

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	Deductible Single/Family	Coins. %	ECM Single/Family	OOPM Single/Family	OV/SPEC/UC/ER	Rx (Includes MOPD 3X-\$10 and contraceptives) Packaged plans are only offered the Custom & Custom Select Drug Lists
Blue Elect Plus <sup>SM</sup> POS  Optional \$10 copay IN Virtual visit rider	Blue Elect Plus POS \$500	\$500/\$1,000	30%	\$4,500/\$9,000	\$8,150/\$16,300	\$30/\$50/\$50/\$250	<div></div> <div><b>Custom &amp; Custom Select Drug Lists</b></div> <div>\$4/\$15/\$40/\$80/20%/20%</div> <div>\$6/\$25/\$50/\$80/20%/20%</div> <div>\$10/\$30/\$60/\$80/20%/20%</div> <div><b>Preferred Drug List</b></div> <div>\$15/\$40/\$80/20%/20%</div> <div>\$25/\$50/\$80/20%/20%</div> <div>\$30/\$60/\$80/20%/20%</div>
	Blue Elect Plus POS \$1000	\$1,000/\$2,000	20%	\$3,500/\$7,000	\$8,150/\$16,300	\$30/\$50/\$50/\$250	
	Blue Elect Plus POS \$2000	\$2,000/\$4,000	20%	N/A	\$8,150/\$16,300	\$30/\$50/\$50/\$250	
	Blue Elect Plus POS \$3000	\$3,000/\$6,000	20%	N/A	\$8,150/\$16,300	\$30/\$50/\$50/\$250	
BCN HMO <sup>SM</sup> (All plans available with PCP Focus. All deductible plans available with HRA)  Optional \$10 copay virtual visit rider	BCN HMO 10%	\$0/\$0	10%	\$1,000/\$2,000	\$8,150/\$16,300	\$20/\$30/\$35/\$250	
	BCN HMO 20%	\$0/\$0	20%	\$1,000/\$2,000	\$8,150/\$16,300	\$25/\$35/\$35/\$250	
	BCN HMO \$250/20%	\$250/\$500	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$20/\$30/\$35/\$250	
	BCN HMO \$500/0%	\$500/\$1,000	0%	N/A	\$8,150/\$16,300	\$20/\$30/\$35/\$250	
	BCN HMO \$500/20%	\$500/\$1,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$20/\$40/\$50/\$250	
	BCN HMO \$1000/0%	\$1,000/\$2,000	0%	N/A	\$8,150/\$16,300	\$30/\$50/\$60/\$250	
	BCN HMO \$1000/20%/\$1000 ECM	\$1,000/\$2,000	20%	\$1,000/\$2,000	\$8,150/\$16,300	\$20/\$40/\$50/\$250	
	BCN HMO \$1000/20%/\$2500 ECM	\$1,000/\$2,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$20/\$40/\$50/\$250	
	BCN HMO \$1500/0%	\$1,500/\$3,000	0%	N/A	\$8,150/\$16,300	\$30/\$50/\$60/\$250	
	BCN HMO \$1500/20%/\$20 PCP	\$1,500/\$3,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$20/\$40/\$50/\$250	
	BCN HMO \$1500/20%/\$30 PCP	\$1,500/\$3,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$30/\$50/\$60/\$250	
	BCN HMO \$2000/20%/\$2500 ECM	\$2,000/\$4,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$30/\$50/\$60/\$250	
	BCN HMO \$2000/20%/\$4000 ECM	\$2,000/\$4,000	20%	\$4,000/\$8,000	\$8,150/\$16,300	\$30/\$50/\$60/\$250	
	BCN HMO \$2500/20%	\$2,500/\$5,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$30/\$50/\$60/\$250	
	BCN HMO \$3000/20%	\$3,000/\$6,000	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$30/\$50/\$60/\$250	
	BCN HMO \$4000/20%	\$4,000/8,000	20%	N/A	\$8,150/\$16,300	\$20/\$40/\$50/\$250	
	BCN HMO \$4000/30%	\$4,000/8,000	30%	N/A	\$8,150/\$16,300	\$30/\$50/\$60/\$250	
	BCN HMO \$5000/20%	\$5,000/\$10,000	20%	N/A	\$8,150/\$16,300	\$20/\$40/\$50/\$250	

