



South Carolina

2023 Business BlueEssentialsSM

SMALL GROUP PLANS



Flexible Employee Health Plans



Plans for Groups
of 2 – 50 Lives



The Power of Blue

YOUR SMALL-BUSINESS CLIENTS NEED HEALTH INSURANCE THEIR EMPLOYEES CAN COUNT ON. BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA OFFERS THEM MORE PLAN OPTIONS, VALUE AND SERVICE.

Competitive Benefit Designs at Affordable Prices

- Robust network
- Low drug copays and a large covered drug list
- Low copays for urgent care at Doctors Care clinics
- \$500 extra for preventive services

Business-Minded Options To Fit Your Clients' Needs and Budget

- 38 plan options through Business BlueEssentials
- Comprehensive dental coverage with a large network

Discounts and Added Values

- Discounts on popular health and fitness products
- Discounts on hearing, vision and cosmetic services

Time-Saving Services

- Quick turnaround on quotes and enrollments
- Online access to group renewals
- Online tools and services for group leaders and members

Commitment to South Carolina

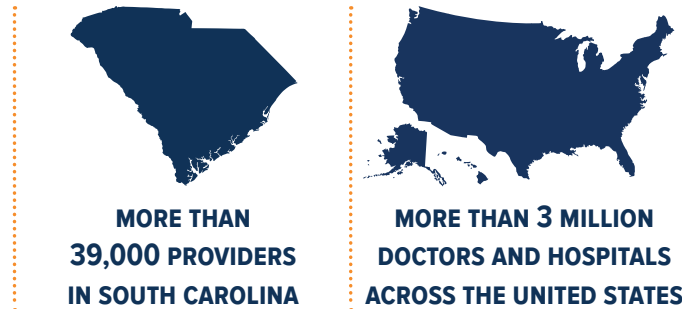
- Local service combined with worldwide coverage
- Award-winning customer service center
- Financially secure — rated A+ by AM Best*

Network Size and Strength

OUR BUSINESS BLUE ESSENTIALS PLANS COME WITH ACCESS TO OUR PREFERRED BLUE NETWORK.

Preferred Blue Network

With access to more providers, it's easier for members to make the most of their benefits:



Members can search for network providers at www.SouthCarolinaBlues/links/providers/PreferredBlue

Coverage Beyond South Carolina

Even small-business owners can offer their employees the peace of mind that comes with access to providers across the country and around the world.

- **BlueCard** allows members to use their health care benefits throughout the country.
- **Blue Cross Blue Shield Global® Core** gives members access to doctors and hospitals around the world.
- **GeoBlue®** International Health Insurance helps members access health care coverage around the world. This is an additional coverage option for your clients traveling overseas. Visit www.SouthCarolinaBlues.com for more information.

Urgent Care Savings

With the Preferred Blue network, urgent care is convenient and cost-effective. Members can visit any Doctors Care clinic in South Carolina at the same out-of-pocket cost as a primary care physician visit. Members pay the specialist rate or higher at other urgent care facilities.

Members can find the nearest location at www.DoctorsCare.com/locate

Out-of-Network Coverage

For covered services, members are responsible for 50 percent of the allowed amount plus any charges over the allowed amount. Out-of-network expenses don't go toward satisfying the deductible or out-of-pocket maximum.

Plan Benefits

BUSINESS BLUE ESSENTIALS INCLUDES THREE TYPES OF PLANS: GOLD, SILVER AND BRONZE. EACH PLAN HAS THE REQUIRED MINIMUM ESSENTIAL HEALTH BENEFITS. COPAYS, COINSURANCE AND DEDUCTIBLES VARY DEPENDING ON THE PLAN.

Essential Health Benefits

All plans include:

- Ambulatory patient services.
- Emergency services.
- Hospitalizations.
- Maternity and newborn care.
- Mental health and substance dependency services.
- Prescription drugs.
- Rehabilitative and habilitative services and devices.
- Routine wellness and preventive services.

Sustained Health Benefit

Business BlueEssentials plans include a Sustained Health Benefit of **\$500** to use toward preventive services the plan doesn't cover. We provide this benefit to members to help them pay for common procedures, such as:





- Electrocardiograms (EKGs).
- Chest X-rays.
- Blood work (except lipid screenings).
- Urinalyses.

Our \$500 Sustained Health Benefit combined with our one-of-a-kind discounts translates into even more savings for members.

Pharmacy Services

WITH BUSINESS BLUE ESSENTIALS PLANS, EMPLOYERS CAN PROVIDE PRESCRIPTION DRUG BENEFITS THAT INCLUDE A RICH FORMULARY AND A LARGE PHARMACY NETWORK.

PRESCRIPTION DRUG TIERS

				
	Generic Tier 1 Drugs	Preferred Tier 2 Drugs	Nonpreferred Tier 3 Drugs	Specialty Tier 4 Drugs
Preventive Tier 0 Drugs	Usually generic medications, Tier 1 drugs generally cost a member the least amount out of pocket.	Most often brand-name drugs, Tier 2 drugs are sometimes referred to as preferred drugs, as these cost less than other brand-name drugs.	Most often brand-name drugs and sometimes referred to as nonpreferred, Tier 3 drugs usually cost more than other brand-name drugs. These drugs may have generic equivalents.	Tier 4 drugs treat complex conditions. Members tend to pay more for drugs in this tier.

- **Mail order:** Members can get up to a 90-day supply of their medications at discounted rates with our mail-order program.
- **Specialty drugs:** Through our specialty pharmacy providers, members can get up to a 31-day supply of specialty medications.

Network and Covered Drug List
www.SouthCarolinaBlues.com/links/pharmacy/BusinessBlueEssentials



Health Savings Accounts (HSAs)

PAIRED WITH A QUALIFIED HIGH-DEDUCTIBLE HEALTH PLAN, A HEALTH SAVINGS ACCOUNT IS A TAX-EXEMPT ACCOUNT TO PAY OR REIMBURSE YOUR QUALIFIED MEDICAL EXPENSES.

You or your employer may contribute funds to your HSA.*

What does an HSA cover?

