

# 2015-2016 Health+ Major Medical PPO Plans



BRONZE BASIC		
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLES (PER YEAR)</b>		
<b>Medical Deductible</b>		
Individual	\$5,500	\$11,000
Family	\$11,000	\$22,000
<b>Prescription Drug Deductible</b>		
Individual	\$200	Not Covered
Family	\$400	
<b>OUT-OF-POCKET MAXIMUM (PER YEAR):</b>		
<b>Coinsurance/Copay Out-of-Pocket Maximum</b>		
Individual	\$900	\$2,200
Family	\$1,800	\$4,400
<b>Health Care Out-of-Pocket Maximum</b>		
Individual	\$6,600	\$13,200
Family	\$13,200	\$26,400
<b>COPAYMENTS/COINSURANCE:</b>		
Coinsurance	50%	50%
Adult and Child Preventive Services	100%	50% coinsurance after deductible
<b>Office Visit Copays</b>		
Primary Care Physician	Combined total of 1 visit @ 100% coinsurance, then 50% coinsurance after deductible	50% coinsurance after deductible
Urgent Care Services		50% coinsurance after deductible
Specialist Office Visit		50% coinsurance after deductible
Inpatient Hospital Services	\$400 copayment, then 50% coinsurance after deductible	\$400 copayment, then 50% coinsurance after deductible
Emergency Room	\$350 copayment, then 50% coinsurance after deductible	\$350 copayment, then 50% coinsurance after deductible
Prenatal and Postnatal Care	\$50 copayment for initial visit, then 50% coinsurance after deductible	50% coinsurance after deductible
<b>Prescription Drug Copays</b>		
Generic	50% coinsurance after \$200 prescription deductible	Not Covered
Preferred Brand Drug		
Non-Preferred Brand Drug		
Mail Order Generic/Preferred/Non-Preferred		
<b>Basic Term Life Insurance</b>	\$10,000 employee-only	

The Health+ major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via <http://provider.bcbs.com>. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1. Major medical plans not available in the state of Minnesota. Health+ Major Medical plan grids shown here offer a summary of the plans. Please refer to the Summary Plan Description (SPD) for further details.

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BENEFITS	BRONZE PREFERRED	
	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLES (PER YEAR)</b>		
<b>Medical Deductible</b>		
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000
<b>Prescription Drug Deductible</b>		
Individual	\$50	Not Covered
Family	\$100	
<b>OUT-OF-POCKET MAXIMUM (PER YEAR):</b>		
<b>Coinsurance/Copay Out-of-Pocket Maximum</b>		
Individual	\$2,550	\$5,200
Family	\$5,100	\$10,400
<b>Health Care Out-of-Pocket Maximum</b>		
Individual	\$6,600	\$13,200
Family	\$13,200	\$26,400
<b>COPAYMENTS/COINSURANCE:</b>		
Coinsurance	70%	50%
Adult and Child Preventive Services	100%	50% coinsurance after deductible
<b>Office Visit Copays</b>		
Primary Care Physician	\$40	50% coinsurance after deductible
Urgent Care Services	\$75	50% coinsurance after deductible
Specialist Office Visit	\$60	50% coinsurance after deductible
Inpatient Hospital Services	\$400 copayment, then 70% coinsurance after deductible	\$400 copayment, then 50% coinsurance after deductible
Emergency Room	\$300 copayment, then 70% coinsurance after deductible	\$300 copayment, then 50% coinsurance after deductible
Prenatal and Postnatal Care	\$60 copayment for initial visit, then 70% coinsurance after deductible	50% coinsurance after deductible
<b>Prescription Drug Copays</b>		
Generic	\$25	Not Covered
Preferred Brand Drug	\$55	
Non-Preferred Brand Drug	\$80	
Mail Order Generic/Preferred/Non-Preferred	\$50/\$110/\$160	
<b>Basic Term Life Insurance</b>	\$10,000 employee-only	

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# 2015-2016 Health+ Major Medical PPO Plans