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BCN Virtual Primary Care <sup>SM</sup> HMO	BCN Virtual Primary Care \$500/0%	\$500/\$1,000	0%	N/A	\$9,100/\$18,200	\$0*/\$0/\$30/\$60/\$250	<div><b>Custom &amp; Custom Select Drug Lists</b></div> <div>\$4/\$15/\$40/\$80/20%/20%</div> <div>\$6/\$25/\$50/\$80/20%/20%</div> <div>\$10/\$30/\$60/\$80/20%/20%</div> <div><b>Preferred Drug List</b></div> <div>\$15/\$40/\$80/20%/20%</div> <div>\$25/\$50/\$80/20%/20%</div> <div>\$30/\$60/\$80/20%/20%</div>
	BCN Virtual Primary Care \$1000/20%	\$1,000/\$2,000	20%	\$2,500/\$5,000	\$9,100/\$18,200	\$0*/\$0/\$40/\$60/\$250	
	BCN Virtual Primary Care \$1500/20%	\$1,500/\$3,000	20%	\$2,500/\$5,000	\$9,100/\$18,200	\$5*/\$5/\$50/\$60/\$250	
	BCN Virtual Primary Care \$2,000/20%	\$2,000/\$4,000	20%	\$4,000/\$8,000	\$9,100/\$18,200	\$5*/\$5/\$50/\$60/\$250	
	BCN Virtual Primary Care \$4000/30%	\$4,000/\$8,000	30%	N/A	\$9,100/\$18,200	\$10*/\$10/\$50/\$60/\$250	

\*Virtual primary care visit copay

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BCN Minimum Value Custom Drug List Only (All plans available with PCP Focus)  Optional \$10 copay/0% coins. virtual visit rider, except for HSA \$6350	BCN HMO \$1500/20%	\$1,500/\$3,000	20%	N/A	\$5,000/\$10,000	\$30/\$45/\$50/\$250	Limited Rx Benefits
	BCN HSA \$4000/50%	\$4,000/\$8,000	50%	N/A	\$6,350/\$12,700	Deductible/coinsurance	50% after deductible
	BCN HSA \$6350/0%	\$6,350/\$12,7000	0%	N/A	\$6,350/\$12,700	Deductible	0% after deductible
BCN Routine Care <sup>SM</sup>  Optional \$10 copay virtual visit rider	BCN HMO \$1500/30%	\$1,500/\$3,000	30%	N/A	\$8,150/\$16,300	\$40/ded&coin/\$60/ded&coin	\$10/\$30/\$60/\$80/20%/20%
	BCN HMO \$3000/20%	\$3,000/\$6,000	20%	N/A	\$8,150/\$16,300	\$30/ded&coin/\$60/ded&coin	\$6/\$25/\$60/\$80/20%/20%

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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	OV/SPEC/UC/ER	Rx (Includes MOPD 3X-\$10 and contraceptives) Packaged plans are only offered the Custom & Custom Select Drug Lists
<div>BCN HSA<sup>SM</sup> HMO (All plans available with PCP Focus)</div> <div>Optional 0% coins. Virtual visit rider for plans with coins.</div>	BCN HSA HMO \$1600/0%*	\$1,600/\$3,200	0%	N/A	\$4,000/\$8,000	Deductible	<div>For All HSA Plans, groups must choose one of these plans:</div> <div><b>Custom &amp; Custom Select Drug Lists</b></div> <div>\$4/\$15/\$40/\$80/20%/20%</div> <div>\$6/\$25/\$50/\$80/20%/20%</div> <div>\$10/\$30/\$60/\$80/20%/20%</div> <div><b>Preferred Drug List</b></div> <div>\$15/\$40/\$80/20%/20%</div> <div>\$25/\$50/\$80/20%/20%</div> <div>\$30/\$60/\$80/20%/20%</div>
	BCN HSA HMO \$1600/10%*	\$1,600/\$3,200	10%	N/A	\$4,000/\$8,000	Deductible/coinsurance	
	BCN HSA HMO \$1600/20%*	\$1,600/\$3,200	20%	N/A	\$4,000/\$8,000	Deductible/coinsurance	
	BCN HSA HMO \$2000/0%*	\$2,000/\$4,000	0%	N/A	\$4,000/\$8,000	Deductible	
	BCN HSA HMO \$2000/10%*	\$2,000/\$4,000	10%	N/A	\$4,000/\$8,000	Deductible/coinsurance	
	BCN HSA HMO \$2000/20%*	\$2,000/\$4,000	20%	N/A	\$4,000/\$8,000	Deductible/coinsurance	
	BCN HSA HMO \$2500/0%*	\$2,500/\$5,000	0%	N/A	\$4,000/\$8,000	Deductible	
	BCN HSA HMO \$2500/10%*	\$2,500/\$5,000	10%	N/A	\$4,000/\$8,000	Deductible/coinsurance	
	BCN HSA HMO \$2500/20%*	\$2,500/\$5,000	20%	N/A	\$4,000/\$8,000	Deductible/coinsurance	
	BCN HSA HMO \$3200/0%**	\$3,200/\$6,400	0%	N/A	\$6,900/\$13,800	Deductible	
	BCN HSA HMO \$3200/20%**	\$3,200/\$6,400	20%	N/A	\$6,900/\$13,800	Deductible/coinsurance	
	BCN HSA HMO \$3200/30%**	\$3,200/\$6,400	30%	N/A	\$6,900/\$13,800	Deductible/coinsurance	