The Internal Revenue Service (IRS) determines what medical expenses qualify for payment with HSA funds. Medical expenses are the costs you pay for the diagnosis, treatment or prevention of disease and the costs for treatments affecting any part or function of the body. These expenses include the following:

- Payments for medical services by physicians, surgeons, dentists and other medical practitioners
- Medical equipment
- Medical supplies
- Diagnostic devices
- Prescription drugs

***For a complete list of IRS-qualified medical expenses and the yearly contribution limits, visit www.IRS.gov**

Can anyone sign up for an HSA?

To qualify for an HSA, you must meet the following requirements:

- You must be covered under a qualified high-deductible health plan.
- You have no other health coverage. (Certain FSA and HRA accounts are acceptable under strict conditions. Visit www.IRS.gov for details.)
- You are not enrolled in Medicare.
- No one else can claim you as a dependent on his or her tax return.

Health Reimbursement Arrangements (HRAs)

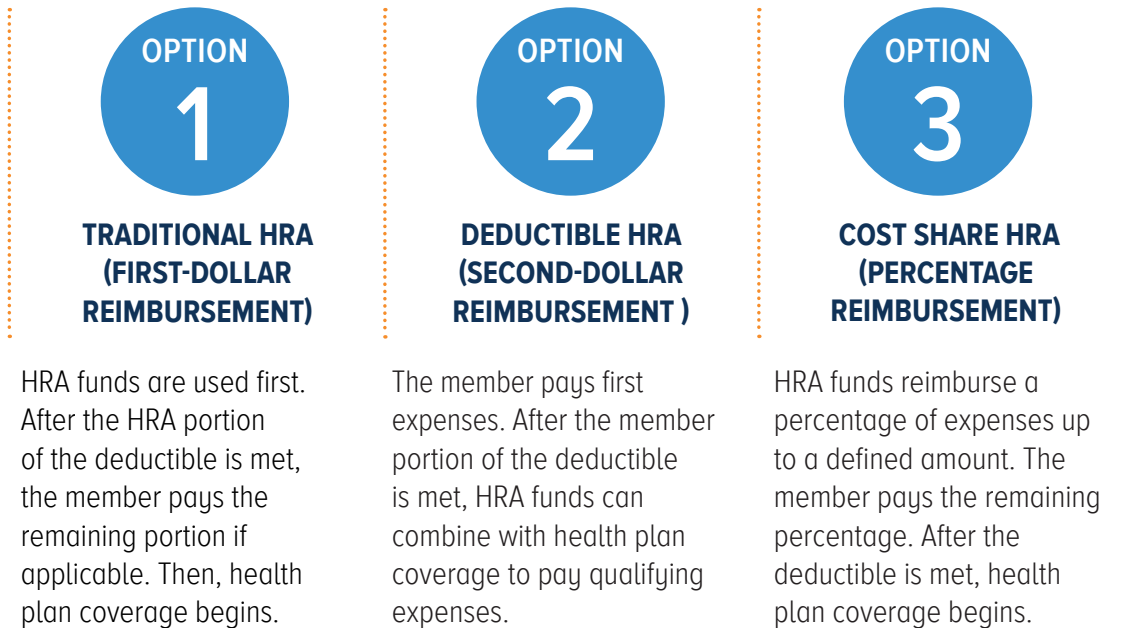
HRAs save employers *and* employees a considerable amount of money on health care costs. They are a smart, tax-advantaged solution for small-business owners who want to provide high-value benefits to their employees while keeping their budgets top of mind.

HRA benefits from BlueCross BlueShield of South Carolina offer:

- Flexible plan designs that hit the mark.
- Cost savings on traditional health plans.
- Flexibility to roll over unused funds to the next plan year or return funds to the employer.
- Debit card option for traditional HRAs.
- Online access and best-in-class customer service center for all benefits.
- Automated setup and processing on all HRA plan options. Saving time = Saving money!
- Workforce protection with a flexible cost-sharing strategy.

Plan Designs

BlueCross offers three HRA options to best fit a business's needs.



Bottom line: An HRA can save employers money. We can show you how.

Contact your marketing representative for a savings example.

Individual Coverage Health Reimbursement Arrangement (ICHRA)

Benefits of an ICHRA for the Employer

- It is a tax-deductible expense for the employer.
- Employer sets the contribution year to year.
- It takes the burden of managing a health plan off the employer.

Benefits of an ICHRA for the Employee

- An ICHRA is a tax-free benefit.
 - ICHRA contributions are excluded from the employee's gross income.
 - ICHRA contributions are nontaxable.
- Employees can choose a health insurance plan that best fits their individual and family needs.
- Employees own their health insurance coverage and can take it with them if they change jobs.



Discounts and Added Values

OUR DISCOUNTS AND ADDED-VALUE PROGRAMS HELP MEMBERS SAVE MONEY AT NO ADDITIONAL COST. NO CLAIMS TO FILE. NO ANNUAL LIMITS. JUST DISCOUNTED RATES FOR MEMBERS.



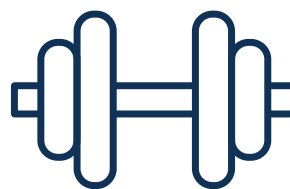
Fitness and Wellness Discounts

- Memberships to local fitness and exercise centers
- Weight loss programs and services, such as Jenny Craig®
- Indoor allergy relief products



