

## Blue Cross Blue Shield PPO Plans

	Blue Cross Blue Shield Simply Blue PPO \$250	Blue Cross Blue Shield Simply Blue PPO \$500	Blue Cross Blue Shield Simply Blue PPO \$1,000	Blue Cross Blue Shield Simply Blue PPO HSA \$1,350/20%	Blue Cross Blue Shield Simply Blue PPO HSA \$2,000/0%
<b>Annual Deductible:</b>	In-Network	In-Network	In-Network	In-Network	In-Network
<b>Single</b>	\$250 Individual	\$500 Individual	\$1,000 Individual	\$1,350 Individual	\$2,000 Individual
<b>Family</b>	\$500 Double/ Family	\$1,000 Double/ Family	\$2,000 Double/ Family	\$2,700 Double/ Family	\$4,000 Double/ Family
<b>Annual Coinsurance Maximums:</b>					
<b>Single</b>	\$1,500 Individual	\$1,500 Individual	\$2,500 Individual	80% After Deductible	None
<b>Family</b>	\$3,000 Double/ Family	\$3,000 Double/ Family	\$5,000 Double/ Family		
<b>Out-of-Pocket Maximums:</b>					
<b>Single</b>	\$6,350 Individual	\$6,350 Individual	\$6,350 Individual	\$2,250 Individual	\$3,000 Individual
<b>Family</b>	\$12,700 Double/ Family	\$12,700 Double/ Family	\$12,700 Double/ Family	\$4,500 Double/ Family	\$6,000 Double/ Family
<b>Primary Care Physician Office Visit</b>	\$20	\$20	\$30	80% After Deductible	100% After Deductible
<b>Specialist Office Visit Copay</b>	\$40	\$40	\$50	80% After Deductible	100% After Deductible
<b>Urgent Care Copay</b>	\$60	\$60	\$60	80% After Deductible	100% After Deductible
<b>Emergency Room Copay</b>	\$150 (Waived if Admitted)	\$150 (Waived if Admitted)	\$150 (Waived if Admitted)	80% After Deductible	100% After Deductible
<b>Inpatient Hospital Admission</b>	80% After Deductible	80% After Deductible	80% After Deductible	80% After Deductible	100% After Deductible
<b>Prescription Drugs:</b>	Tier 1 - \$15 Tier 2 - \$50 Tier 3 - \$70 or 50% of the approved amount (whichever is greater), but no more than \$100 Tier 4 - 20% co-insurance of the approved amount, but no more than \$200 Tier 5 - 25% co-insurance of the approved amount, but no more than \$300	Tier 1 - \$15 Tier 2 - \$50 Tier 3 - \$70 or 50% of the approved amount (whichever is greater), but no more than \$100 Tier 4 - 20% co-insurance of the approved amount, but no more than \$200 Tier 5 - 25% co-insurance of the approved amount, but no more than \$300	Tier 1 - \$15 Tier 2 - \$50 Tier 3 - \$70 or 50% of the approved amount (whichever is greater), but no more than \$100 Tier 4 - 20% co-insurance of the approved amount, but no more than \$200 Tier 5 - 25% co-insurance of the approved amount, but no more than \$300	Tier 1 - After deductible is met, \$15 Tier 2 - After deductible is met, \$50 Tier 3 - After deductible is met, \$70 or 50% of the approved amount (whichever is greater), but no more than \$100 Tier 4 - After deductible is met, 20% co-insurance of the approved amount, but no more than \$200 Tier 5 - After deductible is met, 25% co-insurance of the approved amount, but no more than \$300	Tier 1 - After deductible is met, \$15 Tier 2 - After deductible is met, \$50 Tier 3 - After deductible is met, \$70 or 50% of the approved amount (whichever is greater), but no more than \$100 Tier 4 - After deductible is met, 20% co-insurance of the approved amount, but no more than \$200 Tier 5 - After deductible is met, 25% co-insurance of the approved amount, but no more than \$300
<b>Prescription Drug Tiers:</b>	Generic / Preferred Brand / Non-Preferred Brand / Brand Name Specialty / Non-Preferred Brand Name Specialty				



