



2015 Plans & Rates

	Copay 1 Simply Blue Plus Gold 4 - PPO	Copay 2 Simply Blue Plus Gold 5 - PPO	Copay 3 Plainum 105 EPO Co-Pay	Copay 4 Simply Blue Plus Platinum 1 - PPO	Copay 5 Simply Blue Plus Platinum 3 - PPO
Network Deductible	None	None	None	None	None
Network Coinsurance	None	None	None	None	None
Network Deductible & Co-insurance Out of Pocket Maximum	\$6,350 Single \$12,700 Family	\$6,350 Single \$12,700 Family	\$6,600 \$13,200.00	\$6,350 Single \$12,700 Family	\$2,000 Single \$4,000 Family
Preventive	Federally mandated qualified preventive services covered in full				
Primary Care / Specialist	\$40	\$40	\$15	\$15	\$25
Urgent Care	\$60	\$60	\$40	\$25	\$40
Emergency Room	\$250	\$250	\$100	\$150	\$150
Outpatient Surgery	\$250	\$250	\$100	\$150	\$150
Inpatient Hospitalization	\$750	\$500	\$500	\$250	\$250
Prescription Coverage Rider - In Network Only	\$10/40%/50%	\$5/\$45/\$90	\$4/\$30/\$60	\$5/\$35/\$70	\$5/\$35/\$70
	Out-of network benefits are subject to balance billing by out-of-network providers. Plan benefits are paid subject to a maximum allowable fee schedule for the out-of-network services provided.				
Out-of-Network Deductible	\$500 Single \$1,000 Family	\$500 Single \$1,000 Family	N/A N/A	\$500 Single \$1,000 Family	\$500 Single \$1,000 Family
Out -of-Network ON Coinsurance	20%	20%	N/A	20%	20%
Out-of-Network Deductible & Co-insurance Out of Pocket Maximum	\$6,350 Single \$12,700 Family	\$6,350 Single \$12,700 Family	N/A N/A	\$6,350 Single \$12,700 Family	\$2,000 Single \$4,000 Family
Small Group					
Single	\$549.21	\$561.93	\$629.71	\$630.08	\$636.13
2-Person	\$1,098.43	\$1,123.86	\$1,259.42	\$1,260.17	\$1,272.26
Single w/Child(ren)	\$933.67	\$955.29	\$1,070.51	\$1,071.14	\$1,081.43
Family	\$1,565.26	\$1,601.51	\$1,794.67	\$1,795.75	\$1,812.98

Please note - all premium rates include qualified pediatric dental as required by law.



2015 Plans & Rates

	Hybrid 1 Simply Blue Plus Silver 6 - PPO	Hybrid 2 Gold 203 EPO	Hybrid 3 Simply Blue Plus Gold 14 - PPO	Hybrid 4 Simply Blue Plus Gold 11 - PPO
Network Deductible	Embedded \$1,000 single \$2,000 family	Embedded \$500 single \$1,000 family	Embedded \$1,000 single \$2,000 family	Embedded \$500 single \$1,000 family
Network Coinsurance	20%	N/A	20%	20%
Network Deductible & Co-insurance Out of Pocket Maximum	\$5,000 single \$10,000 family	\$6,600 \$13,200	\$3,000 single \$6,000 family	\$3,000 single \$6,000 family
Preventive	Federally mandated qualified preventive services covered in full			
Primary Care / Specialist	\$40 Subject to Deductible	\$25/\$45 Subject to Deductible	\$40 Subject to Deductible	\$25 Subject to Deductible
Urgent Care	\$60 Subject to Deductible	\$35 Subject to Deductible	\$60 Subject to Deductible	\$40 Subject to Deductible
Emergency Room	\$350 Subject to Deductible	\$75 Subject to Deductible	\$350 Subject to Deductible	\$250 Subject to Deductible
Outpatient Surgery	80% Subject to Deductible	\$50 Subject to Deductible	80% Subject to Deductible	80% Subject to Deductible
Inpatient Hospitalization	80% Subject to Deductible	\$250 Subject to Deductible	80% Subject to Deductible	80% Subject to Deductible
Prescription Coverage Rider - In Network Only	\$5/\$45/\$90	\$4/\$30/\$60	\$5/\$45/\$90	\$5/\$35/\$70
Out-of network benefits are subject to balance billing by out-of-network providers. Plan benefits are paid subject to a maximum allowable fee schedule for the out-of-network services provided.				
Out-of-Network Deductible	\$1,000 single \$2,000 family	N/A N/A	\$1,000 single \$2,000 family	\$500 single \$1,000 family
Out -of-NetworkON Coinsurance	40%	N/A	40%	40%
Out-of-Network Deductible & Co-insurance Out of Pocket Maximum	\$5,000 single \$10,000 family	N/A N/A	\$3,000 single \$6,000 family	\$3,000 single \$6,000 family
Small Group				
Single	\$493.39	\$523.69	\$541.56	\$555.91
2-Person	\$986.78	\$1,047.39	\$1,083.14	\$1,111.83
Single w/Child(ren)	\$838.77	\$890.28	\$920.66	\$945.06
Family	\$1,406.17	\$1,492.52	\$1,543.47	\$1,584.36

