

The out-of-pocket costs shown are for in-network coverage
Red/bold indicates new plan Green/bold indicates modification
Note: All plans include \$0 copay for in-network medical online visits except HSA and Blue Elect Plus HSA POS plans

Product Family	Plan	Deductible Single/Family	Coins. %	ECM Single/Family	OOPM Single/Family	Employer Contribution	OV/SPEC/UC/ER	Rx (Includes MOPD 3X-\$10 and contraceptives) Custom Select Drug List unless otherwise indicated
Blue Elect Plus SM POS	2025 Blue Elect Plus POS Platinum Option 1	\$0/\$250	20%	N/A	\$3,000/\$6,000	N/A	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20% (\$200)/20% (\$300)
	2025 Blue Elect Plus POS Platinum Option 2	\$250/\$500	20%	N/A	\$4,500/\$9,000	N/A	\$20/\$30/\$50/\$150	\$4/\$15/\$40/\$80/20% (\$200)/20% (\$300)
	2025 Blue Elect Plus POS Gold Option 1	\$500/\$1,000	20%	\$5,000/\$10,000	\$9,100/\$18,200	N/A	\$30/\$50/\$50/\$250	\$10/\$30/\$60/\$80/20%(\$200)/20%(\$300)
	2025 Blue Elect Plus POS Gold Option 2	\$1,000/\$2,000	20%	\$5,000/\$10,000	\$9,100/\$18,200	N/A	\$30/\$50/\$50/\$250	\$10/\$30/\$60/\$80/20%(\$200)/20%(\$300)
	2025 Blue Elect Plus POS Gold Option 3	\$1,500/\$3,000	20%	\$5,000/\$10,000	\$9,100/\$18,200	N/A	\$30/\$50/\$50/\$250	\$10/\$30/\$60/\$80/20% (\$200)/20% (\$300)
	2025 Blue Elect Plus POS Gold Option 4	\$2,000/\$4,000	20%	N/A	\$7,350/\$14,700	N/A	\$30/\$50/\$50/\$250	\$15/\$40/\$80/\$100/20%(\$200)/20%(\$300)
	2025 Blue Elect Plus POS Gold Option 5	\$3,000/\$6,000	20%	N/A	\$7,350/\$14,700	N/A	\$30/\$50/\$50/\$250	\$15/\$40/\$80/\$100/20%(\$200)/20%(\$300)
	2025 Blue Elect Plus POS Gold Option 6	\$4,000/\$8,000	20%	N/A	\$9,200/\$18,400	N/A	\$30/\$50/\$60/\$250	\$4/\$15/\$40/\$80/20% (\$200)/20% (\$300)
	2025 Blue Elect Plus POS Gold Option 7	\$5,000/\$10,000	30%	N/A	\$9,200/\$18,400	N/A	\$20/\$30/\$50/\$150	\$4/\$15/\$40/\$80/20% (\$200)/20% (\$300)
BCN HMO Fixed Cost SM	2025 BCN Fixed Cost Platinum	\$0/\$0	0%	N/A	\$4,000/\$8,000	N/A	\$15/\$30/\$30/\$250	\$4/\$15/\$40/\$80/\$200/\$300
	2025 BCN Fixed Cost Gold Option 1	\$0/\$0	0%	N/A	\$9,200/\$18,400	N/A	\$20/\$50/\$50/\$250	\$15/\$40/\$80/\$100/\$200/\$300
	2025 BCN Fixed Cost Gold Option 2	\$0/\$0	0%	N/A	\$9,200/\$18,400	N/A	\$40/\$60/\$60/\$550	\$15/\$40/\$80/\$100/\$200/\$300

The out-of-pocket costs shown are for in-network coverage
Red/bold indicates new plan Green/bold indicates modification