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Blue Elect Plus HSA <sup>SM</sup> POS  Optional IN 0% coins. Virtual visit rider for plans with coins.	Blue Elect Plus HSA POS \$1600/0%*	\$1,600/\$3,200	0%	N/A	\$4,000/\$8,000	Deductible	Custom & Custom Select Drug Lists  \$4/\$15/\$40/\$80/20%/20% \$6/\$25/\$50/\$80/20%/20% \$10/\$30/\$60/\$80/20%/20%  Preferred Drug List \$15/\$40/\$80/20%/20% \$25/\$50/\$80/20%/20% \$30/\$60/\$80/20%/20%
	Blue Elect Plus HSA POS \$1600/10%*	\$1,600/\$3,200	10%	N/A	\$4,000/\$8,000	Deductible/coinsurance	
	Blue Elect Plus HSA POS \$1600/20%*	\$1,600/\$3,200	20%	N/A	\$4,000/\$8,000	Deductible/coinsurance	
	Blue Elect Plus HSA POS \$2000/0%*	\$2,000/\$4,000	0%	N/A	\$4,000/\$8,000	Deductible	
	Blue Elect Plus HSA POS \$2000/10%*	\$2,000/\$4,000	10%	N/A	\$4,000/\$8,000	Deductible/coinsurance	
	Blue Elect Plus HSA POS \$2000/20%*	\$2,000/\$4,000	20%	N/A	\$4,000/\$8,000	Deductible/coinsurance	
	Blue Elect Plus HSA POS \$2500/0%*	\$2,500/\$5,000	0%	N/A	\$4,000/\$8,000	Deductible	
	Blue Elect Plus HSA POS \$2500/10%*	\$2,500/\$5,000	10%	N/A	\$4,000/\$8,000	Deductible/coinsurance	
	Blue Elect Plus HSA POS \$2500/20%*	\$2,500/\$5,000	20%	N/A	\$4,000/\$8,000	Deductible/coinsurance	
	Blue Elect Plus HSA POS \$3200/0%**	\$3,200/\$6,400	0%	N/A	\$6,900/\$13,800	Deductible	
	Blue Elect Plus HSA POS \$3200/20%**	\$3,200/\$6,400	20%	N/A	\$6,900/\$13,800	Deductible/coinsurance	
	Blue Elect Plus HSA POS \$3200/30%**	\$3,200/\$6,400	30%	N/A	\$6,900/\$13,800	Deductible/coinsurance	

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<div>Healthy Blue Living<sup>SM</sup> HMO or Healthy Blue Living HMO Basic<sup>SM</sup></div> <div>(All plans available with PCP Focus)</div> <div>Optional \$10 copay virtual visit rider</div>	BCN Healthy Blue Living HMO or Healthy Blue Living HMO Basic \$250	E	\$250/\$500	20%	\$500/\$1,000	\$8,150/\$16,300	\$20/\$30/\$35/\$250	\$4/\$15/\$40/\$80/20%/20%
		S	\$1,500/\$3,000	30%	\$2,500/\$5,000	\$8,150/\$16,300	\$30/\$40/\$35/\$250	\$6/\$25/\$50/\$80/20%/20%
	BCN Healthy Blue Living HMO or Healthy Blue Living HMO Basic \$500	E	\$500/\$1,000	0%	N/A	\$8,150/\$16,300	\$20/\$30/\$35/\$250	\$4/\$15/\$40/\$80/20%/20%
		S	\$1,250/\$2,500	20%	\$2,500/\$5,000	\$8,150/\$16,300	\$30/\$40/\$50/\$250	\$6/\$25/\$50/\$80/20%/20%
	BCN Healthy Blue Living HMO or Healthy Blue Living HMO Basic \$1000	E	\$1,000/\$2,000	20%	\$2,000/\$4,000	\$8,150/\$16,300	\$25/\$35/\$35/\$250	\$4/\$15/\$40/\$80/20%/20%
		S	\$3,000/\$6,000	30%	\$3,000/\$6,000	\$8,150/\$16,300	\$30/\$40/\$50/\$250	\$6/\$25/\$50/\$80/20%/20%
	BCN Healthy Blue Living HMO or Healthy Blue Living HMO Basic \$1500	E	\$1,500/\$3,000	20%	\$1,500/\$3,000	\$8,150/\$16,300	\$20/\$30/\$35/\$250	\$4/\$15/\$40/\$80/20%/20%
		S	\$4,000/\$8,000	30%	\$2,500/\$5,000	\$8,150/\$16,300	\$35/\$45/\$50/\$250	\$6/\$25/\$50/\$80/20%/20%
	BCN Healthy Blue Living HMO or Healthy Blue Living HMO Basic \$2000	E	\$2,000/\$4,000	20%	\$1,000/\$2,000	\$8,150/\$16,300	\$25/\$35/\$35/\$250	\$4/\$15/\$40/\$80/20%/20%
		S	\$4,000/\$8,000	30%	\$2,000/\$4,000	\$8,150/\$16,300	\$35/\$45/\$60/\$250	\$6/\$25/\$50/\$80/20%/20%