

	Blue Cross Blue Shield Simply Blue \$500	Blue Cross Blue Shield Simply Blue \$1,500	Blue Care Network HMO \$500	Blue Care Network HMO \$1,000	Blue Care Network HSA HMO \$3,000
<b>Annual Deductible:</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
Single	\$500 Individual	\$1,500 Individual	\$500 Individual	\$1,000 Individual	\$3,000 Individual
Family	\$1,000 Double/ Family	\$3,000 Double/ Family	\$1,000 Double/ Family	\$2,000 Double/ Family	\$6,000 Double/ Family
<b>Annual Coinsurance Maximums:</b>					
Single	\$1,500 Individual	\$2,500 Individual	\$1,500 Individual	\$2,500 Individual	80% after deductible
Family	\$3,000 Double/ Family	\$5,000 Double/ Family	\$3,000 Double/ Family	\$5,000 Double/ Family	
<b>Out-of-Pocket Maximums:</b>					
Single	\$6,350 Individual	\$6,350 Individual	\$6,350 Individual	\$6,350 Individual	\$6,350 Individual
Family	\$12,700 Double/ Family	\$12,700 Double/ Family	\$12,700 Double/ Family	\$12,700 Double/ Family	\$12,700 Double/ Family
Primary Care Physician Office Visit	\$20	\$30	\$20	\$30	80% after deductible
Specialist Office Visit Copay	\$40	\$30	\$40	\$50	80% after deductible
Urgent Care Copay	\$60	\$30	\$40	\$50	80% after deductible
Emergency Room Copay	\$150 (Waived if Admitted)	\$150 (Waived if Admitted)	\$150 (Waived if Admitted)	\$150 (Waived if Admitted)	80% after deductible
Inpatient Hospital Admission	80% After Deductible	80% after deductible	80% After Deductible	80% After Deductible	80% after deductible
<b>Prescription Drugs:</b>	Tier 1 - \$15 Tier 2 - \$50 Tier 3 - \$70 or 50% of the approved amount (whichever is greater), but no more than \$100 Tier 4 - 20% coinsurance of the approved amount, but no more than \$200 Tier 5 - 25% coinsurance of the approved amount, but no more than \$300	Tier 1 - \$15 Tier 2 - \$50 Tier 3 - \$70 or 50% of the approved amount (whichever is greater), but no more than \$100 Tier 4 - 20% of approved amount, but no more than \$200 Tier 5 - 25% of approved amount, but no more than \$300	Tier 1A - \$4 Tier 1B - \$15 Tier 2 - \$40 Tier 3 - \$80 Tier 4 - 20% coinsurance (max amt. \$200) Tier 5 - 20% coinsurance (max amt. \$300)	Tier 1A - \$4 Tier 1B - \$15 Tier 2 - \$40 Tier 3 - \$80 Tier 4 - 20% coinsurance (max amt. \$200) Tier 5 - 20% coinsurance (max amt. \$300)	Tier 1A - \$4 Tier 1B - \$15 Tier 2 - \$40 Tier 3 - \$80 Tier 4 - 20% coinsurance (max. amt. \$200) Tier 5 - 20% coinsurance (max. amt. \$300)
<b>Prescription Drug Tiers:</b>	Generic / Preferred Brand / Non-Preferred Brand / Brand Name Specialty / Non-Preferred Brand Name Specialty				
<b>Estimated Medical &amp; Prescription Drug Monthly Premiums:</b>	<b>Blue Cross Blue Shield Simply Blue \$500</b>	<b>Blue Cross Blue Shield Simply Blue \$1,500</b>	<b>Blue Care Network HMO \$500</b>	<b>Blue Care Network HMO \$1,000</b>	<b>Blue Care Network HSA HMO \$3,000</b>
Employee	\$603.27	\$533.90	\$464.46	\$432.19	\$319.12
Employee + Spouse	\$1,443.65	\$1,277.16	\$1,110.52	\$1,033.05	\$761.69
Employee + Child	\$1,443.65	\$1,277.16	\$1,110.52	\$1,033.05	\$761.69
Employee + Children	\$1,803.80	\$1,595.70	\$1,387.40	\$1,290.58	\$951.37
Family	\$1,803.80	\$1,595.70	\$1,387.40	\$1,290.58	\$951.37
Monthly Taxes and Fees	Included in rates	Included in rates	Included in rates	Included in rates	Included in rates

\*The rates on this comparison are quoted rates only. Final rates are determined by the carrier based on carrier underwriting guidelines.

\*Refer to the specific carrier Benefit Summary of Summary of Coverage and Benefits for details regarding a specific benefit or service.

\*Above rates include a \$3.00 per contract administration fee.

\*AccessPoint recommends that the employer contribute at least 50% of the single rate to remain compliant with the Affordable Care Act (ACA) guidelines of affordability.

\*Quoted rates do include estimated totals of Health Insurance Premium Tax, Risk Adjustment Tax, PCORI Fee and HICA Act Tax.