

January 1, 2024

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

Red/bold indicates new plan
Green/bold indicates modification

Product Family	Plan Name	Deductible Single/Family	Coins. %	ECM Single/Family	OOPM Single/Family	OV (options)	ER (options)	Rx
Community Blue SM	Community Blue PPO \$0/0%	\$0/\$250	0%	N/A	\$8,150/\$16,300	\$10 (\$20, \$30)	\$50 (\$150)	Must be paired with Pref Rx Cert Three-Tier \$15/\$30/\$60 \$10/\$40/\$80 \$15/\$50/50%/\$70/\$100 Cost Mgmt \$20/\$60/50%/\$80/\$100 Cost Mgmt Cost Management \$10/40/80/15%/25% \$15/50/50%/20%/25% \$20/60/50%/20%/25% Custom Select \$10/40/80 \$15/50/50% \$20/60/50% \$10/40/80/15%/25% \$15/50/50%/20%/25% \$20/60/50/20%/25% Preferred Drug List \$10/\$40/\$80 \$15/\$50/50%/\$70/\$100 \$20/\$60/50%/\$80/\$100 \$10/40/80/15%/25% \$15/50/50%/20%/25% \$20/60/50%/20%/25%
	Community Blue PPO \$250/20%	\$250/\$500	20%	\$1,000/\$2,000	\$8,150/\$16,300	\$20 (\$30)	\$150 (\$250)	
	Community Blue PPO \$500/20%	\$500/\$1,000	20%	\$1,500/\$3,000	\$8,150/\$16,300	\$20 (\$30, \$40)	\$150 (\$250)	
	Community Blue PPO \$1000/0%	\$1,000/\$2,000	0%	N/A	\$8,150/\$16,300	\$30 (\$40)	\$150 (\$250)	
	Community Blue PPO \$1000/20%	\$1,000/\$2,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$30 (\$40)	\$150 (\$250)	
	Community Blue PPO \$1500/20%	\$1,500/\$3,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$30 (\$40)	\$150 (\$250)	
	Community Blue PPO \$2500/0%	\$2,500/\$5,000	0%	N/A	\$8,150/\$16,300	\$30 (\$40)	\$150 (\$250)	
	Community Blue PPO \$2500/20%	\$2,500/\$5,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$30 (\$40)	\$150 (\$250)	
	Community Blue PPO \$5000/0%	\$5,000/\$10,000	0%	N/A	\$8,150/\$16,300	\$30 (\$40)	\$150 (\$250)	
	Community Blue PPO \$5000/20%	\$5,000/\$10,000	20%	N/A	\$8,150/\$16,300	\$30 (\$40)	\$150 (\$250)	
	Community Blue PPO \$5000/30%	\$5,000/\$10,000	30%	N/A	\$8,150/\$16,300	\$30 (\$40)	\$150 (\$250)	

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Product Family	Plan Name	Deductible Single/Family	Coins. %	ECM Single/Family	OOPM Single/Family	OV	ER	RX
Simply Blue SM	Simply Blue PPO \$250/20%	\$250/\$500	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$20	\$150 for all plans - Tiered Copay riders are available that include higher ER copays	Must be paired with Pref Rx Cert
	Simply Blue PPO \$500/20%	\$500/\$1,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$20		Three-Tier \$15/\$30/\$60 \$10/\$40/\$80
	Simply Blue PPO \$750/20%	\$750/\$1,500	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$20		\$15/\$50/50%/\$70/\$100 Cost Mgmt \$20/\$60/50%/\$80/\$100 Cost Mgmt
	Simply Blue PPO \$1000/0%	\$1,000/\$2,000	0%	N/A	\$8,150/\$16,300	\$30		Cost Management \$10/40/80/15%/25% \$15/50/50%/20%/25% \$20/60/50%/20%/25%
	Simply Blue PPO \$1000/20%	\$1,000/\$2,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$30		Custom Select \$10/40/80 \$15/50/50% \$20/60/50%
	Simply Blue PPO \$1500/20%	\$1,500/\$3,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$30		\$10/40/80/15%/25% \$15/50/50%/20%/25% \$20/60/50/20%/25%
	Simply Blue PPO \$1500/0%	\$1,500/\$3,000	0%	N/A	\$8,150/\$16,300	\$30		Preferred Drug List \$10/\$40/\$80 \$15/\$50/50%/\$70/\$100 \$20/\$60/50%/\$80/\$100
	Simply Blue PPO \$1500/20% MVP with Blue Advantage Rx	\$1,500/\$3,000	20%	N/A	\$4,000/\$8,000	\$30		\$10/40/80/15%/25% \$15/50/50%/20%/25% \$20/60/50/20%/25%
	Simply Blue PPO \$2000/20%	\$2,000/\$4,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$30		
	Simply Blue PPO \$2500/20%	\$2,500/\$5,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$30		
	Simply Blue PPO \$3000/20%	\$3,000/\$6,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$30		
	Simply Blue PPO \$4000/30%	\$4,000/\$8,000	30%	N/A	\$8,150/\$16,300	\$30		