Hearing and Vision Discounts

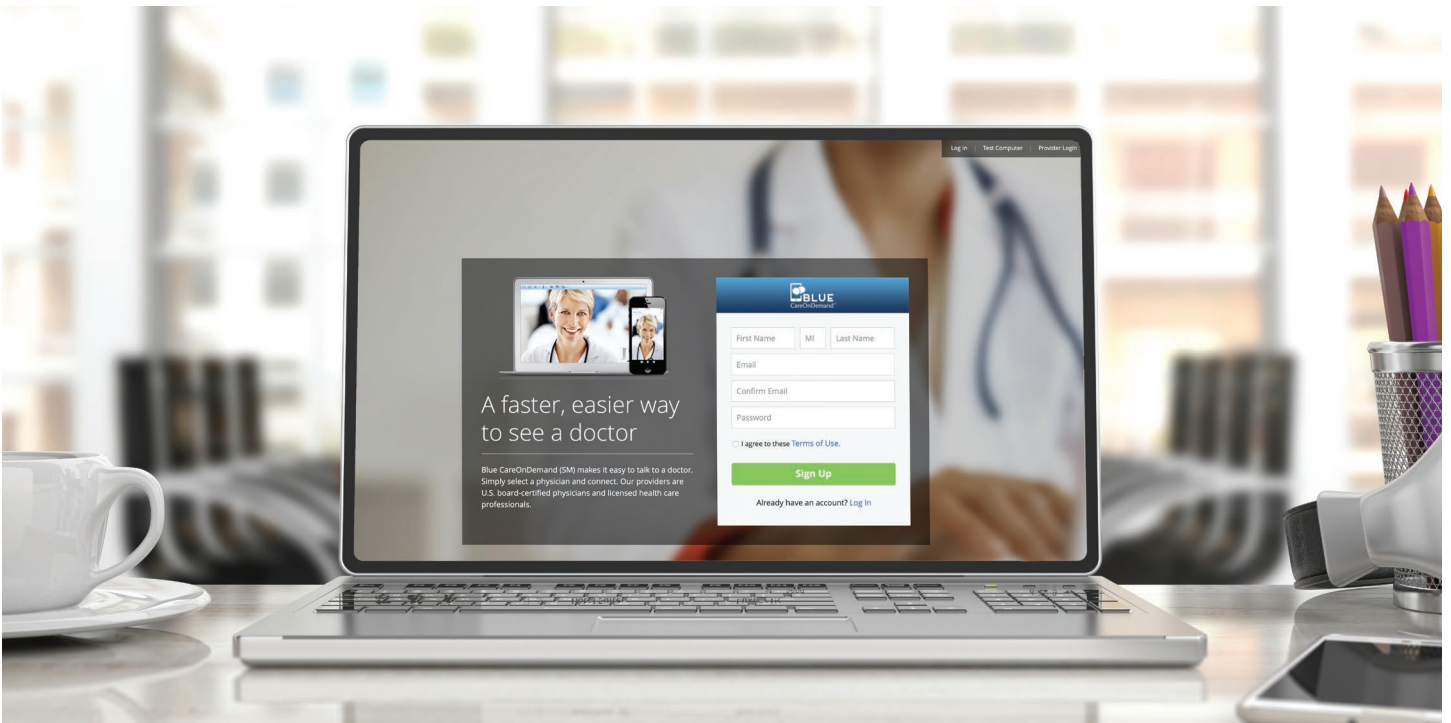
- Vision One eye exams, designer frames, lenses and contacts
- TruHearing® hearing aids and exams



More Healthy Discounts

- **Blue365®**: Discounts on everyday products that can help members live healthier, happier lives

Visit www.SouthCarolinaBlues.com/links/discounts for more information.



Blue CareOnDemandSM

Employees have another option for seeking cost-effective care: Blue CareOnDemand. This service allows members to connect with doctors using their computers, smartphones or tablets. They can consult with a doctor — 24 hours a day — about minor medical conditions such as colds, flu and allergies. The doctor may even be able to write them a prescription. In most cases, a video consult has a lower copay than a primary care physician visit.

To register, members can go to www.BlueCareOnDemandSC.com or download the free app.



Employee Wellness

SMALL GROUPS NEED TO GET THE MOST FROM EVERY HEALTH CARE DOLLAR THEY SPEND. WORKING WITH DOCTORS CARE, WE OFFER EASY ACCESS TO WELLNESS SCREENINGS AND FLU SHOTS FOR EMPLOYEES AND DEPENDENTS.*

Group leaders can offer a wellness clinic on-site or at a local Doctors Care office. The clinic includes a range of biometric screenings that are offered to employees and dependents, including:

- Complete blood count (CBC).
- Comprehensive metabolic panel (CMP).
- Thyroid-stimulating hormone.
- Lipid panel.
- Blood pressure.
- Height and weight.
- Body mass index (BMI).
- More than 130 additional screenings at a discounted rate for members.

Flu Shot Clinics

Group leaders can also offer flu shot clinics on-site or at a local Doctors Care office.

**Call your BlueCross marketing representative for more information.
We'll also provide the promotional materials.**



*Participation fees apply for less than 30 participants.



More Options With Blue DentalSM

FOR GROUPS WITH TWO TO 50 EMPLOYEES, BLUE DENTAL OFFERS FLEXIBLE PLAN DESIGNS, RICH BENEFITS AND ACCESS TO THOUSANDS OF DENTISTS.*

Convenience of One Carrier, Two Products

Combining dental benefits with BlueCross health coverage is simple. You just need one enrollment form for both health and dental coverage, and you get just one monthly bill for both.

Access to Thousands of Dentists

With our network, members can select an in-network dentist who will provide them with exceptional care at a reasonable cost. Blue Dental plans are available in Open Access or Select (PPO) variants:

Open Access: Members can choose any licensed dentist, in network or out of network.

Select: Members can choose any licensed dentist, but coinsurance for services from in-network dentists is lower than coinsurance for services from out-of-network dentists, so Select members will pay less for in-network care. Staying in network is easy to do since our in-state dental network has grown to more than 2,200 access points. Members also can use the national Dental Grid Plus with more than 260,000 dentists.

Rich Plan Benefits

- No deductible on preventive services (i.e., exams, cleanings, X-rays)
- Coverage for basic restorative services, such as X-rays, fillings, and periodontal maintenance and scaling
- Low deductible for basic and major restorative care
- Coverage for major restorative services, such as surgeries, root canals, crowns, dentures and bridges

*Blue Dental is available with two or more contracts, and participating employees must work a minimum of 30 hours a week to be eligible for coverage. The number of enrolled employees impacts the required employee contribution as well as plan and rate options. The Orthodontic Care option is available to Preferred groups with 10 or more contracts and groups where at least 50 percent of employees are eligible for coverage and the employer pays at least 50 percent of the single premium. This option is not available with Standard coverage plans. There is a 12-month waiting period for orthodontic benefits. Creditable coverage applies.



