

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% |
|--|--|--|--|---|---|
| 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 | \$2,250 Individual | \$3,000 Individual |
| Family | \$12,700 Double/ Family | \$12,700 Double/ Family | \$12,700 Double/ Family | \$4,500 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 | \$60 | \$60 | \$60 | 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 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 |
| Prescription Drug Tiers: | 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> | | | | | |

