

Red/bold indicates new plan

Green/bold indicates modification

## Simply Blue PPO

Plan	Single Deductible In/Out	Family Deductible In/Out	Coinsurance In/Out	Single ECM In/Out (option)	Family ECM In/Out (option)	Single Out of Pocket Maximum In/Out	Family Out of Pocket Maximum In/Out	OV In	ER
SB 250	\$250/\$500	\$500/\$1000	20%/40%	\$2,500/\$5000 (\$1500/\$3000)	\$5000/\$10,000 (\$3000/\$6000)	\$6350/\$12,700	\$12,700/\$25,400	\$20	\$150 for all plans - Tiered Copay riders are available that include higher ER copays
SB 500	\$500/\$1000	\$1000/\$2000	20%/40%	\$2500/\$5000 (\$1500/\$3000)	\$5000/\$10,000 (\$3000/\$6000)	\$6350/\$12,700	\$12,700/\$25,400	\$20	
SB 750	\$750/\$1500	\$1500/\$3000	20%/40%	\$2500/\$5000 (\$1500/\$3000)	\$5000/\$10,000 (\$3000/\$6000)	\$6850/\$13,700	\$13,700/\$27,400	\$20	
SB 1000 (0%)	\$1000/\$2000	\$2000/\$4000	0%/20%	N/A	N/A	\$6350/\$12,700	\$12,700/\$25,400	\$30	
SB 1000	\$1000/\$2000	\$2000/\$4000	20%/40%	\$2500/\$5000	\$5000/\$10,000	\$6350/\$12,700	\$12,700/\$25,400	\$30	
SB 1500	\$1500/\$3000	\$3000/\$6000	20%/40%	\$2500/\$5000	\$5000/\$10,000	\$6350/\$12,700	\$12,700/\$25,400	\$30	
SB 1500 (0%)	\$1500/\$3000	\$3000/\$6000	0%/20%	N/A	N/A	\$6350/\$12,700	\$12,700/\$25,400	\$30	
SB 1500 MVP NO RX	\$1500/\$3000	\$3000/\$6000	20%/40%	N/A	N/A	\$4000/\$8000	\$8000/\$16,000	\$30	
SB 2000	\$2000/\$4000	\$4000/\$8,000	20%/40%	\$2500/\$5000	\$5000/\$10,000	\$6850/\$13,700	\$13,700/\$27,400	\$30	
SB 2500	\$2500/\$5000	\$5000/\$10,000	20%/40%	\$2500/\$5000	\$5000/\$10,000	\$6350/\$12,700	\$12,700/\$25,400	\$30	
SB 3000	\$3000/\$6000	\$6000/\$12,000	20%/40%	\$2500/\$5000	\$5000/\$10,000	\$6850/\$13,700	\$13,700/\$27,400	\$30	
SB 4000	\$4000/\$8000	\$4000/\$8,000	30%/50%	N/A	N/A	\$6350/\$12,700	\$12,700/\$25,400	\$30	

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Simply Blue PPO, *continued*

Plan		Single Deductible In/Out	Family Deductible In/Out	Coinsurance In/Out	Single ECM In/Out (option)	Family ECM In/Out (option)	Single Out of Pocket Maximum In/Out	Family Out of Pocket Maximum In/Out	OV	ER
<b>Simply Blue Routine Care PPO*</b>	SB Routine Care 2500	\$2500/\$5000	\$5000/\$10,000	20%/40%	\$2500/\$5000	\$5000/\$10,000	\$6600/\$13,200	\$13,200/\$26,400	\$30 PCP/\$60 UC*	Subject to Deductible and Coinsurance
	SB Routine Care 4000	\$4000/\$8000	\$4000/\$8,000	30%/40%	N/A	N/A	\$6600/\$13,200	\$13,200/\$26,400	\$30 PCP/\$60 UC*	
<b>Simply Blue HRA</b>	SBHRA 1000	\$1000/\$2000	\$2000/\$4000	20%/40%	\$2500/\$5000	\$5000/\$10,000	\$6350/\$12,700	\$12,700/\$25,400	\$30	\$150 for all plans - Tiered Copay riders are available that include higher ER copays
	SBHRA 1500	\$1500/\$3000	\$3000/\$6000	20%/40%	\$2500/\$5000	\$5000/\$10,000	\$6350/\$12,700	\$12,700/\$25,400	\$30	
	SBHRA 2500	\$2500/\$5000	\$5000/\$10,000	20%/40%	\$2500/\$5000	\$5000/\$10,000	\$6350/\$12,700	\$12,700/\$25,400	\$30	
	SBHRA 4000	\$4000/\$8000	\$4000/\$8000	20%/40%	N/A	N/A	\$6350/\$12,700	\$12,700/\$25,400	\$30	
	SBHRA 5000	\$5000/\$10,000	\$10,000/\$20,000	20%/40%	N/A	N/A	\$6600/\$13,200	\$13,200/\$26,400	\$30	