Online Tools and Services

For Employers

Chances are, small groups want to spend less time managing their benefits and more time managing their businesses. Our online tools can help.

- **BluesEnrollSM**: Group leaders can add or delete employees and/or dependents, order new ID cards, pay their bills, and much more.
- **Blue e-BillSM**: Group leaders can access and manage their accounts 24/7.
- **eExchange**: Ideal for groups that have their enrollment information with external vendors and in multiple formats, this service consolidates and transmits enrollment data to BlueCross membership systems.

We also integrate with Employee Navigator benefit administration system, which allows you to transfer and process enrollment data.

Tools To Manage Your Health

MAKING THE RIGHT HEALTH CARE DECISIONS IS EASY USING MY HEALTH TOOLKIT®. AN ONLINE INFORMATION AND CUSTOMER SERVICE CENTER, MY HEALTH TOOLKIT GIVES YOU ACCESS TO IMPORTANT INFORMATION ABOUT PLAN BENEFITS AT YOUR FINGERTIPS.

With My Health Toolkit, you get access to:

- Claims, eligibility and benefits.
- Contact preferences.
- Authorization status.
- ID card — save a digital version of your ID card for faster access.

Start making informed health care decisions now by visiting www.SouthCarolinaBlues.com or downloading the **free mobile app** in the App Store or Google Play.





Agent Services

YOUR CLIENTS RELY ON YOU FOR EXPERTISE, ANSWERS AND SUPPORT. WITH BUSINESS BLUE ESSENTIALS PLANS, YOU'RE NOT ON YOUR OWN. OUR AGENT SERVICES WILL HELP EVERY STEP OF THE WAY.

Dedicated Account Advocate*

Your small group clients require a high level of service. Your small group dedicated account advocate is here to help you tackle their unique challenges and complex needs. As your agency's single point of contact, your dedicated account advocate and support team are ready to help you:

- **Get answers.** We collaborate with you and group leaders to tackle just about any question. Get the information you need about onboarding, benefit changes, renewing a group, HRAs, membership applications and much more.
- **Monitor your groups.** We can provide status updates so you can keep track of a group's process from start to finish.
- **Get more from self-service tools.** We can show you how to use our tools, such as BluesEnroll and Blue e-Bill, allowing you to simplify enrollment, reporting and group maintenance.
- **Keep your clients informed.** Request the documents you need to keep your clients in the know, such as Schedule A's, renewal information and billing inquiries.
- **Welcome your clients.** We're here for your clients, too. Upon request, we'll make a welcome call to a group to ensure seamless enrollment. We'll address policy questions, provide information on service offerings and leave them with the right contact numbers.

*If your agency has at least 75 contracts, find out how a small group dedicated account advocate can help you by contacting your marketing representative.



Medicare Supplement Plans

DO YOU HAVE EMPLOYEES APPROACHING MEDICARE?

BlueCross offers Medicare Supplement plans!

Our Medicare Supplement plans offer many of the same benefits as group plans, and members will stay with the same company that covers them today.

We also offer a convenient list bill option for our Medicare Supplement plans.

Contact your agent for more information.

Excluded Services



We will not pay benefits for:

- Any services or benefits not specifically covered under the terms of this contract that were received before this contract went into effect or after it terminates, or claims submitted after the time limit for filing claims has been exceeded.
- Services or charges for which the member is entitled to payment or benefits from other sources (e.g., workers' compensation) for which the provider does not charge, or for which the member is not legally obligated to pay, including treatment provided in a government hospital or benefits provided under Medicare or other government programs (except Medicaid).
- Cosmetic surgery, or surgery or treatment for the purpose of weight reduction, including any complications from or reversal of these procedures, or reconstructive procedures made necessary by weight loss.
- Refractive care, such as radial keratotomy, laser eye surgery or LASIK.
- Services for the detection and correction of structural imbalance, distortion or subluxation (spinal subluxation) to remove nerve interference except when the optional endorsement is purchased.
- Treatment resulting from war or acts of war (whether declared or undeclared) while participating in a riot or uprising or while in the military service or its auxiliary units.
- An illness a member gets or injury a member receives while committing or attempting to commit a crime, felony or misdemeanor, or while engaging or attempting to engage in an illegal act or occupation.
- Prescription drugs that are used for or related to noncovered services or conditions, such as, but not limited to, weight control, obesity, erectile dysfunction, cosmetic purposes (such as Tretinoin or Retin-A), hair growth and hair removal.

Other services this policy does not cover:

- Hospital or skilled nursing facility charges when preauthorization is not received. Please see Preauthorization in the Certificate of Coverage.
- Services and supplies not medically necessary, investigational/experimental in nature, not needed for the diagnosis or treatment of an illness or injury, or not specifically listed in Covered Services.
- Any service or supply provided by a member of the patient's family or by the patient, including the dispensing of drugs. This means the spouse, parent, grandparent, brother, sister, child or spouse's parent.
- Charges for a missed appointment or for filling out claim forms.
- Services or supplies related to chewing or bite problems or pain in the face, ears, jaws or neck resulting from problems of the jaw joint(s), also known as temporomandibular joint disorders (TMJ).

This is a partial list of some of our exclusions. For a full list of excluded services and supplies, or for all limitations, please refer to the Certificate of Coverage.