BENEFITS	SILVER BASIC	
	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLES (PER YEAR)</b>		
<b>Medical Deductible</b>		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
<b>Prescription Drug Deductible</b>		
Individual	\$75	Not Covered
Family	\$150	
<b>OUT-OF-POCKET MAXIMUM (PER YEAR):</b>		
<b>Coinsurance/Copay Out-of-Pocket Maximum</b>		
Individual	\$3,525	\$7,200
Family	\$7,050	\$14,400
<b>Health Care Out-of-Pocket Maximum</b>		
Individual	\$6,600	\$13,200
Family	\$13,200	\$26,400
<b>COPAYMENTS/COINSURANCE:</b>		
Coinsurance	70%	50%
Adult and Child Preventive Services	100%	50% coinsurance after deductible
<b>Office Visit Copays</b>		
Primary Care Physician	\$30	50% coinsurance after deductible
Urgent Care Services	\$75	50% coinsurance after deductible
Specialist Office Visit	\$60	50% coinsurance after deductible
Inpatient Hospital Services	\$300 copayment, then 70% coinsurance after deductible	\$300 copayment, then 50% coinsurance after deductible
Emergency Room	\$250 copayment, then 70% coinsurance after deductible	\$250 copayment, then 50% coinsurance after deductible
Prenatal and Postnatal Care	\$60 copayment for initial visit, then 70% coinsurance after deductible	50% coinsurance after deductible
<b>Prescription Drug Copays</b>		
Generic	70% coinsurance after \$75 prescription deductible	Not Covered
Preferred Brand Drug		
Non-Preferred Brand Drug		
Mail Order Generic/Preferred/Non-Preferred		
<b>Basic Term Life Insurance</b>	\$10,000 employee-only	

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# 2015-2016 Health+ Major Medical PPO Plans



SILVER CHOICE		
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLES (PER YEAR)</b>		
<b>Medical Deductible</b>		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>Prescription Drug Deductible</b>		
Individual	\$50	Not Covered
Family	\$100	
<b>OUT-OF-POCKET MAXIMUM (PER YEAR):</b>		
<b>Coinsurance/Copay Out-of-Pocket Maximum</b>		
Individual	\$4,550	\$9,200
Family	\$9,100	\$18,400
<b>Health Care Out-of-Pocket Maximum</b>		
Individual	\$6,600	\$13,200
Family	\$13,200	\$26,400
<b>COPAYMENTS/COINSURANCE:</b>		
Coinsurance	80%	60%
Adult and Child Preventive Services	100%	60% coinsurance after deductible
<b>Office Visit Copays</b>		
Primary Care Physician	\$30	60% coinsurance after deductible
Urgent Care Services	\$50	60% coinsurance after deductible
Specialist Office Visit	\$50	60% coinsurance after deductible
Inpatient Hospital Services	\$300 copayment, then 80% coinsurance after deductible	\$300 copayment, then 60% coinsurance after deductible
Emergency Room	\$200 copayment, then 80% coinsurance after deductible	\$200 copayment, then 60% coinsurance after deductible
Prenatal and Postnatal Care	\$50 copayment for initial visit, then 80% coinsurance after deductible	60% coinsurance after deductible
<b>Prescription Drug Copays</b>		
Generic	\$20	
Preferred Brand Drug	\$50	
Non-Preferred Brand Drug	\$80	Not Covered
Mail Order Generic/Preferred/Non-Preferred	\$40/\$100/\$160	
<b>Basic Term Life Insurance</b>	\$10,000 employee-only	

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# 2015-2016 Health+ Major Medical PPO Plans



		GOLD BASIC	
BENEFITS	IN-NETWORK	OUT-OF-NETWORK	
<b>DEDUCTIBLES (PER YEAR)</b>			
<b>Medical Deductible</b>			
Individual	\$1,000	\$2,000	
Family	\$2,000	\$4,000	
<b>Prescription Drug Deductible</b>			
Individual	\$50	Not Covered	
Family	\$100		
<b>OUT-OF-POCKET MAXIMUM (PER YEAR):</b>			
<b>Coinsurance/Copay Out-of-Pocket Maximum</b>			
Individual	\$4,700	\$9,500	
Family	\$9,400	\$19,000	
<b>Health Care Out-of-Pocket Maximum</b>			
Individual	\$5,750	\$11,500	
Family	\$11,500	\$23,000	
<b>COPAYMENTS/COINSURANCE:</b>			
Coinsurance	80%	60%	
Adult and Child Preventive Services	100%	60% coinsurance after deductible	
<b>Office Visit Copays</b>			
Primary Care Physician	\$25	60% coinsurance after deductible	
Urgent Care Services	\$45	60% coinsurance after deductible	
Specialist Office Visit	\$45	60% coinsurance after deductible	
Inpatient Hospital Services	\$300 copayment, then 80% coinsurance after deductible	\$300 copayment, then 60% coinsurance after deductible	
Emergency Room	\$200 copayment, then 80% coinsurance after deductible	\$200 copayment, then 60% coinsurance after deductible	
Prenatal and Postnatal Care	\$45 copayment for initial visit, then 80% coinsurance after deductible	60% coinsurance after deductible	
<b>Prescription Drug Copays</b>			
Generic	\$20	Not Covered	
Preferred Brand Drug	\$45		
Non-Preferred Brand Drug	\$75		
Mail Order Generic/Preferred/Non-Preferred	\$40/\$90/\$150		
<b>Basic Term Life Insurance</b>	\$10,000 employee-only		