\* Routine Care Plans apply flat Copay for PCP OV, Urgent Care and Generic Rx only - all other non-preventive services are subject to deductible and coinsurance

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Simply Blue PPO, *continued*

Plan		Single Deductible In/Out	Family Deductible In/Out	Coinsurance In/Out	Single ECM In/Out (option)	Family ECM In/Out (option)	Single Out of Pocket Maximum In/Out	Family Out of Pocket Maximum In/Out	OV	ER
Simply Blue HSA**	SB HSA 1400 0%	<b>\$1400/\$2800</b>	<b>\$2800/\$5600</b>	0%/20%	N/A	N/A	\$2250/\$4500	\$4500/\$9000	Subject to Deductible and Coinsurance	
	SBHSA 1400 20%	<b>\$1400/\$2800</b>	<b>\$2800/\$5600</b>	20%/40%	N/A	N/A	\$2250/\$4500	\$4500/\$9000		
	SB HSA 2000 0%	\$2000/\$4000	\$4000/\$8000	0%/20%	N/A	N/A	\$3000/\$6000	\$6000/\$12,000		
	SB HSA 2000 10%	\$2000/\$4000	\$4000/\$8000	10%/30%	N/A	N/A	\$3500/\$7000	\$7000/\$14,000		
	SB HSA 2000 20%	\$2000/\$4000	\$4000/\$8000	20%/40%	N/A	N/A	\$3000/\$6000	\$6000/\$12,000		
	SB HSA 2500 0%	\$2500/\$5000	\$5000/\$10000	0%/20%	N/A	N/A	\$3500/\$7000	\$7000/\$14,000		
	SB HSA 2500 10%	\$2500/\$5000	\$5000/\$10000	10%/30%	N/A	N/A	\$3500/\$7000	\$7000/\$14,000		
	SB HSA 2500 20%	\$2500/\$5000	\$5000/\$10000	20%/40%	N/A	N/A	\$3500/\$7000	\$7000/\$14,000		
	SB HSA 3000 0%	\$3000/\$6000	\$6000/\$12,000	0%/20%	N/A	N/A	\$6350/\$12,700	\$12,700/\$25,400		
	SB HSA 3000 20%	\$3000/\$6000	\$6000/\$12,000	20%/40%	N/A	N/A	\$6350/\$12,700	\$12,700/\$25,400		
	SB HSA 3000 30%	\$3000/\$6000	\$6000/\$12,000	30%/50%	N/A	N/A	\$6350/\$12,700	\$12,700/\$25,400		
	SB HSA 3500 0%	\$3500/\$7000	\$7000/\$14,000	0%/20%	N/A	N/A	\$6350/\$12,700	\$12,700/\$25,400		
	SB HSA 3500 20%	\$3500/\$7000	\$7000/\$14,000	20%/40%	N/A	N/A	\$6350/\$12,700	\$12,700/\$25,400		
	SB HSA 3500 30%	\$3500/\$7000	\$7000/\$14,000	30%/50%	N/A	N/A	\$6350/\$12,700	\$12,700/\$25,400		
	SB HSA 4000 50% MVP	\$4000/\$8000	\$8000/\$16,000	50%	N/A	N/A	\$6350/\$12,700	\$12,700/\$25,400		
	SB HSA 6350 0% MVP	\$6350/\$12,700	\$12,700/\$25,400	0%/20%	N/A	N/A	\$6350/\$15,000	\$12,700/\$30,000		