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Product Family	Plan Name	Deductible Single/Family	Coins. %	ECM Single/Family	OOPM Single/Family	OV	ER	RX
Simply Blue SM HRA	Simply Blue HRA PPO \$1000/20%	\$1,000/\$2,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$30	\$150 for all plans - Tiered Copay riders are available that include higher ER copays	Must be paired with Pref Rx Cert Three-Tier \$15/\$30/\$60 \$10/\$40/\$80 \$15/\$50/50%/\$70/\$100 Cost Mgmt \$20/\$60/50%/\$80/\$100 Cost Mgmt Cost Management \$10/40/80/15%/25% \$15/50/50%/20%/25% \$20/60/50%/20%/25% Custom Select \$10/40/80 \$15/50/50% \$20/60/50% \$10/40/80/15%/25% \$15/50/50%/20%/25% \$20/60/50/20%/25% Preferred Drug List \$10/\$40/\$80 \$15/\$50/50%/\$70/\$100 \$20/\$60/50%/\$80/\$100 \$10/40/80/15%/25% \$15/50/50%/20%/25% \$20/60/50%/20%/25%
	Simply Blue HRA PPO \$1500/20%	\$1,500/\$3,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$30		
	Simply Blue HRA PPO \$2500/20%	\$2,500/\$5,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$30		
	Simply Blue HRA PPO \$4000/20%	\$4,000/\$8,000	20%	N/A	\$8,150/\$16,300	\$30		
	Simply Blue HRA PPO \$5000/20%	\$5,000/\$10,000	20%	N/A	\$8,150/\$16,300	\$30		
Simply Blue SM Routine Care	Simply Blue Routine Care PPO \$2500/20%	\$2,500/\$5,000	20%	\$2,500/\$5,000	\$6,600/\$13,200	\$30 PCP* \$60 UC*	Subject to Deductible and Coinsurance	
	Simply Blue Routine Care PPO \$4000/30%	\$4,000/\$8,000	30%	N/A	\$6,600/\$13,200	\$30 PCP* \$60 UC*		

* 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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HSA Plans

* Aggregate deductible and out-of-pocket maximum

** Embedded deductible and out-of-pocket maximum

Product Family	Plan Name	Deductible Single/Family	Coins. %	ECM Single/Family	OOPM Single / Family	OV	ER	RX
Simply Blue SM HSA	Simply Blue HSA PPO \$1600/0%*	\$1,600/\$3,200	0%	N/A	\$4,000 /\$8,000	Subject to Deductible and Coinsurance		Must be paired with Pref Rx Cert
	Simply Blue HSA PPO \$1600/10%*	\$1,600/\$3,200	10%	N/A	\$4,000 /\$8,000			Three-Tier \$15/\$30/\$60 \$10/\$40/\$80 \$15/\$50/50%/\$70/\$100 Cost Mgmt \$20/\$60/50%/\$80/\$100 Cost Mgmt
	Simply Blue HSA PPO \$1600/20%*	\$1,600/\$3,200	20%	N/A	\$4,000/\$8,000			
	Simply Blue HSA PPO \$2000/0%*	\$2,000/\$4,000	0%	N/A	\$4,000/\$8,000			
	Simply Blue HSA PPO \$2000/10%*	\$2,000/\$4,000	10%	N/A	\$4,000/\$8,000			
	Simply Blue HSA PPO \$2000/20%*	\$2,000/\$4,000	20%	N/A	\$4,000/\$8,000			Cost Management \$10/40/80/15%/25% \$15/50/50%/20%/25% \$20/60/50%/20%/25%
	Simply Blue HSA PPO \$2500/0%*	\$2,500/\$5,000	0%	N/A	\$4,000/\$8,000			
	Simply Blue HSA PPO \$2500/10%*	\$2,500/\$5,000	10%	N/A	\$4,000/\$8,000			
	Simply Blue HSA PPO \$2500/20%*	\$2,500/\$5,000	20%	N/A	\$4,000/\$8,000			Custom Select \$10/40/80 \$15/50/50% \$20/60/50% \$10/40/80/15%/25% \$15/50/50%/20%/25% \$20/60/50/20%/25%
	Simply Blue HSA PPO \$3200/0%**	\$3,200/\$6,400	0%	N/A	\$6,900/\$13,800			
	Simply Blue HSA PPO \$3200/20%**	\$3,200/\$6,400	20%	N/A	\$6,900/\$13,800			
	Simply Blue HSA PPO \$3200/30%**	\$3,200/\$6,400	30%	N/A	\$6,900/\$13,800			
	Simply Blue HSA PPO \$3500/0%**	\$3,500/\$7,000	0%	N/A	\$6,900/\$13,800			Preferred Drug List \$10/\$40/\$80 \$15/\$50/50%/\$70/\$100 \$20/\$60/50%/\$80/\$100 \$10/40/80/15%/25% \$15/50/50%/20%/25% \$20/60/50%/20%/25%
	Simply Blue HSA PPO \$3500/20%**	\$3,500/\$7,000	20%	N/A	\$6,900/\$13,800			
	Simply Blue HSA PPO \$3500/30%**	\$3,500/\$7,000	30%	N/A	\$6,900/\$13,800			
	Simply Blue HSA PPO \$4000/50%** MVP	\$4,000/\$8,000	50%	N/A	\$6,350/\$12,700			
	Simply Blue HSA PPO \$6350/0%** MVP	\$6,350/\$12,700	0%	N/A	\$6,350/ \$15,000			