

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	\$1000	\$750	\$1,500	\$1,250	
Family	\$1,000	\$2,000	\$1,500	\$3,000	\$2,500	
Coinsurance	20%	40%	20%	40%	20%	40%
Out-of-Pocket Max						
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
Office Visit	\$25 PCP \$35 Specialist	40%	\$35 PCP \$45 Specialist	40%	20% after ded.	40% after ded.
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 Svcs	20% after ded.	40% after ded.	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Emergency Room	\$100 then 20%	\$100 then 20%	\$150 then 20%	\$150 then 40%	\$100 then 20%	\$100 then 20%
Urgent Care	\$50 access fee	40%	\$75 access fee	40%	20% after ded.	40% after ded.
Prescription Drug						
Retail	\$7/30/50/100	Not covered	\$7/30/50/100	Not covered	20% after ded.	Not covered
Mail Order (2x/2.5x)	\$14/60/100/200		\$14/60/100/200			

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
Employee	\$514.58	\$472.78	\$425.10
FHA Pays	\$472.78	\$472.78	\$425.10
Employee Pays	\$41.80	\$0.00	(\$47.68)*
Dependent	\$795.70	\$731.04	\$657.30
FHA Pays	\$405.78	\$405.78	\$405.78
Employee Pays	\$431.72 (Includes Employee Portion)	\$325.26	\$251.52 *

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