*Simply Blue HSA 1400, 2000 and 2500 plans have aggregate deductible and out-of-pocket maximum. All Other Simply Blue HSA Plans have an embedded deductible and out of pocket maximum for a single member covered under a family contract in order to meet ACA compliancy related to Maximum Out of Pocket Regulations for one person on a family contract.*

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## Community Blue PPO

Plan	Single Deductible In/Out	Family Deductible In/Out	Coinsurance In/Out	Single ECM In/Out	Family ECM In/Out	Single Out of Pocket Maximum In/Out	Family Out of Pocket Maximum In/Out	Office Visit (options)	Emergency Room (options)
CB1	\$0/\$250	\$0/\$500	0%/20%	N/A	N/A	\$6350/\$12,700	\$12,700/\$25,400	\$10 (\$20, \$30)	\$50 (\$150)
CB3	\$250/\$500	\$500/\$1000	20%/40%	\$1000/\$3000	\$2000/\$6000	\$6350/\$12,700	\$12,700/\$25,400	\$20 (\$30)	\$150 (\$250)
CB 4	\$500/\$1000	\$1000/\$2000	20%/40%	\$1500/\$3000	\$3000/\$6000	\$6350/\$12,700	\$12,700/\$25,400	\$20 (\$30, \$40)	\$150 (\$250)
CB 12-0%	\$1000/\$2000	\$2000/\$4000	0%/20%	N/A	N/A	\$6350/\$12,700	\$12,700/\$25,400	\$30 (\$40)	\$150 (\$250)
CB 12-20%	\$1000/\$2000	\$2000/\$4000	20%/40%	\$2500/\$3000	\$5000/\$6,000	\$6350/\$12,700	\$12,700/\$25,400	\$30 (\$40)	\$150 (\$250)
CB 14-20%	\$1500/\$3000	\$3000/\$6000	20%/40%	\$2500/\$5000	\$5000/\$10,000	\$6350/\$12,700	\$12,700/\$25,400	\$30 (\$40)	\$150 (\$250)
CB 15-0%	\$2500/\$5000	\$5000/\$10,000	0%/20%	N/A	N/A	\$6350/\$12,700	\$12,700/\$25,400	\$30 (\$40)	\$150 (\$250)
CB 15-20% \$2500	\$2500/\$5000	\$5000/\$10,000	20%/40%	\$2500/\$5000	\$5000/\$10,000	\$6350/\$12,700	\$12,700/\$25,400	\$30 (\$40)	\$150 (\$250)
CB 15-0% \$5000	\$5000/\$10,000	\$10,000/ \$20,000	0%/20%	N/A	N/A	\$6350/\$12,700	\$12,700/\$25,400	\$30 (\$40)	\$150 (\$250)
CB 15-20% \$5000	\$5000/\$10,000	\$10,000/\$20,000	20%/40%	N/A	N/A	\$6350/\$12,700	\$12,700/\$25,400	\$30 (\$40)	\$150 (\$250)
CB 15-30% \$5000	\$5000/\$10,000	\$10,000/\$20,000	30%/40%	N/A	N/A	\$6350/\$12,700	\$12,700/\$25,400	\$30 (\$40)	\$150 (\$250)

