

**BCBSNE
\$3,000 PPO Plan
In-Network**
**BCBSNE
\$6,000 HSA Plan
In-Network**

Calendar Year Deductible	Unable to contribute to HSA account	Able to contribute to HSA account
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
Coinsurance (after ded) <i>BCBS Pays/You Pay</i>	70%/30%	90%/10%
Out-of-Pocket Maximum	<i>Includes deductible</i>	<i>Includes deductible</i>
Individual	\$6,500	\$6,350
Family	\$13,000	\$12,700
Covered Services		
Office Visits		
Physician Preventative	100% paid by the plan	100% paid by the plan
PCP Office Visit	Ded + Coins	Ded + Coins
Specialist Office Visit	Ded + Coins	Ded + Coins
Urgent Care Facility	Ded + Coins	Ded + Coins
Emergency Room	Ded + Coins	Ded + Coins
Telemedicine	\$59	\$59
Ambulance	Ded + Coins	Ded + Coins
Inpatient/Outpatient Hospital	Ded + Coins	Ded + Coins
Diagnostic Outpatient Complex Imaging	Ded + Coins	Ded + Coins
Mental Health/Substance Abuse	See Benefits Summary	See Benefits Summary
Lifetime Maximum	Unlimited	Unlimited
Prescription Drugs		
Retail Pharmacy (30-day supply)	\$0 Deductible; then Copays	\$6,000 Deductible; then Copays
Generic	\$15 copay	\$10 copay
Brand Formulary	\$45 copay	\$35 copay
Brand Non-Formulary	\$80 copay	\$70 copay
Specialty	\$150 copay	Same as Retail
Mail Order (90-day supply)	3x copay	3x copay
Employee Payroll Deduction <i>(weekly employee contribution)</i>		
Employee Only	\$57.00	\$25.00
Employee & Spouse/DP	\$157.40	\$107.66
Employee & Child(ren)	\$130.37	\$85.41
Family	\$220.47	\$159.59