

## Employee Choice 1-50

### ONE DEDUCTIBLE FOR MEDICAL AND PHARMACY

In-Network Benefits	BluePoint Platinum	BluePoint Gold+	BluePoint Gold	BluePoint Gold H.S.A	BluePoint Silver+	BluePoint Silver	BluePoint Silver H.S.A	BluePoint Bronze+	BluePoint Bronze H.S.A.+	BluePoint Bronze H.S.A.
<b>Deductible</b> Single/Family	\$500 \$1000	\$1,000 \$2,000	\$1,500 \$3,000	\$1,400 \$2,800	\$1,500 \$3,000	\$2,000 \$4,000	\$2,000 \$4,000	\$3,000 \$6,000	\$2,750 \$5,500	\$5,000 \$10,000
	\$400 DXL Upfront	\$400 DXL Upfront	\$400 DXL Upfront	–	–	–	–	–	–	–
<b>Copay</b> Prim/Spec	\$25/\$45 Unlimited OV, EOS	\$25/\$45 Unlimited OV, EOS	\$25/\$45 Unlimited OV, EOS	\$20/\$30 After Deductible	\$30/\$45 Unlimited OV, No EOS	\$30/\$45 Unlimited OV, No EOS	\$20/\$30 After Deductible	–	\$20/\$30 After Deductible	\$20/\$30 After Deductible
<b>ER Copay</b>	\$200	\$250	\$250	–	\$250	\$250	–	–	–	–
<b>Coinsurance</b>	80%	80%	80%	80%	70%	70%	70%	50%	50%	80%
<b>OOP Max</b> Single/Family	\$1,400 \$2,800	\$3,500 \$7,000	\$3,500 \$7,000	\$2,300 \$4,600	\$6,250 \$12,500	\$6,250 \$12,500	\$4,400 \$8,800	\$6,250 \$12,500	\$6,250 \$12,500	\$6,000 \$12,000
<b>Rx Tiers</b> T1/T2/T3/T4	\$5*/\$30* 50%AD/ 50%AD	\$5*/\$30* 50%AD/ 50%AD	\$5*/\$30* 50%AD/ 50%AD	10%AD/ 20%AD/ 50%AD/ 50%AD	\$10*/\$40* 50%AD/ 50%AD	\$10*/\$40* 50%AD/ 50%AD	25%AD/ 35%AD/ 50%AD/ 50%AD	\$15*/ 50%AD 50%AD/ 50%AD	50%AD/ 50%AD/ 50%AD/ 50%AD	25%AD/ 35%AD/ 50%AD/ 50%AD

The benefits listed here are for reference purposes only please refer to your benefits booklet for complete list of benefits.

\*Deductible Waived (One deductible for medical and pharmacy, the deductible applies on pharmacy when your cost share is a percentage %)

EOS = Expanded Office visit

DXL = Diagnostic xray and lab

**Cannot Pair Bronze with Platinum**

Optional Riders Available for Purchase (See SBC or Resource CD for Your Groups Benefits):	Available Networks
Unlimited Chiropractic Services Base plans cover Osteopathic services only	Preferred FocalPoint 12 Hospitals/3800 Providers
Adult Vision \$150 in hardware, 1 exam per person per year	Preferred ValueCare 42 Hospitals/9500 Providers
Dental \$25 or \$50 Ded, \$1,000, \$1,500, or \$2,000 Benefit Maximum	Traditional (Participating) All Hospitals/9600 Providers
Employee Assistance Program (EAP) 4 visits per person per issue	