## Blue Care Network HMO Plans

	Blue Care Network HMO \$250	Blue Care Network HMO \$500	Blue Care Network HMO \$1,000	Blue Care Network HMO HSA \$1,350/20%	Blue Care Network HMO HSA \$2,000/0%
Annual Deductible:	In-Network	In-Network	In-Network	In-Network	In-Network
Single	\$250 Individual	\$500 Individual	\$1,000 Individual	\$1,350 Individual	\$2,000 Individual
Family	\$500 Double/ Family	\$1,000 Double/ Family	\$2,000 Double/ Family	\$2,700 Double/ Family	\$4,000 Double/ Family
Annual Coinsurance Maximums:					
Single	\$1,500 Individual	\$1,500 Individual	\$2,500 Individual	80% After Deductible	None
Family	\$3,000 Double/ Family	\$3,000 Double/ Family	\$5,000 Double/ Family		
Out-of-Pocket Maximums:					
Single	\$6,350 Individual	\$6,350 Individual	\$6,350 Individual	\$2,350 Individual	\$3,000 Individual
Family	\$12,700 Double/ Family	\$12,700 Double/ Family	\$12,700 Double/ Family	\$4,700 Double/ Family	\$6,000 Double/ Family
Primary Care Physician Office Visit	\$20	\$20	\$30	80% After Deductible	100% After Deductible
Specialist Office Visit Copay	\$40	\$40	\$50	80% After Deductible	100% After Deductible
Urgent Care Copay	\$40	\$40	\$50	80% After Deductible	100% After Deductible
Emergency Room Copay	\$150 (Waived if Admitted)	\$150 (Waived if Admitted)	\$150 (Waived if Admitted)	80% After Deductible	100% After Deductible
Inpatient Hospital Admission	80% After Deductible	80% After Deductible	80% After Deductible	80% After Deductible	100% After Deductible
Prescription Drugs:	Tier 1A - \$4 Tier 1B - \$15 Tier 2 - \$40 Tier 3 - \$80 Tier 4 - 20% co-insurance (max amt. \$200) Tier 5 - 20% co-insurance (max amt. \$300)	Tier 1A - \$4 Tier 1B - \$15 Tier 2 - \$40 Tier 3 - \$80 Tier 4 - 20% co-insurance (max amt. \$200) Tier 5 - 20% co-insurance (max amt. \$300)	Tier 1A - \$4 Tier 1B - \$15 Tier 2 - \$40 Tier 3 - \$80 Tier 4 - 20% co-insurance (max amt. \$200) Tier 5 - 20% co-insurance (max amt. \$300)	Tier 1A - \$4 Tier 1B - \$15 Tier 2 - \$40 Tier 3 - \$80 Tier 4 - 20% co-insurance (max amt. \$200) Tier 5 - 20% co-insurance (max amt. \$300) **After Deductible	Tier 1A - \$4 Tier 1B - \$15 Tier 2 - \$40 Tier 3 - \$80 Tier 4 - 20% co-insurance (max amt. \$200) Tier 5 - 20% co-insurance (max amt. \$300) **After Deductible
Prescription Drug Tiers:	Value Generic / Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty				
<p>*The rates on this comparison are quoted rates only. Final rates are determined by the carrier based on carrier underwriting guidelines.</p> <p>*Refer to the specific carrier Benefit Summary of Summary of Coverage and Benefits for details regarding a specific benefit or service.</p> <p>*AccessPoint recommends that the employer contribute at least 50% of the single rate to remain compliant with the Affordable Care Act (ACA) guidelines of affordability.</p> <p>*Quoted rates do include estimated totals of Health Insurance Premium Tax, Risk Adjustment Tax, PCORI Fee and HICA Act Tax.</p>					