Product Family	Plan	Deductible Single/Family	Coins. %	ECM Single/Family	OOPM Single/Family	Employer Contribution	OV/SPEC/UC/ER	Rx (Includes MOPD 3X-\$10 and contraceptives) Custom Select Drug List unless otherwise indicated
BCN HMO SM without ded.	2025 BCN Platinum Option 1	\$0/\$0	10%	\$1,000/\$2,000	\$5,000/\$10,000	N/A	\$20/\$30/\$35/\$150	\$6/\$25/\$50/\$80/20% (\$200)/20% (\$300)
	2025 BCN Platinum Option 2	\$0/\$0	20%	\$1,000/\$2,000	\$6,600/\$13,200	N/A	\$25/\$35/\$35/\$150	\$6/\$25/\$50/\$80/20% (\$200)/20% (\$300)
	2025 BCN Gold	\$0/\$0	30%	N/A	\$9,200/\$18,400	N/A	\$40/\$60/\$60/\$250	\$15/\$40/\$80/\$100/20%(\$200)/20%(\$300)
BCN HMO SM with ded.	2025 BCN Platinum	\$500/\$1,000	0%	N/A	\$1,500/\$3,000	N/A	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%(\$200)/20%(\$300)
	2025 BCN PCP Focus Platinum	\$500/\$1,000	0%	N/A	\$1,500/\$3,000	N/A	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%(\$200)/20%(\$300)
	2025 BCN Gold Option 1	\$500/\$1,000	20%	\$5,000/\$10,000	\$9,100/\$18,200	N/A	\$30/\$50/\$50/\$350	\$15/\$40/\$80/\$100/20%(\$200)/20%(\$300)
	2025 BCN Gold Option 2	\$1,000/\$2,000	20%	\$3,500/\$7,000	\$8,150/\$16,300	N/A	\$20/\$40/\$50/\$250	\$15/\$40/\$80/\$100/20%(\$200)/20%(\$300)
	2025 BCN PCP Focus Gold Option 2	\$1,000/\$2,000	20%	\$3,500/\$7,000	\$8,150/\$16,300	N/A	\$20/\$40/\$50/\$250	\$15/\$40/\$80/\$100/20%(\$200)/20%(\$300)
	2025 BCN Gold Option 3	\$1,500/\$3,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	N/A	\$20/\$40/\$50/\$250	\$10/\$30/\$60/\$80/20%(\$200)/20%(\$300)
	2025 BCN PCP Focus Gold Option 3	\$1,500/\$3,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	N/A	\$20/\$40/\$50/\$250	\$10/\$30/\$60/\$80/20%(\$200)/20%(\$300)
	2025 BCN Gold Option 4	\$2,000/\$4,000	20%	\$2,000/\$4,000	\$9,100/\$18,200	N/A	\$20/\$40/\$50/\$150	\$10/\$30/\$60/\$80/20%(\$200)/20%(\$300)
	2025 BCN PCP Focus Gold Option 4	\$2,000/\$4,000	20%	\$2,000/\$4,000	\$9,100/\$18,200	N/A	\$20/\$40/\$50/\$150	\$10/\$30/\$60/\$80/20%(\$200)/20%(\$300)
	2025 BCN Gold Option 5	\$2,500/\$5,000	20%	\$2,000/\$4,000	\$7,350/\$14,700	N/A	\$30/\$50/\$50/\$150	\$4/\$15/\$40/\$80/20%(\$200)/20%(\$300)
	2025 BCN PCP Focus Gold Option 5	\$2,500/\$5,000	20%	\$2,000/\$4,000	\$7,350/\$14,700	N/A	\$30/\$50/\$50/\$150	\$4/\$15/\$40/\$80/20%(\$200)/20%(\$300)

The out-of-pocket costs shown are for in-network coverage
Red/bold indicates new plan Green/bold indicates modification

