

Health Benefits Summary

Package 1 - Plan Benefits	BlueOptions Predictable Cost 03768	BlueCare Lower Premium 72	BlueOptions Lower Premium 05908	BlueOptions HSA Compatible 05192 Non-Embedded DED & OOP	BlueOptions HSA Compatible 05193 Non-Embedded DED / Embedded OOP
Deductible (DED)¹ (Per Person/Family Aggregate) In-Network Out-of-Network	\$250 / \$750 \$1,000 / \$3,000	\$7,500 / \$15,000 NA / NA	\$5,000 / \$10,000 \$10,000 / \$20,000	\$2,500 / NA \$5,000 / NA	\$5,000 / \$5,000 \$10,000 / \$10,000
Coinsurance (Plan Pays/Member Pays) In-Network Out-of-Network	100% / 0% 50% / 50%	80% / 20% NA / NA	80% / 20% 50% / 50%	80% / 20% 60% / 40%	80% / 20% 60% / 40%
Out of Pocket Maximum² (Per Person/Family Aggregate) In-Network Out-of-Network	\$3,000 / \$6,000 \$6,000 / \$12,000	\$8,200 / \$16,400 NA / NA	\$8,200 / \$16,400 \$16,400 / \$32,800	\$5,800 / NA \$11,600 / NA	\$6,850 / \$11,600 \$23,200 / \$23,200
Office Service – Value Choice PCP	\$0 Copayment	\$0 Copayment	\$0 Copayment	DED	DED
Office Service – Value Choice Specialist	\$20 Copayment	\$20 Copayment	\$20 Copayment	DED	DED
Office Services - Family Physician	\$20 Copayment	\$0 Copayment - Visits 1-3 PBP + \$30 Copay for remaining Visits PBP	\$30 Copay for remaining Visits PBP + \$0 Copayment - Visits 1-3 PBP	DED + 20%	DED + 20%
Office Services – Specialist	\$45 Copayment	\$60 Copayment	\$60 Copayment	DED + 20%	DED + 20%
Virtual Visits – Family Physician	\$0 Copayment	\$0 Copayment	\$0 Copayment	DED + 20%	DED + 20%
Inpatient Hospital Facility	Option 1: \$700 Copayment / Option 2: \$700 Copayment	\$100 PAD + DED + 20%	Option 1: DED + 20% / Option 2: DED + 20%	Option 1: DED + 20% / Option 2: DED + 20%	Option 1: DED + 20% / Option 2: DED + 20%
Emergency Room Facility	\$200 Copayment	DED + 20%	\$350 Copayment	DED + 20%	DED + 20%
Urgent Care Centers	\$50 Copayment	\$100 Copayment	\$100 Copayment	DED + 20%	DED + 20%
Retail Pharmacy Pharmacy Tiers ⁵ Deductible ³ Tier 1 / Tier 2 / Tier 3 Tier 4 / Tier 5 / Tier 6 / Tier 7	4 \$0 \$10/\$50/\$80 20%/NA/NA/NA	4 \$0 \$10/\$50/\$80 20%/NA/NA/NA	4 \$0 \$10/\$50/\$80 20%/NA/NA/NA	4 In-Network Health DED \$10/\$50/\$80 20%/NA/NA/NA	4 In-Network Health DED \$10/\$50/\$80 20%/NA/NA/NA