



2018 - 2019 Plans

PPO Option

HDHP with HSA

	Community Blue PPO Network			
	In-Network	Out-of-Network		
<b>Preventive Care Office Visit</b>	100% coverage (no copay or deductible)	Not Covered		
<b>Office Visit - Primary Care</b>	\$25 copay	60% after deductible		
<b>Office Visit - Specialist</b>	\$35 copay	60% after deductible		
<b>BCBS Online Visits</b>	\$20 copay	60% after deductible		
<b>Emergency Room Copay</b>	\$200 copay			
<b>Urgent Care Center Copay</b>	\$40 copay	60% after deductible		
<b>Coinurance - (Plan Pays)</b>	80% after deductible	60% after deductible		
<b>Prescription copay</b>	Generic \$10 copay Preferred Brand \$40 copay Non-Preferred Brand \$80 copay Mail Order 2x copay for 90 day supply			
<b>Deductible</b>				
Individual			\$850	\$1,700
Family			\$1,700	\$3,400
<b>Coinurance Maximum</b>			<i>Includes Coinurance</i>	
Individual	\$1,500	\$3,000		
Family	\$3,000	\$6,000		
<b>Out-of-Pocket Maximum</b>	<i>Includes Deductible and Coinurance</i>			
Individual	\$2,350	\$4,700		
Family	\$4,700	\$9,400		
<b>"True" Out-of-Pocket Maximum</b>	<i>Includes Deductible and Coinurance &amp; COPAYS</i>			
Individual	\$7,350	\$14,700		
Family	\$14,700	\$29,400		

	Community Blue PPO Network	
	In-Network	Out-of-Network
	100% coverage (no copay or deductible)	Not Covered
	80% after deductible	60% after deductible
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	80% after deductible	
	80% after deductible	60% after deductible
	80% after deductible	60% after deductible
	<i>Copays Apply After Deductible</i>	
		\$10 copay
		\$40 copay
		\$80 copay
		2x copay for 90 day supply
<b>Deductible</b>		
Individual	\$1,350	\$2,700
Family	\$2,700	\$5,400
<b>Coinurance Maximum</b>	<i>Includes Deductible, Coinurance and Copays</i>	
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
<b>Out-of-Pocket Maximum</b>	<i>Includes Deductible, Coinurance and Copays</i>	
Individual	\$2,350	\$4,700
Family	\$4,700	\$9,400
<b>"True" Out-of-Pocket Maximum</b>	<i>Includes Deductible, Coinurance and Copays</i>	
Individual	\$2,350	\$4,700
Family	\$4,700	\$9,400

Bi-Weekly Employee Cost	Non-Tobacco/Nicotine User	Tobacco/Nicotine User
Employee Only	\$49.65	\$30 per Employee and/or Spouse/Domestic Partner that uses tobacco/nicotine
Employee + 1	\$133.88	
Family	\$176.53	
<b>Monthly Employee Cost</b>		
Employee Only	\$107.58	\$60 per Employee and/or Spouse/Domestic Partner that uses tobacco/nicotine
Employee + 1	\$290.07	
Family	\$382.47	
<b>Annual Employee Cost</b>		
Employee Only	\$1,290.98	\$780 per Employee and/or Spouse/Domestic Partner that uses tobacco/nicotine
Employee + 1	\$3,480.86	
Family	\$4,589.68	

Non-Tobacco/Nicotine User	Tobacco/Nicotine User
\$20.35	\$30 per Employee and/or Spouse/Domestic Partner that uses tobacco/nicotine
\$40.22	
\$60.58	
\$44.10	\$60 per Employee and/or Spouse/Domestic Partner that uses tobacco/nicotine
\$87.15	
\$131.25	
\$529.20	\$780 per Employee and/or Spouse/Domestic Partner that uses tobacco/nicotine
\$1,045.80	
\$1,575.00	

Annual Employer HSA Contribution	
Employee Only	\$500
Employee + 1 or More	\$1,000