2023 Business BlueEssentials Plans



GROUP INSURANCE PLANS FROM BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA
(2 – 50 LIVES)



BCBSSC



BCBSSC



BCBSSC

www.SouthCarolinaBlues.com

2023 Business BlueEssentialsSM

PRODUCT GRID

 BCSSC

 BCSSC

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www.SouthCarolinaBlues.com



Flexible Employee Health Plans

2023 Business BlueEssentials Plans

	LOWEST COST PLAN											
	PPO GOLD 1	PPO GOLD 2	HD GOLD 3	PPO GOLD 4	PPO GOLD 5	PPO GOLD 6	PPO GOLD 7	PPO GOLD 8	PPO GOLD 9	PPO GOLD 10	PPO GOLD 11	
Deductible (Individual/Family)	\$1,800/\$3,600	\$1,200/\$2,400	\$3,000/\$6,000	\$2,900/\$5,800	\$3,500/\$7,000	\$800/\$1,600	\$500/\$1,000	\$2,500/\$5,000	\$2,000/\$4,000	\$1,500/\$3,000	\$2,450/\$4,900	
Coinsurance	25%	40%	0%	25%	20%	50%	50%	20%	40%	40%	15%	
Out-of-Pocket Maximum (Individual/Family)	\$4,500/\$9,000	\$5,000/\$10,000	\$3,000/\$6,000	\$5,900/\$11,800	\$5,000/\$10,000	\$5,000/\$10,000	\$8,700/\$17,400	\$6,000/\$12,000	\$6,500/\$13,000	\$5,000/\$10,000	\$7,000/\$14,000	
Primary Care Physician/Specialist/Blue CareOnDemand Copay	\$25/\$50/\$10	\$20/\$50/\$5	0% coinsurance after deductible is met	\$35/\$60/\$25	\$25/\$50/\$10	Meet deductible, then \$40/Meet deductible, then \$40/\$20	\$20/\$40/\$10	\$15/\$40/\$5	\$20/\$40/\$10	\$40/\$65/\$30	\$20/\$40/\$6	
Urgent Care Centers or Facilities	\$50 copay	\$50 copay	0% coinsurance after deductible is met	\$60 copay	\$50 copay	\$65 copay	\$40 copay	\$50 copay	\$50 copay	\$65 copay	\$50 copay	
Emergency Room Services	\$300 copay per visit, then 25% coinsurance after deductible is met	\$300 copay per visit, then 40% coinsurance after deductible is met	0% coinsurance after deductible is met	\$300 copay per visit, 25% coinsurance after deductible is met	\$300 copay per visit, 20% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met	\$300 copay per visit, 20% coinsurance after deductible is met	\$300 copay per visit, 40% coinsurance after deductible is met	\$300 copay per visit, 40% coinsurance after deductible is met	\$300 copay per visit, 15% coinsurance after deductible is met	
MENTAL AND BEHAVIORAL HEALTH SERVICES												
Office Visit	\$25 copay	\$20 copay	0% coinsurance after deductible is met	\$35 copay	\$25 copay	Meet deductible, then \$40	\$20 copay	\$15 copay	\$20 copay	\$40 copay	\$20 copay	
Inpatient Services	25% coinsurance after deductible is met	40% coinsurance after deductible is met	0% coinsurance after deductible is met	25% coinsurance after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met	20% coinsurance after deductible is met	40% coinsurance after deductible is met	40% coinsurance after deductible is met	15% coinsurance after deductible is met	
Outpatient Services	25% coinsurance after deductible is met	40% coinsurance after deductible is met	0% coinsurance after deductible is met	25% coinsurance after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met	20% coinsurance after deductible is met	40% coinsurance after deductible is met	40% coinsurance after deductible is met	15% coinsurance after deductible is met	
PHARMACY BENEFITS												
Prescription Drugs* (up to 90-day supply maximum)	Preventive (Tier 0): \$0 Generic (Tier 1): \$15 Preferred (Tier 2): \$50 Non-Preferred (Tier 3): \$100 Specialty (Tier 4): \$300	Preventive (Tier 0): \$0 Generic (Tier 1): \$12 Preferred (Tier 2): \$50 Non-Preferred (Tier 3): \$100 Specialty (Tier 4): \$300	Preventive (Tier 0): \$0 Tiers 1, 2, 3, 4: 0% coinsurance after deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$10 Preferred (Tier 2): \$40 Non-Preferred (Tier 3): \$100 Specialty (Tier 4): \$300	Preventive (Tier 0): \$0 Generic (Tier 1): \$20 Preferred (Tier 2): \$40 Non-Preferred (Tier 3): \$100 Specialty (Tier 4): \$300	Preventive (Tier 0): \$0 Generic (Tier 1): \$28 Tiers 2, 3: 50% coinsurance after \$200 (individual)/\$400 (family) drug deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$20 Tiers 2, 3: 50% coinsurance after \$200 (individual)/\$400 (family) drug deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$10 Tier 2: \$50 Tier 3: \$150 Tier 4: 50% coinsurance after \$500 (individual)/\$1,000 (family) drug deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$10 Preferred (Tier 2): \$40 Non-Preferred (Tier 3): \$100 Specialty (Tier 4): \$300	Preventive (Tier 0): \$0 Generic (Tier 1): \$10 Preferred (Tier 2): \$50 Non-Preferred (Tier 3): \$100 Specialty (Tier 4): \$300	Preventive (Tier 0): \$0 Generic (Tier 1): \$10 Preferred (Tier 2): \$40 Non-Preferred (Tier 3): \$100 Specialty (Tier 4): \$300	Preventive (Tier 0): \$0 Generic (Tier 1): \$10 Preferred (Tier 2): \$50 Non-Preferred (Tier 3): \$100 Specialty (Tier 4): \$300
Mail Order (up to 90-day supply maximum)	Preventive (Tier 0): \$0 Generic (Tier 1): \$21 Preferred (Tier 2): \$135 Non-Preferred (Tier 3): \$270	Preventive (Tier 0): \$0 Generic (Tier 1): \$17 Preferred (Tier 2): \$135 Non-Preferred (Tier 3): \$270	Preventive (Tier 0): \$0 Tiers 1, 2, 3: 0% coinsurance after deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$14 Preferred (Tier 2): \$108 Non-Preferred (Tier 3): \$270	Preventive (Tier 0): \$0 Generic (Tier 1): \$28 Preferred (Tier 2): \$108 Non-Preferred (Tier 3): \$270	Preventive (Tier 0): \$0 Generic (Tier 1): \$28 Tiers 2, 3: 50% coinsurance after \$200 (individual)/\$400 (family) drug deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$14 Tier 2: \$135 Tier 3: \$405	Preventive (Tier 0): \$0 Generic (Tier 1): \$14 Preferred (Tier 2): \$108 Non-Preferred (Tier 3): \$270	Preventive (Tier 0): \$0 Generic (Tier 1): \$14 Preferred (Tier 2): \$135 Non-Preferred (Tier 3): \$270	Preventive (Tier 0): \$0 Generic (Tier 1): \$14 Preferred (Tier 2): \$108 Non-Preferred (Tier 3): \$270	Preventive (Tier 0): \$0 Generic (Tier 1): \$14 Preferred (Tier 2): \$135 Non-Preferred (Tier 3): \$270	
Base Rate Comparison	0.00%	-0.32%	-1.97%	-3.37%	-2.66%	-4.35%	-7.90%	-2.23%	-3.37%	-1.09%	-2.48%	