Product Family	Plan	Deductible Single/Family	Coins. %	ECM Single/Family	OOPM Single/Family	Employer Contribution	OV/SPEC/UC/ER	Rx (Includes MOPD 3X-\$10 and contraceptives) Custom Select Drug List unless otherwise indicated
BCN HMO SM with ded., cont'd.	2025 BCN Gold Option 6	\$3,000/ \$6,000	20%	\$3,000/ \$6,000	\$8,150/ \$16,300	N/A	\$30/\$50/\$50/\$150	\$4/\$15/\$40/\$80/20%(\$200)/20%(\$300)
	2025 BCN PCP Focus Gold Option 6	\$3,000/ \$6,000	20%	\$3,000/ \$6,000	\$8,150/ \$16,300	N/A	\$30/\$50/\$50/\$150	\$4/\$15/\$40/\$80/20%(\$200)/20%(\$300)
	2025 BCN Gold Option 7	\$4,000/ \$8,000	10%	\$3,000/ \$6,000	\$9,100/ \$18,200	N/A	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%(\$200)/20%(\$300)
	2025 BCN PCP Focus Gold Option 7	\$4,000/ \$8,000	10%	\$3,000/ \$6,000	\$9,100/ \$18,200	N/A	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%(\$200)/20%(\$300)
	2025 BCN Silver	\$5,000/ \$10,000	30%	N/A	\$9,100/ \$18,200	N/A	\$40/\$60/\$60/\$350	\$15/\$40/\$80/\$150/20%(\$300)/20%(\$500)
	2025 BCN PCP Focus Silver	\$5,000/ \$10,000	30%	N/A	\$9,100/ \$18,200	N/A	\$40/\$60/\$60/\$350	\$15/\$40/\$80/\$150/20%(\$300)/20%(\$500)
BCN Routine Care SM HMO	2025 BCN Routine Care Silver	\$4,000/ \$8,000	30%	N/A	\$9,100/ \$18,200	N/A	\$30/ded+coin/\$30/ ded+coin	\$6/\$25/\$60/\$80/20%(\$200)/20%(\$300)
	2025 BCN Routine Care Bronze	\$9,200/ \$18,400	0%	N/A	\$9,200/ \$18,400	N/A	\$40/ded/\$40/ded	\$15/\$40/deductible
Blue Elect Plus HRA SM POS	2025 Blue Elect Plus HRA POS Gold Option 1	\$2,000/ \$4,000	20%	N/A	\$7,350/ \$14,700	\$100	\$30/\$50/\$50/\$250	\$15/\$40/\$80/\$100/20% (\$200)/20% (\$300)
	2025 Blue Elect Plus HRA POS Gold Option 2	\$4,000/ \$8,000	20%	N/A	\$9,100/ \$18,200	\$450	\$30/\$50/\$60/\$250	\$4/\$15/\$40/\$80/20% (\$200)/20% (\$300)
BCN HRA SM HMO	2025 BCN HRA Platinum Option 1	\$1,500/ \$3,000	20%	\$500/ \$1,000	\$6,350/ \$12,700	\$750	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%(\$200)/20%(\$300)
	2025 BCN HRA Platinum Option 2	\$2,000/ \$4,000	20%	\$500/ \$1,000	\$6,350/ \$12,700	\$1,000	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%(\$200)/20%(\$300)
	2025 BCN HRA Gold Option 1	\$3,000/ \$6,000	20%	N/A	\$9,100/ \$18,200	\$150	\$30/\$50/\$50/\$150	\$6/\$25/\$50/\$80/20%(\$200)/20%(\$300)
	2025 BCN HRA Gold Option 2	\$4,000/ \$8,000	20%	N/A	\$9,100/ \$18,200	\$350	\$30/\$60/\$60/\$150	\$6/\$25/\$60/\$80/20%(\$250)/20%(\$350)
	2025 BCN HRA Platinum Option 3	\$5,000/ \$10,000	20%	N/A	\$6,350/ \$12,700	\$2,500	\$20/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20% (\$200)/20% (\$300)
	2025 BCN HRA PCP Focus Platinum Option 3	\$5,000/ \$10,000	20%	N/A	\$6,350/ \$12,700	\$2,500	\$20/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%(\$200)/20%(\$300)