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## Healthy Blue Achieve PPO

Plan		Single Deductible In/Out	Family Deductible In/Out	Coinsurance In/Out	Single ECM In/Out	Family ECM In/Out	Single Out of Pocket Maximum In/Out	Family Out of Pocket Maximum In/Out	OV/SP/UC/ER	Rx Options	
<b>Healthy Blue Achieve</b> <i>Each plan comes with both the Enhanced and Standard level of benefits</i>	Healthy Blue Achieve PPO \$250	<b>E</b>	\$250/\$500	\$500/\$1000	20%/40%	\$1500/\$3000	\$3000/\$6000	\$6350/\$12,700	\$12,700/\$25,400	\$20/\$40/\$60/\$150	<p>May select from 2 Paired RX Options ONLY</p> <p><b>Option 1</b> - E=\$10/\$40/\$80 RXCM with S=\$15/\$50/50% RXCM</p> <p><b>OR</b></p> <p><b>Option 2</b> - E=\$15/\$50/50% RXCM with S=\$20/\$60/50%/\$80/\$100 RXCM</p>
		<b>S</b>	\$1000/\$2000	\$2000/\$4000	30%/40%	\$2500/\$5000	\$5000/\$10,000				
	Healthy Blue Achieve PPO \$500	<b>E</b>	\$500/\$1000	\$1000/\$2000	20%/40%	\$1500/\$3000	\$3000/\$6000	\$6350/\$12,700	\$12,700/\$25,400	\$20/\$40/\$60/\$150	
		<b>S</b>	\$1500/\$3000	\$3000/\$6000	30%/40%	\$2500/\$5000	\$5000/\$10,000				
	Healthy Blue Achieve PPO \$1000	<b>E</b>	\$1000/\$2000	\$2000/\$4000	20%/40%	\$2500/\$5000	\$5000/\$10,000	\$6350/\$12,700	\$12,700/\$25,400	\$30/\$50/\$60/\$150	
		<b>S</b>	\$2500/\$5000	\$5000/\$10,000	30%/40%	\$2500/\$5000	\$5000/\$10,000				
	Healthy Blue Achieve PPO \$1500	<b>E</b>	\$1500/\$3000	\$3000/\$6000	20%/40%	\$2500/\$5000	\$5000/\$10,000	\$6350/\$12,700	\$12,700/\$25,400	\$30/\$50/\$60/\$150	
		<b>S</b>	\$4000/\$8000	\$8000/\$16,000	30%/40%	\$2350/\$4700	\$4700/\$9400				
	Healthy Blue Achieve PPO \$2000	<b>E</b>	\$2000/\$4000	\$4000/\$8000	20%/40%	\$2500/\$5000	\$5000/\$10,000	\$6350/\$12,700	\$12,700/\$25,400	\$30/\$50/\$60/\$150	
		<b>S</b>	\$4000/\$8000	\$8000/\$16,000	30%/40%	\$2350/\$4700	\$4700/\$9400				

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## Physician Choice PPO

Plan	Level	Single Ded.	Family Ded.	Coins. %	Single ECM	Family ECM	Single OOPM	Family OOPM	(OV/SPEC/UC/ER)	
Physician Choice PPO	Physician Choice PPO \$250	Level 1	\$250	\$500	20%	\$1500	\$3000	\$6600	\$13,200	\$20/\$40/\$60/\$150
		Level 2	\$1250	\$2500	30%	\$2500	\$5000			\$40/\$60/\$60/\$150
		OON	\$2500	\$5000	50%	N/A	N/A	\$13,200	\$26,400	Ded + Coins/ER \$150
	Physician Choice PPO \$500	Level 1	\$500	\$1000	20%	\$1500	\$3000	\$6600	\$13,200	\$20/\$40/\$60/\$150
		Level 2	\$1500	\$3000	30%	\$2500	\$5000			\$40/\$60/\$60/\$150
		OON	\$3000	\$6000	50%	N/A	N/A	\$13,200	\$26,400	Ded + Coins/ER \$150
	Physician Choice PPO \$1000	Level 1	\$1000	\$2000	20%	\$2500	\$5000	\$6600	\$13,200	\$30/\$50/\$60/\$150
		Level 2	\$2500	\$5000	30%	N/A	N/A			\$40/\$60/\$60/\$150
		OON	\$5000	\$10,000	50%	N/A	N/A	\$13,200	\$26,400	Ded + Coins/ER \$150
	Physician Choice PPO \$1500	Level 1	\$1500	\$3000	20%	\$2500	\$5000	\$6600	\$13,200	\$30/\$50/\$60/\$150
		Level 2	\$4000	\$8000	30%	N/A	N/A			\$40/\$60/\$60/\$150
		OON	\$8000	\$16,000	50%	N/A	N/A	\$13,200	\$26,400	Ded + Coins/ER \$150