

Product Information 2024: \$7,350 PPO



	INN	OON
DEDUCTIBLE INDIVIDUAL	\$7,350	\$14,700
DEDUCTIBLE FAMILY (EMBEDDED)	\$14,700	\$29,400
COINSURANCE	100/0	50/50
ANNUAL MAX OUT-OF-POCKET LIMIT INDIVIDUAL	\$7,350	\$20,000
ANNUAL MAX OUT-OF-POCKET LIMIT FAMILY (EMBEDDED)	\$14,700	\$40,000
PRIMARY CARE VISIT (FAMILY PRACTICE, MENTAL HEALTH, OBYGN)	\$25	Deductible & Coinsurance
SPECIALIST PHYSICIAN OFFICE VISIT	\$40	Deductible & Coinsurance
PREVENTIVE CARE VISIT	\$0	Deductible & Coinsurance
CONVENIENT CARE/RETAIL CLINICS (QUICK CARE)	Deductible & Coinsurance	-
URGENT CARE FACILITY SERVICES	\$60/visit	Deductible & Coinsurance

Emergency Room Services

(services received in a hospital emergency room setting)

FACILITY	20% Coinsurance/ Waive Deductible	In-Network level of benefits
PROFESSIONAL SERVICES	Deductible & Coinsurance	In-Network level of benefits

Pharmacy Benefits

GENERIC	\$10 Copay	Not Covered
PREFERRED BRAND	\$45 Copay	Not Covered
NON-PREFERRED BRAND	\$85 Copay	Not Covered
SPECIALTY	Not Covered	Not Covered



Monthly Premium

AGES 18-29

- Employee \$569.48
- Employee+Spouse \$998.95
- Employee+Child(ren) \$915.05
- Family \$1,433.43

AGES 30-44

- Employee \$586.26
- Employee+Spouse \$1,032.51
- Employee+Child(ren) \$945.26
- Family \$1,483.76

AGES 45-54

- Employee \$607.19
- Employee+Spouse \$1,074.37
- Employee+Child(ren) \$982.93
- Family \$1,546.56

AGES 55-64

- Employee \$650.18
- Employee+Spouse \$1,160.34
- Employee+Child(ren) \$1,060.31
- Family \$1,675.52



**BlueCross
BlueShield**