



Proposed 7.1.2021 Plan Options



Base Plan

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Rates

- Single
- Employee + Spouse
- Employee + 1 Child
- Family

Deductible

- Individual
- Family

Coinurance

Out-of-pocket Maximum

- Individual
- Family

Hospitalization

- In Patient
- Out Patient

Immediate Care

- Emergency Room
- Urgent Care

Doctor Visit

- Office Visit
- Specialist Visit
- Preventative Care

Prescription Drugs

- Mail Order
- Preferred Generic
- Non Preferred Generic
- Preferred Brand
- Non-preferred Brand
- Preferred Specialty
- Non Preferred Specialty

	Option 1 BCBS Blue Advantage PPO MOBAP0030		Option 2 BCBS Blue Preferred PPO MOBPF0110		Option 3 BCBS Blue Advantage PPO MOBAP0081		Option 4 BCBS Blue Preferred PPO MOBPF0040	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Rates								
Single	\$499.74		\$555.04		\$551.20		\$679.42	
Employee + Spouse	\$1,280.42		\$1,399.83		\$1,390.21		\$1,713.58	
Employee + 1 Child	\$1,004.55		\$1,115.66		\$1,107.99		\$1,365.71	
Family	\$1,733.63		\$1,925.39		\$1,912.15		\$2,356.91	
Deductible								
Individual	\$2,500	\$4,000	\$2,500	\$5,000	\$1,000	\$1,500	\$1,000	\$1,500
Family	\$7,500	\$12,000	\$7,500	\$15,000	\$3,000	\$4,500	\$3,000	\$4,500
Coinurance	20%	40%	50%	50%	30%	50%		
Out-of-pocket Maximum								
Individual	\$6,000	\$18,000	\$6,000	\$18,000	\$3,000	\$9,000	\$3,000	\$9,000
Family	\$12,000	\$36,000	\$13,000	\$39,000	\$9,000	\$27,000	\$9,000	\$27,000
Hospitalization								
In Patient	\$750 + 20%	\$750 + 40%	\$500+50%	\$500+50%	\$750 + 20%	\$750 + 40%	20%	\$300+40%
Out Patient	\$250 + 20%	\$250 + 40%	\$250+50%	\$250+50%	20%	40%	20%	40%
Immediate Care								
Emergency Room	\$200+20%		\$300+50%		\$100 + 20%		\$100+20%	
Urgent Care	\$30 / \$50	40%	\$30 / \$50	50%	\$20	40%	\$20	40%
Doctor Visit								
Office Visit	\$30	30%	\$30	30%	\$20	50%	\$20	30%
Specialist Visit	\$50	30%	\$50	30%	\$20	50%	\$20	30%
Preventative Care	\$0	30%	\$0	30%	\$0	50%	\$0	30%
Prescription Drugs								
Mail Order	\$0 / \$25 / \$125 / \$250	Not Available	\$0 / \$25 / \$125 / \$250	Not Available	\$0 / \$25 / \$87.50 / \$187.50	Not Available	\$0 / \$25 / \$87.50 / \$187.50	Not Available
Preferred Generic	\$0 - \$10	\$10 + 50%	\$0 - \$10	\$10 + 50%	\$0-\$10	\$10+50%	\$0-\$10	\$10+50%
Non Preferred Generic	\$10 - \$20	\$20 + 50%	\$10 - \$20	\$20 + 50%	\$10-\$20	\$20+50%	\$10-\$20	\$20+50%
Preferred Brand	\$50 - \$70	\$70 + 50%	\$50 - \$70	\$70 + 50%	\$35-\$55	\$55+50%	\$35-\$55	\$55+50%
Non-preferred Brand	\$100 - \$120	\$120 + 50%	\$100 - \$120	\$120 + 50%	\$75-\$95	\$95+50%	\$75-\$95	\$95+50%
Preferred Specialty	\$150	\$150 + 50%	\$150	\$150 + 50%	\$150	\$150+50%	\$150	\$150+50%
Non Preferred Specialty	\$250	\$250 + 50%	\$250	\$250 + 50%	\$250	\$250+50%	\$250	\$250+50%