# Quoted Rates are Valid for 90 Days

**10/11/2018, 8:59 AM**

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| **newwayHR** |
| **Blue Cross Medical Benefits Summary** |
| **Policy Period: January 1, 2020 thru December 31, 2020** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Medical Plan Option** | **BlueOptions 03559** | **BlueCare 60** | **BlueOptions 03900** | **BlueOptions 05772** | **BlueCare 51** | **BlueCare 62** | **BlueCare 54** |
| **Network** | **BlueOptions (PPO)** | **BlueCare (HMO)** | **BlueOptions (PPO)** | **BlueOptions (PPO)** | **BlueCare (HMO)** | **BlueCare (HMO)** | **BlueCare (HMO)** |
| **IN NETWORK** |  |  |  |  |  |  |  |
| Deductible (Individual/Family) | $500/$1,500 | $500/$1,000 | $1,500 Per Person | $2,000/$6,000 | $2,000 Per Person | $6,350/$12,700 | $5,000/$10,000 |
| Coinsurance - Member | 20% | 10% | 50% | 20% | 30% | 0% | 30% |
| Member Payment Limit(Individual/Family) | $2,500/$5,000 | $3,500/$7,000 | $6,350/$12,700 | $5,500/$11,000 | $6,350/$12,700 | $6,350/$12,700 | $6,350/$12,700 |
| Payment Limit Includes | Ded, Coins, Copays & RxCopays | Ded, Coins, Copays & RxCopays | Ded, Coins, Copays & RxCopays | Ded, Coins, Copays & RxCopays | Ded, Coins, Copays & Rx Copays | Ded, Coins, Copays & Rx Copays | Ded, Coins, Copays & Rx Copays |
| Lifetime Max | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Physician Office Visit | $20 Copay | $25 Copay | $35 Copay | $35 Copay | $35 Copay | $35 Copay | $25 Copay |
| Specialist Office Visit | $40 Copay | $45 Copay | $50 Copay | $65 Copay | $75 Copay | $65 Copay | $45 Copay |
| Inpatient Hospital | $600 Copay | $325/Day ($1,625 Max) | $1,500 Copay | $100 PAD + 20% (After Ded) | $2,000 Copay | 0% (After Ded) | 30% (After Ded) |
| Outpatient Hospital | $200 Copay | $275 Copay | $300 Copay | 20% (After Ded) | $300 Copay | 0% (After Ded) | 30% (After Ded) |
| Emergency | $100 Copay | $100 Copay | 50% (After Ded) | $300 Copay | $400 Copay | $300 Copay | $300 Copay |
| Urgent Care | $45 Copay | $45 Copay | 50% (After Ded) | $70 Copay | $80 Copay | $100 Copay | $85 Copay |
| Lab Services | $0 Copay | $0 Copay | $0 Copay | $0 Copay | $0 Copay | $0 Copay | $0 Copay |
| X-Ray (Ind Facility) | $50 Copay | $45 Copay | 50% (After Ded) | $50 Copay | $50 Copay | $65 Copay | $65 Copay |
| Complex Medical Imaging | $150 Copay | $80 Copay | $200 Copay | $300 Copay | $200 Copay | 0% (After Ded) | $200 Copay |
| Pharmacy |  |  |  |  |  |  |  |
| Generic | $15 Copay | $15 Copay | $15 Copay | $15 Copay | $10 Copay | $10 Copay | $10 Copay |
| Brand Name | $30 Copay | $30 Copay | $30 Copay | $30 Copay | $50 Copay | $50 Copay | N/C |
| Non-Preferred Brand | $50 Copay | $50 Copay | $50 Copay | $50 Copay | $80 Copay | $80 Copay | N/C |
| Specialty | $150 | $150 | $150 | $150 | $150 | $150 | $10/NC/NC/NC |
| **OUT OF NETWORK** |  |  |  |  |  |  |  |
| Deductible | $750/$2,250 | N/A | $4,500 Per Person | $6,000/$18,000 | N/A | N/A | N/A |
| Coinsurance - Member | 40% | N/A | 50% | 50% | N/A | N/A | N/A |
| Member Payment Limit | $5,000/$10,000 | N/A | $20,000/$20,000 | $11,000/$22,000 | N/A | N/A | N/A |

This is an example of potential plans we might offer as part of a group health plan for a PEO client.