



Independent Insurance  
Agents of **Kentucky**



2020-2021 Rate Plan Options

### Blue Access® PPO Cost Share Options

Network													Non-Network				
Options	Office Visit PCP	Office Visit SCP	Deductible Single	Deductible Family	Inpatient Facility	Outpatient Surgery: Hosp/ Alt. Care Facility	Out patient Other	IP/OP Professional	Out of Pocket Limit Single	Out of Pocket Limit Family	Urgent Care	Emergency Room Services	Deductible Single	Deductible Family	Covered Services Co-Insurance	Out-of-Pocket Limit Single	Out-of-Pocket Limit Family
4	\$20	\$50	\$750	\$2250	20%	20%	20%	20%	\$3000	\$6000	\$75	\$250/20%	\$2250	\$4500	50%	\$9000	\$18000
6	\$25	\$50	\$500	\$1500	20%	20%	20%	20%	\$4100	\$8200	\$75	\$250/20%	\$1500	\$3000	50%	\$12300	\$24600
7	\$20	\$50	\$500	\$1500	20%	20%	20%	20%	\$5300	\$10600	\$75	\$250/20%	\$1500	\$3000	50%	\$15900	\$31800
8	\$30	\$50	\$2000	\$4000	0%	0%	0%	0%	\$6600	\$13200	\$75	\$250	\$6000	\$12000	50%	\$19800	\$39600
10	\$20	\$50	\$750	\$2250	20%	20%	20%	20%	\$4700	\$9400	\$75	\$250/20%	\$2250	\$4500	50%	\$14100	\$28200
12	\$20	\$50	\$1000	\$3000	20%	20%	20%	20%	\$4600	\$9200	\$75	\$250/20%	\$3000	\$6000	50%	\$13800	\$27600
19	\$20	\$50	\$1500	\$3000	20%	20%	20%	20%	\$5200	\$10400	\$75	\$250/20%	\$4500	\$9000	50%	\$15600	\$31200
28	\$25	\$50	\$2000	\$4000	30%	30%	30%	30%	\$5500	\$11000	\$75	\$250/30%	\$6000	\$12000	50%	\$16500	\$33000
34	\$25	\$50	\$5000	\$10000	20%	20%	20%	20%	\$6600	\$13200	\$75	\$250/20%	\$15000	\$30000	50%	\$19800	\$39600
37	20%	20%	\$3000	\$6000	20%	20%	20%	20%	\$6600	\$13200	20%	\$250/20%	\$9000	\$18000	50%	\$19800	\$39600

### Prescription Drug Plans

Options	Network Pharmacy	Home Delivery
E2	\$15/\$40/\$80/25% w \$350 max	\$38/\$120/\$240/25% w \$350 max

## Lumenos® Health Savings Account – Network: Blue Access®

Network										Non-Network						
Options	Health Care Incentive	Physician Home and Office Services	Specialist	Deductible Single	Deductible Family	Inpatient/ Outpatient Services	Network Out of Pocket Max Single	Network Out of Pocket Max Family	Emergency Room Services	Deductible Single	Deductible Family	Covered Services Co-Insurance	Out of Pocket Limit Single	Out of Pocket Limit Family	Prescription Drug Network / Rx Option	Prescription Drug Non-Network / Rx Option
E06	Yes	20%	20%	\$3000	\$6000	20%	\$5000	\$10000	20%	\$9000	\$18000	50%	\$15000	\$30000	20%	50%
E07	Yes	30%	30%	\$3000	\$6000	30%	\$5000	\$10000	30%	\$9000	\$18000	50%	\$15000	\$30000	30%	50%

## Lumenos® Health Savings Account (with copays) Network: Blue Access®

Network											Non-Network					
Options	Health Care Incentive	Physician Home and Office Services (PCP)	Physician Home and Office Services (SCP)	Deductible* Single	Deductible* Family	Inpatient/ Outpatient Services	Network Out of Pocket Max Single	Network Out of Pocket Max Family	Urgent Care	Emergency Room Services	Deductible Single	Deductible Family	Covered Services Co-Insurance	Out of Pocket Limit Single	Out of Pocket Limit Family	Prescription Drug Network / Non-Network Rx Option
E03	Yes	\$25	\$50	\$3000	\$6000	0%	\$3300	\$6600	\$75	\$250	\$9000	\$18000	30%	\$9900	\$19800	E7
E04	Yes	\$25	\$50	\$3000	\$6000	0%	\$4000	\$8000	\$75	\$250	\$9000	\$18000	30%	\$12000	\$24000	E7
E06	Yes	\$30	\$60	\$5000	\$10000	0%	\$6450	\$12900	\$75	\$250	\$15000	\$30000	30%	\$19350	\$38700	E7

## Prescription Drug Plans

RX Code	Network Pharmacy	Home Delivery	Deductible
C2	\$10/\$35/\$75/25% w \$350 max	\$25/\$105/\$225/25% w \$350 max	Medical deductible applies before copayments/coinsurance