	LOWEST COST PLAN												
	PPO SILVER 1	PPO SILVER 2	PPO SILVER 3	PPO SILVER 4	PPO SILVER 5	PPO SILVER 6	HD SILVER 9	PPO SILVER 10	PPO SILVER 11	HD SILVER 14	PPO SILVER 16	PPO SILVER 18	
Deductible (Individual/Family)	\$3,500/\$7,000	\$1,800/\$3,600	\$5,000/\$10,000	\$3,800/\$7,600	\$3,900/\$7,800	\$3,600/\$7,200	\$4,800/\$9,600	\$6,500/\$13,000	\$6,100/\$12,200	\$5,600/\$11,200	\$6,500/\$13,000	\$7,900/\$15,800	
Coinsurance	35%	50%	40%	50%	40%	40%	40%	0%	0%	50%	40%	0%	
Out-of-Pocket Maximum (Individual/Family)	\$8,500/\$17,000	\$8,200/\$16,400	\$7,900/\$15,800	\$8,150/\$16,300	\$8,700/\$17,400	\$8,700/\$17,400	\$4,800/\$9,600	\$7,500/\$15,000	\$9,000/\$18,000	\$5,600/\$11,200	\$8,550/\$17,100	\$7,900/\$15,800	
Primary Care Physician/Specialist/Blue CareOnDemand Copay	\$35/\$70/\$20	\$40/\$80/\$20	\$35/\$70/\$25	\$35/\$70/\$20	\$40/\$60/\$30	\$30/\$60/\$15	0% coinsurance after deductible is met	\$35/\$60/\$25	\$10/\$60/\$5	0% coinsurance after deductible is met	\$50/\$50/\$25	\$25/\$50/\$15	
Urgent Care Centers or Facilities	\$60 copay	\$60 copay	\$70 copay	\$60 copay	\$60 copay	\$50 copay	0% coinsurance after deductible is met	\$60 copay	\$60 copay	0% coinsurance after deductible is met	40% coinsurance after deductible is met	\$50 copay	
Emergency Room Services	\$300 copay per visit, 35% coinsurance after deductible is met	\$300 copay per visit, 50% coinsurance after deductible is met	\$300 copay per visit, 40% coinsurance after deductible is met	\$300 copay per visit, 50% coinsurance after deductible is met	\$300 copay per visit, 40% coinsurance after deductible is met	\$300 copay per visit, 40% coinsurance after deductible is met	0% coinsurance after deductible is met	\$300 copay per visit, 0% coinsurance after deductible is met	\$300 copay per visit, 50% coinsurance after deductible is met	0% coinsurance after deductible is met	\$500 copay per visit, 40% coinsurance after deductible is met	\$300 copay per visit, 0% coinsurance after deductible is met	
MENTAL AND BEHAVIORAL HEALTH SERVICES													
Office Visit	\$35 copay	\$40 copay	\$35 copay	\$35 copay	\$40 copay	\$30 copay	0% coinsurance after deductible is met	\$35 copay	\$10 copay	0% coinsurance after deductible is met	\$50 copay	\$25 copay	
Inpatient Services	35% coinsurance after deductible is met	50% coinsurance after deductible is met	\$300 copay per visit, 40% coinsurance after deductible is met	50% coinsurance after deductible is met	40% coinsurance after deductible is met	40% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met, then \$500 per stay	50% coinsurance after deductible is met	0% coinsurance after deductible is met	40% coinsurance after deductible is met	0% coinsurance after deductible is met	
Outpatient Services	35% coinsurance after deductible is met	50% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met	40% coinsurance after deductible is met	40% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	50% coinsurance after deductible is met	0% coinsurance after deductible is met	40% coinsurance after deductible is met	0% coinsurance after deductible is met	
PHARMACY BENEFITS													
Prescription Drugs (up to 90-day supply maximum)	Preventive (Tier 0): \$0 Generic (Tier 1): \$25 Preferred (Tier 2): \$60 Non-Preferred (Tier 3): \$125 Specialty (Tier 4): \$300	Preventive (Tier 0): \$0 Generic (Tier 1): \$40 Preferred (Tier 2): \$80 Non-Preferred (Tier 3): \$160 Specialty (Tier 4): \$300	Preventive (Tier 0): \$0 Generic (Tier 1): \$20 Tiers 2 – 4: 40% coinsurance after deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$25 Preferred (Tier 2): \$50 Tier 3, 4: 50% coinsurance after deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$50 Preferred (Tier 2): \$50 Non-Preferred (Tier 3): \$100 Specialty (Tier 4): \$300	Preventive (Tier 0): \$0 Generic (Tier 1): \$25 Preferred (Tier 2): \$50 Non-Preferred (Tier 3): \$100 Specialty (Tier 4): \$300	Preventive (Tier 0): \$0 Generic (Tier 1): \$20 Tiers 2, 3, 4: 50% coinsurance after deductible is met	Preventive (Tier 0): \$0 Tiers 1 – 4: 0% coinsurance after deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$25 Preferred (Tier 2): \$50 Non-Preferred (Tier 3): \$100 Specialty (Tier 4): \$300	Preventive (Tier 0): \$0 Generic (Tier 1): \$10 Preferred (Tier 2): \$50 Non-Preferred (Tier 3): \$150 Specialty (Tier 4): \$300	Preventive (Tier 0): \$0 Tiers 1 – 4: 0% coinsurance after deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$20 Preferred (Tier 2): \$60 Non-Preferred (Tier 3): \$150 Specialty (Tier 4): \$300	Preventive (Tier 0): \$0 Generic (Tier 1): \$20 Preferred (Tier 2): \$40 Non-Preferred (Tier 3): \$100 Specialty (Tier 4): \$300
Mail Order (up to 90-day supply maximum)	Preventive (Tier 0): \$0 Generic (Tier 1): \$35 Preferred (Tier 2): \$162 Non-Preferred (Tier 3): \$338	Preventive (Tier 0): \$0 Generic (Tier 1): \$56 Preferred (Tier 2): \$216 Non-Preferred (Tier 3): \$432	Generic (Tier 1): \$0 Preferred (Tier 2): \$28 Tier 2, 3: 40% coinsurance after deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$35 Preferred (Tier 2): \$135 Non-Preferred (Tier 3): \$270	Preventive (Tier 0): \$0 Generic (Tier 1): \$28 Preferred (Tier 2): \$135 Non-Preferred (Tier 3): \$270	Preventive (Tier 0): \$0 Generic (Tier 1): \$35 Preferred (Tier 2): \$135 Non-Preferred (Tier 3): \$270	Preventive (Tier 0): \$0 Tiers 1 – 3: 0% coinsurance after deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$35 Preferred (Tier 2): \$135 Non-Preferred (Tier 3): \$270	Preventive (Tier 0): \$0 Generic (Tier 1): \$35 Preferred (Tier 2): \$135 Non-Preferred (Tier 3): \$270	Preventive (Tier 0): \$0 Generic (Tier 1): \$14 Preferred (Tier 2): \$135 Non-Preferred (Tier 3): \$405	Preventive (Tier 0): \$0 Tiers 1 – 3: 0% coinsurance after deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$28 Preferred (Tier 2): \$162 Non-Preferred (Tier 3): \$405	Preventive (Tier 0): \$0 Generic (Tier 1): \$28 Preferred (Tier 2): \$108 Non-Preferred (Tier 3): \$270
Base Rate Comparison	-11.19%	-10.29%	-17.47%	-16.33%	-11.76%	-11.49%	-12.02%	-11.29%	-12.75%	-14.32%	-12.94%	-11.72%	

