MEMBER + SPOUSE	\$1398.00	\$1742.00	\$2096.00
MEMBER + CHILD(REN)	\$1344.00	\$1624.00	\$2047.00
FAMILY	\$1986.00	\$2393.00	\$3005.00

Plans and premiums published as of July 2024 and are subject to change at any time

All copays (Rx and medical apply to out-of-pocket max)

07/12/2024

