

Medical Plans

Carrier Name	BCBS	BCBS
Options to Offer This Plan Year	Option 1 - High Deductible HMO	Option 2 - Mid-range Deductible PPO
Network Type/Plan Code	Blue Advantage Silver HMO 925 S9E1ADT (H.S.A. eligible) - Note that HMO plans provide "In Network" benefits ONLY	Blue Choice Gold PPO 204 G9L7CHC
In-Network Deductible: Ind/Family	\$5,250/\$10,500	\$3,000/\$6,000
Out-of-Network Deductible: Ind/Family	N/A	\$6,000/\$18,000
Office Visit Copay In Network	100% after Ded.	\$30 Copay
Specialist Visit Copay In Network	100% after Ded.	\$50 Copay
Coinsurance In-Network	100%	90%
OOP Max In-Network: Ind/Fam	\$5,250/\$10,500	\$8,000/\$16,000
Out of Network OOP Max: Ind/Fam	N/A	Unlimited/Unlimited
Urgent Care, In-Network	100% after Deductible	\$75 Copay
Emergency Room	100% after Deductible	\$300/visit, plus plan pays 90% After Ded
Hospital In Patient In Network	100% after Deductible	\$200/visit, plus plan pays 90% After Ded
MRI In Network	100% after Deductible	\$100/test
Mental Health/Behavioral Health/Substance Abuse In Patient In Network	100% after Deductible	\$350/visit plus 90% Coinsurance
Mental Health/Behavioral Health/Substance Abuse Out Patient In Network	100% after Deductible	\$30/office visit; deductible does not apply; 90% coinsurance for other outpatient services
Rx Plan Tier 1/2/3/4 In Network	100% after Ded.	\$10 / \$20 / \$70 / \$120 / \$150 / \$250
Notes:	High-deductible Plan Option - This plan requires that you meet your deductible before coverage OTHER than qualified "preventative care" kicks in (rule also applies to perscription medication coverage). Enrollment and use of a Health Savings Account (H.S.A.) is allowed with this plan for use towards out-of-pocket healthcare costs.	Mid-range Deductible Plan Option

Monthly Premium Pricing – Cost to Employee After Company Contribution (see table below for monthly employer contribution amounts):

Employee Only	\$308.97	\$807.83
Employee + Spouse	\$893.22	\$1,890.94
Employee + Child(ren)	\$973.13	\$1,970.85
Employee + Family	\$1,491.23	\$2,987.81

Employer Contribution Monthly - Medical

Employee Only	\$444.08
Employee+Spouse	\$612.88
Employee+Child(ren)	\$532.97
Employee+Family	\$767.92

Guardian PPO Dental Plan - Monthly Premium/Cost to Employee After Company Contribution:		Guardian DHMO Dental Plan - Monthly Premium/Cost to Employee After Company Contribution:	
Employee Only	\$27.41	Employee Only	\$0.00
E + Spouse	\$60.75	E + Spouse	\$0.00
E + Children	\$77.27	E + Children	\$0.00
Family	\$115.61	Family	\$0.00

Employer Contribution Monthly for Guardian Dental PPO Monthly - Dental	
Employee Only	\$16.71
E + Spouse	\$32.76
E + Child(ren)	\$46.41
E + Family	\$62.44

Guardian Vision Plan - Monthly Premium to Employee:	
Employee Only	\$10.00
E + Spouse	\$16.86
E + Children	\$17.21
Family	\$26.42

GUARDIAN VOLUNTARY LIFE PLAN RATES - Employee		GUARDIAN VOLUNTARY LIFE PLAN RATES - Spouse		GUARDIAN VOLUNTARY LIFE PLAN RATES - Child(ren)	
Employee Age	Monthly Rate	Spouse Age	Monthly Rate	Monthly Rate	\$0.167/\$1000
15-29	\$0.052/\$1000	15-29	\$0.052/\$1000		
30-34	\$0.056/\$1000	30-34	\$0.056/\$1000		
35-39	\$0.078/\$1000	35-39	\$0.078/\$1000		
40-44	\$0.128/\$1000	40-44	\$0.128/\$1000		
45-49	\$0.202/\$1000	45-49	\$0.202/\$1000		
50-54	\$0.306/\$1000	50-54	\$0.306/\$1000		
55-59	\$0.496/\$1000	55-59	\$0.496/\$1000		
60-64	\$0.829/\$1000	60-64	\$0.829/\$1000		
65-69	\$1.322/\$1000	65-69	\$1.322/\$1000		
70-99	\$2.630/\$1000	70-99	\$2.630/\$1000		
GUARDIAN VOLUNTARY AD&D PLAN RATES - Employee		Spouse age bracket is based on Employee's age bracket			
Monthly Rate	\$0.030/\$1000				