	PPO SILVER 19	PPO SILVER 20	PPO SILVER 21	PPO SILVER 22	PPO SILVER 23	PPO SILVER 24	
Deductible (Individual/Family)	\$4,600/\$9,200	\$4,700/\$9,400	\$4,500/\$9,000	\$3,900/\$7,800	\$2,700/\$5,400	\$0/\$0	
Coinsurance	40%	40%	45%	50%	50%	20%	
Out-of-Pocket Maximum (Individual/Family)	\$8,500/\$17,000	\$8,700/\$17,400	\$7,900/\$15,800	\$7,800/\$15,600	\$8,000/\$16,000	\$9,100/\$18,200	
Primary Care Physician/Specialist/Blue CareOnDemand Copay	\$35/\$60/\$25	\$40/\$60/\$30	\$30/\$65/\$20	\$40/\$70/\$30	\$45 copay after deductible is met/\$45 copay after deductible is met/\$25 copay	\$45/\$100/\$20	
Urgent Care Centers or Facilities	\$60 copay	\$60 copay	\$65 copay	\$70 copay	\$80 copay	\$90 copay	
Emergency Room Services	\$300 copay per visit, 40% coinsurance after deductible is met	\$300 copay per visit, 40% coinsurance after deductible is met	\$300 copay per visit, 45% coinsurance after deductible is met	\$300 copay per visit, 50% coinsurance after deductible is met	50% coinsurance after deductible is met	\$160 copay	
MENTAL AND BEHAVIORAL HEALTH SERVICES							
Office Visit	\$35 copay	\$40 copay	\$30 copay	\$40 copay	\$45 copay after deductible is met	\$45 copay	
Inpatient Services	40% coinsurance after deductible is met	40% coinsurance after deductible is met	\$300 copay per visit, 45% coinsurance after deductible is met	\$300 copay per visit, 50% coinsurance after deductible is met	50% coinsurance after deductible is met	\$2,000 per day up to 2 days, \$4,000 max	
Outpatient Services	40% coinsurance after deductible is met	40% coinsurance after deductible is met	45% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met	\$150 copay	
PHARMACY BENEFITS							
Prescription Drugs (up to 90-day supply maximum)	Preventive (Tier 0): \$0 Generic (Tier 1): \$20 Preferred (Tier 2): \$40 Non-Preferred (Tier 3): \$100 Specialty (Tier 4): \$300	Preventive (Tier 0): \$0 Generic (Tier 1): \$16 Preferred (Tier 2): \$40 Non-Preferred (Tier 3): \$100 Specialty (Tier 4): \$300	Preventive (Tier 0): \$0 Generic (Tier 1): \$30 Preferred (Tier 2): \$80 Non-Preferred (Tier 3): \$150 Specialty (Tier 4): 50% coinsurance after \$500 (individual)/\$1,000 (family) drug deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$25 Preferred (Tier 2): \$50 Non-Preferred (Tier 3): \$100 Specialty (Tier 4): \$300	Preventive (Tier 0): \$0 Generic (Tier 1): \$20 Tier 2, 3, 4: 50% coinsurance after \$300 (individual)/\$600 (family) drug deductible is met	Tier 0: \$0 Tier 1: \$10 Tier 2: \$100 Tier 3: \$150 Tier 4: 80% coinsurance after \$500 (individual)/\$1,000 (family) drug deductible is met	Tier 0: \$0 Tier 1: \$14 Tier 2: \$270 Tier 3: \$405
Mail Order (up to 90-day supply maximum)	Preventive (Tier 0): \$0 Generic (Tier 1): \$28 Preferred (Tier 2): \$108 Non-Preferred (Tier 3): \$270	Preventive (Tier 0): \$0 Generic (Tier 1): \$23 Preferred (Tier 2): \$123 Non-Preferred (Tier 3): \$270	Preventive (Tier 0): \$0 Generic (Tier 1): \$42 Preferred (Tier 2): \$216 Non-Preferred (Tier 3): 60%	Preventive (Tier 0): \$0 Generic (Tier 1): \$35 Preferred (Tier 2): \$135 Non-Preferred (Tier 3): \$270	Preventive (Tier 0): \$0 Generic (Tier 1): \$28 Tier 2, 3: 50% coinsurance after \$300 (individual)/\$600 (family) drug deductible is met	Tier 0: \$0 Tier 1: \$14 Tier 2: \$270 Tier 3: \$405	Tier 0: \$0 Tier 1: \$14 Tier 2: \$270 Tier 3: \$405
Base Rate Comparison	11.91%	-12.14%	-15.58%	-11.23%	-16.19%	-2.46%	