The out-of-pocket costs shown are for in-network coverage

Red/bold indicates new plan

Green/bold indicates modification

HSA Plans

* Aggregate deductible and out-of-pocket maximum

** Embedded deductible and out-of-pocket maximum

Product Family	Plan	Deductible Single/Family	Coins. %	ECM Single/Family	OOPM Single/Family	Employer Contribution	OV/SPEC/UC/ER	Rx (Includes MOPD 3X-\$10 and contraceptives) Custom Select Drug List unless otherwise indicated
Blue Elect Plus HSA SM POS	2025 Blue Elect Plus HSA POS Platinum*	\$1,650/\$3,300	0%	N/A	\$1,650/\$3,300	\$0	Deductible	Deductible
	2025 Blue Elect Plus HSA POS Gold Option 1*	\$1,650/\$3,300	20%	N/A	\$4,500/\$9,000	\$0	Deductible/coinsurance	\$10/\$30/\$60/\$80/20%(\$200)/20%(\$300)
	2025 Blue Elect Plus HSA POS Gold Option 2*	\$2,500/\$5,000	0%	N/A	\$4,500/\$9,000	\$0	Deductible	\$15/\$40/\$80/\$100/20%(\$200)/20%(\$300)
	2025 Blue Elect Plus HSA POS Silver**	\$3,300/\$6,600	20%	N/A	\$7,500/\$15,000	\$0	Deductible/coinsurance	\$6/\$25/\$60/\$80/20% \$200)/20%(\$300)
	2025 Blue Elect Plus HSA POS Bronze**	\$7,500/\$15,000	0%	N/A	\$7,500/\$15,000	\$0	Deductible	Deductible
BCN HSA SM HMO	2025 BCN HSA Platinum*	\$1,650/\$3,300	0%	N/A	\$1,650/\$3,300	\$0	Deductible	Deductible
	2025 BCN HSA Gold Option 1*	\$1,650/\$3,300	20%	N/A	\$4,500/\$9,000	\$0	Deductible/coinsurance	\$10/\$30/\$60/\$80/20%(\$200)/20%(\$300)
	2025 BCN HSA Gold Option 2*	\$2,500/\$5,000	0%	N/A	\$4,500/\$9,000	\$0	Deductible	\$15/\$40/\$80/\$100/20%(\$200)/20%(\$300)
	2025 BCN HSA Gold Option 3**	\$3,300/\$6,600	0%	N/A	\$3,300/\$6,600	\$0	Deductible	Deductible
	2025 BCN HSA Silver Option 1**	\$3,300/\$6,600	20%	N/A	\$7,500/\$15,000	\$0	Deductible/coinsurance	\$6/\$25/\$60/\$80/20%(\$200)/20%(\$300)
	2025 BCN HSA Silver Option 2**	\$4,000/\$8,000	10%	N/A	\$7,050/\$14,100	\$0	Deductible/coinsurance	\$15/\$40/\$80/\$100/20%(\$200)/20%(\$300)
	2025 BCN HSA Silver Option 3**	\$4,500/\$9,000	0%	N/A	\$7,000/\$14,000	\$0	Deductible	\$15/\$40/\$80/\$100/20%(\$200)/20%(\$300)
	2025 BCN HSA Bronze**	\$7,500/\$15,000	0%	N/A	\$7,500/\$15,000	\$0	Deductible	Deductible
	2025 BCN HSA PCP Focus Bronze**	\$7,500/\$15,000	0%	N/A	\$7,500/\$15,000	\$0	Deductible	Deductible

The out-of-pocket costs shown are for in-network coverage
Red/bold indicates new plan Green/bold indicates modification

Product Family	Plan	Deductible Single/ Family		Coins. %	ECM Single/ Family	OOPM Single/ Family	Employer Contribution	OV/SPEC/UC/ER	Rx (Includes MOPD 3X-\$10 and contraceptives) Custom Select Drug List unless otherwise indicated
Healthy Blue Living SM HMO	2025 BCN Healthy Blue Living Platinum	E	\$500/ \$1,000	0%	N/A	\$2,000/ \$4,000	N/A	\$10/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%(\$200)/20%(\$300)
		S	\$1,250/ \$2,500	20%	N/A	\$4,000/ \$8,000	N/A	\$20/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%(\$200)/20%(\$300)
	2025 BCN Healthy Blue Living Gold Option 1	E	\$1,000/ \$2,000	20%	\$3,500/ \$7,000	\$8,150/ \$16,300	N/A	\$30/\$40/\$50/\$150	\$10/\$30/\$60/\$80/20%(\$200)/20%(\$300)
		S	\$3,000/ \$6,000	30%	\$4,000/ \$8,000	\$8,150/ \$16,300	N/A	\$40/\$60/\$60/\$250	\$15/\$40/\$60/\$80/20%(\$200)/20%(\$300)
	2025 BCN Healthy Blue Living Gold Option 2	E	\$1,500/ \$3,000	20%	\$2,500/ \$5,000	\$6,600/ \$13,200	N/A	\$30/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%(\$200)/20%(\$300)
		S	\$4,000/ \$8,000	30%	N/A	\$6,600/ \$13,200	N/A	\$40/\$60/\$60/\$250	\$10/\$30/\$60/\$80/20%(\$200)/20%(\$300)
	2025 BCN Healthy Blue Living Gold Option 3	E	\$2,000/ \$4,000	20%	\$1,000/ \$2,000	\$6,600/ \$13,200	N/A	\$30/\$40/\$50/\$150	\$10/\$30/\$60/\$80/20%(\$200)/20%(\$300)
		S	\$4,000/ \$8,000	30%	\$2,000/ \$4,000	\$6,600/ \$13,200	N/A	\$40/\$60/\$60/\$250	\$15/\$40/\$60/\$80/20%(\$200)/20%(\$300)