Please note - all premium rates include qualified pediatric dental as required by law.



2015 Plans & Rates

	HDHP 1 Simply Blue Plus Bronze 3 - PPO	HDHP 2 HDEPO 407 Bronze - EPO	HDHP 3 Simply Blue Plus Silver 1 - PPO	HDHP 4 Simply Blue Plus Gold 9 - PPO
Network Deductible	Aggregate \$4,500 single \$9,000 family	Aggregate \$3,300 single \$6,600 family	Aggregate \$1,500 single \$3,000 family	Aggregate \$2,100 single \$4,200 family
Network Coinsurance	50%	50%	30%	None
Network Deductible & Co-insurance Out of Pocket Maximum	\$6,350 single \$12,700 family	\$6,450 \$12,900	\$4,500 single \$9,000 family	\$2,100 single \$4,200 family
Preventive	Federally mandated qualified preventive services covered in full			
Primary Care / Specialist	Deductible then 50%	Deductible then 50%	70% Subject to Deductible	Deductible then 100%
Urgent Care	Deductible then 50%	Deductible then 50%	70% Subject to Deductible	Deductible then 100%
Emergency Room	Deductible then 50%	Deductible then 50%	70% Subject to Deductible	Deductible then 100%
Outpatient Surgery	Deductible then 50%	Deductible then 50%	70% Subject to Deductible	Deductible then 100%
Inpatient Hospitalization	Deductible then 50%	Deductible then 50%	70% Subject to Deductible	Deductible then 100%
Prescription Coverage Rider - In Network Only	\$10/40%/50% Subject to Deductible	50%/50%/50% Subject to Deductible	\$10/40%/50% Subject to Deductible	Deductible then 100%
Out-of network benefits are subject to balance billing by out-of-network providers. Plan benefits are paid subject to a maximum allowable fee schedule for the out-of-network services provided.				
Out-of-Network Deductible	\$6,350 single \$12,700 family	N/A N/A	\$4,500 single \$9,000 family	\$2,100 single \$4,200 family
Out-of-NetworkON Coinsurance	50%	N/A	50%	None
Out-of-Network Deductible & Co-insurance Out of Pocket Maximum	\$6,350 single \$12,700 family	N/A N/A	\$4,500 single \$9,000 family	\$2,100 single \$4,200 family
Small Group				
Single	\$355.88	\$378.53	\$449.34	\$511.04
2-Person	\$711.75	\$757.05	\$898.67	\$1,022.08
Single w/Child(ren)	\$604.98	\$643.49	\$763.87	\$868.77
Family	\$1,014.25	\$1,078.80	\$1,280.61	\$1,456.47

Please note - all premium rates include qualified pediatric dental as required by law.