	LOWEST COST PLAN									
	PPO BRONZE 1	HD BRONZE 2	HD BRONZE 3	HD BRONZE 5	PPO BRONZE 6	HD BRONZE 7	PPO BRONZE 8	PPO BRONZE 9	PPO BRONZE 10	
Deductible (Individual/Family)	\$7,000/\$14,000	\$5,600/\$11,200	\$6,200/\$12,400	\$7,500/\$15,000	\$7,800/\$15,600	\$6,000/\$12,000	\$8,000/\$16,000	\$6,300/\$12,600	\$0/\$0	
Coinsurance	50%	50%	40%	0%	0%	25%	50%	50%	30%	
Out-of-Pocket Maximum (Individual/Family)	\$8,100/\$16,200	\$7,050/\$14,100	\$7,050/\$14,100	\$7,500/\$15,000	\$8,400/\$16,800	\$7,500/\$15,000	\$8,550/\$17,100	\$9,100/\$18,200	\$9,100/\$18,200	
Primary Care Physician/Specialist/Blue CareOnDemand Copay	\$60/\$100/\$30	50% coinsurance after deductible is met	40% coinsurance after deductible is met	0% coinsurance after deductible is met	\$50/\$100/\$10	25% coinsurance after deductible is met	\$76/\$76/\$40	50% coinsurance after deductible is met/ 50% coinsurance after deductible is met/ \$20	\$30/\$90/\$10	
Urgent Care Centers or Facilities	\$100 copay	50% coinsurance after deductible is met	40% coinsurance after deductible is met	0% coinsurance after deductible is met	\$100 copay	25% coinsurance after deductible is met	\$76 copay	50% coinsurance after deductible is met	\$90 copay	
Emergency Room Services	\$300 copay per visit, 50% coinsurance after deductible is met	50% coinsurance after deductible is met	40% coinsurance after deductible is met	0% coinsurance after deductible is met	\$300 copay per visit, 0% coinsurance after deductible is met	25% coinsurance after deductible is met	\$300 copay per visit, 50% coinsurance after deductible is met	\$300 copay per visit, 50% coinsurance after deductible is met	\$1,600 copay	
MENTAL AND BEHAVIORAL HEALTH SERVICES										
Office Visit	\$60 copay	50% coinsurance after deductible is met	40% coinsurance after deductible is met	0% coinsurance after deductible is met	\$50 copay	25% coinsurance after deductible is met	\$76 copay	50% coinsurance after deductible is met	\$30 copay	
Inpatient Services	50% coinsurance after deductible is met	50% coinsurance after deductible is met	40% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met, then \$500 per stay	25% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met	\$2,400 per day up to 2 days, \$4,800 max	
Outpatient Services	50% coinsurance after deductible is met	50% coinsurance after deductible is met	40% coinsurance after deductible is met	0% coinsurance after deductible is met	0% coinsurance after deductible is met	25% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met	\$140 copay	
PHARMACY BENEFITS										
Prescription Drugs (up to 90-day supply maximum)	Preventive (Tier 0): \$0 Generic (Tier 1): \$30 Tiers 2 – 4: 50% coinsurance after deductible is met	Preventive (Tier 0): \$0 Tiers 1 – 4: 50% coinsurance after deductible is met	Preventive (Tier 0): \$0 Tiers 1 – 4: 40% coinsurance after deductible is met	Preventive (Tier 0): \$0 Tiers 1 – 0: 0% coinsurance after deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$30 Tier 2, 3, 4: 50% coinsurance after deductible is met	Preventive (Tier 0): \$0 Tiers 1 – 4: 25% coinsurance after deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$40 Preferred (Tier 2): \$125 Non-Preferred (Tier 3): \$225 Specialty (Tier 4): 50% coinsurance after deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$20 Tiers 2 – 4: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$28 Tier 2: \$150 Tier 3: \$250 Tier 4: 50% coinsurance after \$3,000 (individual)/\$6,000 (family) drug deductible is met	
Mail Order (up to 90-day supply maximum)	Preventive (Tier 0): \$0 Generic (Tier 1): \$42 Tiers 2, 3: 50% coinsurance after deductible is met	Preventive (Tier 0): \$0 Tiers 1 – 3: 50% coinsurance after deductible is met	Preventive (Tier 0): \$0 Tiers 1 – 3: 40% coinsurance after deductible is met	Preventive (Tier 0): \$0 Tiers 1 – 3: 0% coinsurance after deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$42 Tier 2, 3: 0% coinsurance after deductible is met	Preventive (Tier 0): \$0 Tiers 1 – 3: 25% coinsurance after deductible is met	Preventive (Tier 0): \$0 Generic (Tier 1): \$56 Preferred (Tier 2): \$338 Non-Preferred (Tier 3): \$608	Preventive (Tier 0): \$0 Generic (Tier 1): \$28 Tiers 2, 3: 50% coinsurance after deductible is met	Tier 0: \$0 Tier 1: \$40 Tier 2: \$405 Tier 3: \$675	
Base Rate Comparison	-24.21%	-23.17%	-23.28%	-24.34%	-24.72%	-23.81%	-23.70%	-26.53%	-11.81%	

Plan Designs

ALL PLANS ARE HRA QUALIFIED.

All plans have an embedded family deductible. Once a family member meets the plan's individual deductible, the plan begins paying benefits for that member. Benefits are not payable for other family members until each member meets his or her own deductible individually or until the members collectively satisfy the family deductible.

All featured plans have an embedded out-of-pocket maximum. If a member satisfies the individual out-of-pocket maximum, allowable charges for that member are payable at 100 percent. If one or more family members satisfy the family out-of-pocket maximum, allowable charges are payable at 100 percent for all family members.