

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
Deductible						
Individual	\$500	\$1,000	\$750	\$1,500	\$1,250	
Family	\$1,000	\$2,000	\$1,500	\$3,000	\$2,500	
Coinsurance	20%	40%	20%	40%	20%	40%
Individual	\$3,000	\$5,000	\$3,000	\$5,000	\$4,000	\$6,000
Family	\$6,000	\$10,000	\$6,000	\$10,000	\$8,000	\$12,000
Office Visit	\$25 PCP \$35 Specialist	40%	\$35 PCP \$45 Specialist	40%	20%	40%
Inpatient-Hospital	\$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.
Outpatient Services	20% after ded.	40% after ded.	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Emergency Room	\$100 then 20% after ded.	\$100 then 40% after ded.	\$150 then 20% after ded.	\$150 then 40% after ded.	\$100 then 20% after ded.	\$100 then 20% after ded.
Urgent Care	\$50 Access Fee	40%	\$75 Access Fee	40%	20% after ded.	40% after ded.
Prescription Drug	\$7/30/50/100	Not covered	\$7/30/50/100	Not covered	20% after ded.	Not covered
Retail	\$14/60/100/200		\$14/60/100/200			
Mail Order (2x)						

RETIREE DENTAL AND MEDICAL PLAN PREMIUMS

Premiums 7/1/11-6/30/12	Delta Dental	BCBS Buy-Up	BCBS Base	BCBS HDHP/HSA
Retiree	\$33.16	\$514.58	\$472.78	\$425.10
Retiree & Family	\$89.06	\$1310.28	\$1203.82	\$1082.40
These premiums <u>do not</u> include subsidy provided by ASRS or PSPRS.				