

MEDICAL BENEFITS	HDHP / HSA	Mid Plan	Buy Up
	BCBS	BCBS	BCBS
Deductible			
In-Network	\$2,700 Ind./ \$5,200 Fam.	\$1,000 Ind./ \$2,000 Fam.	\$500 Ind./ \$1,000 Fam.
Non-Network	\$5,200 Ind. /\$10,600 Fam.	\$5,000 Ind. / \$10,000 Fam.	\$2,000 Ind./ \$4,000 Fam.
Out Of Pocket Max			
	Includes Ded. / Coins. / Copays	Includes Ded. / Coins. / Copays	Includes Ded. / Coins. / Copays
In-Network	\$5,200 Ind./ \$10,000 Fam.	\$3,500 Ind./ \$6,000 Fam.	\$2,000 Ind / \$4,000 Fam.
Non-Network	\$10,600 Ind. / \$20,000 Fam.	\$15,000 Ind./ \$30,000 Fam.	\$10,000 Ind./ \$20,000 Fam.
Coinsurance			
In-Network	15%	15%	15%
Non-Network	40%	40%	40%
Lifetime Max	Unlimited	Unlimited	Unlimited
Preventive Care			
In-Network	\$0 - No Cost Sharing	\$0 - No Cost Sharing	\$0 - No Cost Sharing
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 40%
Physician Office Visit			
	Virtual Visit- Ded./ 20%	Virtual Visit- \$0 copay	Virtual Visit- \$0 copay
In-Network Dep. Child Age 0-19	Ded./ 15%	\$10 Copay	\$10 Copay
In-Network >19	Ded./ 15%	\$20 Copay	\$20 Copay
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 40%
Specialist Office Visit			
In-Network Dep. Child Age 0-19	Ded./ 15%	\$10 Copay	\$10 Copay
In-Network >19	Ded./ 15%	\$35 Copay	\$25 Copay
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 40%
Basic Lab & Radiology			
In-Network	Ded./ 15%	15%*	15%*
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 40%
Emergency Room			
In-Network	Ded./ 15%	\$150 Copay, then Ded/Coins	\$150 Copay, then Ded/Coins
Non-Network	Ded./ 40%	\$150 Copay, then Ded/Coins	\$150 Copay, then Ded/Coins
Urgent Care			
In-Network	Ded./ 15%	\$50 Copay	\$50 Copay
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 40%
Rehabilitative Therapy PT / OT / ST			
In-Network Dep. Child Age 0-19	Ded./ 15%	\$10 Copay	\$10 Copay
In-Network >19	Ded./ 15%	\$35 Copay	\$25 Copay
Non-Network	Ded./ 40%	Ded./ 40%	Ded./ 40%
Note: This is a brief summary and not intended to be a contract.		*Covered under Office Visit Copay when service occurs in office visit setting; Covered under coinsurance when procedure occurs in outpatient or independent lab.	*Covered under Office Visit Copay when service occurs in office visit setting; Covered under coinsurance when procedure occurs in outpatient or independent lab.