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BENEFITS	GOLD PREFERRED	
	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLES (PER YEAR)</b>		
<b>Medical Deductible</b>		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
<b>Prescription Drug Deductible</b>		
Individual	\$50	Not Covered
Family	\$100	
<b>OUT-OF-POCKET MAXIMUM (PER YEAR):</b>		
<b>Coinsurance/Copay Out-of-Pocket Maximum</b>		
Individual	\$1,200	\$2,500
Family	\$2,400	\$5,000
<b>Health Care Out-of-Pocket Maximum</b>		
Individual	\$2,750	\$5,500
Family	\$5,500	\$11,000
<b>COPAYMENTS/COINSURANCE:</b>		
Coinsurance	80%	60%
Adult and Child Preventive Services	100%	60% coinsurance after deductible
<b>Office Visit Copays</b>		
Primary Care Physician	\$20	60% coinsurance after deductible
Urgent Care Services	\$40	60% coinsurance after deductible
Specialist Office Visit	\$30	60% coinsurance after deductible
Inpatient Hospital Services	\$300 copayment, then 80% coinsurance after deductible	\$300 copayment, then 60% coinsurance after deductible
Emergency Room	\$150 copayment, then 80% coinsurance after deductible	\$150 copayment, then 60% coinsurance after deductible
Prenatal and Postnatal Care	\$30 copayment for initial visit, then 80% coinsurance after deductible	60% coinsurance after deductible
<b>Prescription Drug Copays</b>		
Generic	\$20	Not Covered
Preferred Brand Drug	\$45	
Non-Preferred Brand Drug	\$75	
Mail Order Generic/Preferred/Non-Preferred	\$40/\$90/\$150	
<b>Basic Term Life Insurance</b>	\$10,000 employee-only	

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Major medical plans not available in the state of Minnesota.

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# 2015-2016 Health+ Major Medical PPO Plans



PLATINUM CHOICE		
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLES (PER YEAR)</b>		
<b>Medical Deductible</b>		
Individual	\$500	\$1,000
Family	\$1,000	\$2,000
<b>Prescription Drug Deductible</b>		
Individual	\$50	Not Covered
Family	\$100	
<b>OUT-OF-POCKET MAXIMUM (PER YEAR):</b>		
<b>Coinsurance/Copay Out-of-Pocket Maximum</b>		
Individual	\$500	\$1,100
Family	\$1,000	\$2,200
<b>Health Care Out-of-Pocket Maximum</b>		
Individual	\$1,050	\$2,100
Family	\$2,100	\$4,200
<b>COPAYMENTS/COINSURANCE:</b>		
Coinsurance (plan pays)	80%	60%
Adult and Child Preventive Services	100%	60% coinsurance after deductible
<b>Office Visit Copays</b>		
Primary Care Physician	\$20	60% coinsurance after deductible
Urgent Care Services	\$40	60% coinsurance after deductible
Specialist Office Visit	\$30	60% coinsurance after deductible
Inpatient Hospital Services	\$200 copayment, then 80% coinsurance after deductible	200 copayment, then 60% coinsurance after deductible
Emergency Room	\$150 copayment, then 80% coinsurance after deductible	\$150 copayment, then 60% coinsurance after deductible
Prenatal and Postnatal Care	\$30 copayment for initial visit, then 80% coinsurance after deductible	60% coinsurance after deductible
<b>Prescription Drug Copays</b>		
Generic	\$10	
Preferred Brand Drug	\$30	Not Covered
Non-Preferred Brand Drug	\$55	
Mail Order Generic/Preferred/Non-Preferred	\$20/\$60/\$110	
<b>Basic Term Life Insurance</b>	\$10,000 employee-only	

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