

## BLUE CROSS BLUE SHIELD MEDICAL PLAN OPTIONS

Summary of Benefits	Buy-Up		Base		HDHP/HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>						
Individual	\$500	\$1000	\$750	\$1,500	\$1,250	
Family	\$1,000	\$2,000	\$1,500	\$3,000	\$2,500	
<b>Coinsurance</b>	20%	40%	20%	40%	20%	40%
<b>Out-of-Pocket Max</b>						
Individual	\$3,000	\$5,000	\$3,000	\$5,000	\$4,000	\$6,000
Family (2X)	\$6,000	\$10,000	\$6,000	\$10,000	\$8,000	\$12,000
<b>Office Visit</b>	\$25 PCP \$35 Specialist	40%	\$35 PCP \$45 Specialist	40%	20% after ded.	40% after ded.
<b>Inpatient-Hospital</b>	\$100 access fee 20% after ded.	\$100 access fee 40% after ded.	\$100 access fee 20% after ded.	\$100 access fee 40% after ded.	\$100 access fee 20% after ded.	\$100 access fee 40% after ded.
<b>Outpatient Svcs</b>	20% after ded.	40% after ded.	20% after ded.	40% after ded.	20% after ded.	40% after ded.
<b>Emergency Room</b>	\$100 then 20%	\$100 then 20%	\$150 then 20%	\$150 then 40%	\$100 then 20%	\$100 then 20%
<b>Urgent Care</b>	\$50 access fee	40%	\$75 access fee	40%	20% after ded.	40% after ded.
<b>Prescription Drug</b>						
Retail	\$5/35/55/105	Not covered	\$5/35/55/105	Not covered	20% after ded.	Not covered
Mail Order (2x)	\$10/70/110/210		\$10/70/110/210			

Premiums	Buy-Up 7/1/11-6/30/12 Monthly	Base 7/1/11-6/30/12 Monthly	HDHP/HSA* 7/1/11-6/30/12 Monthly
<b>Employee</b>	\$514.58	\$472.78	\$425.10
City Pays	\$472.78	\$472.78	\$425.10
Employee Pays	<b>\$41.80</b>	<b>\$-0-</b>	<b>(\$47.68) HSA</b>
<b>Dependent</b>	\$795.70	\$731.04	\$657.30
City Pays	\$254.00	\$254.00	\$254.00
Employee Pays	<b>\$583.50</b> (Includes Employee Portion)	<b>\$477.04</b>	<b>\$403.30</b>

\*HAS/FSA = \$47.68/month into Employee's Health Savings Account or Flexible Spending Account