



BCBSM PPO 1400/2800 0% HSA

BCN HMO 1400/2800 0% HSA

PHP PPO HRA OPTION 1

PHP PPO HRA OPTION 2

DEDUCTIBLE, COPAYMENTS, COINSURANCE, AND OUT-OF-POCKET MAXIMUMS				
Annual Deductible	\$1,400/\$2,800	\$1,400/\$2,800	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	Covered at 100% after deductible	Covered at 100% after deductible	Covered at 100% after deductible	Covered at 80% after deductible
Office Visit Copay	Covered at 100% after deductible	Covered at 100% after deductible	\$40 copay	\$40 copay
Urgent Care Copay	Covered at 100% after deductible	Covered at 100% after deductible	\$200 copay	\$200 copay
Emergency Room	Covered at 100% after deductible	Covered at 100% after deductible	\$40 copay	\$40 copay
Retail Prescription Drug Copays	\$10/\$40/\$80	\$10/\$30/\$60/\$80/20% (\$200)/20% (\$300)	\$20/\$40/\$80	\$20/\$40/\$80
Out-of-Pocket Maximum	\$2,250/\$4,500	\$2,350/\$4,700	\$6350/\$12,700	\$6350/\$12,700
MONTHLY PREMIUMS				
Single	\$429.22	\$370.96	\$494.08	\$473.55
2-Person	\$1,030.12	\$890.31	\$1,111.68	\$1,065.46
Family	\$1,287.67	\$1,112.89	\$1,334.03	\$1,278.56

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Office Visit Copay				
Urgent Care Copay				
Emergency Room				
Retail Prescription Drug Copays				
Out-of-Pocket Maximum				
MONTHLY PREMIUMS				
Single				
2-Person				
Family				