



Medical

Plan Summary	Blue Options PPO	Blue Options HSA
	In-Network Benefits	In-Network Benefits
Deductible (Individual/Family)	\$5,000 / \$10,000	\$5,000 / \$10,000
Coinsurance	50% / 30%	40%
Out of Pocket Max (Individual/Family)	\$6,850 / \$13,700	\$6,550 / \$13,100
Preventive Care	Covered 100% Deductible does not apply	Covered 100% Deductible does not apply
Primary Care Copay	\$35 Copay	40% after Deductible, up to Max out of Pocket limit
Specialist Copay	50% after Deductible	40% after Deductible, up to Max out of Pocket limit
Urgent Care/Emergency Room	50% after Deductible	40% after Deductible, up to Max out of Pocket limit
Prescriptions Copays	\$10 Generic Copay / Brand up to \$100 Copay	40% after Deductible, up to Max out of Pocket limit
In-Patient Services	30% after Deductible & \$250 Copay	40% after Deductible, up to Max out of Pocket limit
Out-Patient Services	50% after Deductible	40% after Deductible, up to Max out of Pocket limit
Coverage Level:	Monthly Premiums	Monthly Premiums
Employee Only	\$600.45	\$464.77
Employee/Spouse	\$1,267.32	\$980.92
Employee/Child(ren)	\$1,060.68	\$821.00
Family	\$1,690.50	\$1,308.46