



2025-2026 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	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
3	\$20	\$50	\$750	\$2250	20%	20%	20%	\$3000	\$6000	\$20	\$300/20%	\$2250	\$4500	50%	\$9000	\$18000
6	\$20	\$50	\$500	\$1500	20%	20%	20%	\$5500	\$11000	\$20	\$300/20%	\$1500	\$3000	50%	\$16500	\$33000
7	\$20	\$50	\$2500	\$5000	0%	0%	0%	\$6500	\$13000	\$20	\$300/20%	\$7500	\$15000	50%	\$19500	\$39000
8	\$20	\$50	\$1000	\$3000	20%	20%	20%	\$4500	\$9000	\$20	\$300/20%	\$3000	\$6000	50%	\$13500	\$27000
11	\$20	\$50	\$1500	\$3000	20%	20%	20%	\$5000	\$10000	\$20	\$300/20%	\$4500	\$9000	50%	\$15000	\$30000
17	\$20	\$50	\$2000	\$4000	30%	30%	30%	\$5500	\$11000	\$20	\$300/20%	\$6000	\$12000	50%	\$16500	\$33000
22	\$30	\$75	\$5000	\$10000	0%	0%	0%	\$9200	\$18400	\$30	\$300/0%	\$15000	\$30000	50%	\$27600	\$55200
23	\$20	\$50	\$3000	\$6000	20%	20%	20%	\$8000	\$16000	\$20	\$300/20%	\$9000	\$18000	50%	\$24000	\$48000
24	\$20	\$50	\$3000	\$6000	30%	30%	30%	\$7000	\$14000	\$20	\$300/20%	\$9000	\$18000	50%	\$21000	\$42000
27	\$30	\$75	\$4000	\$8000	20%	20%	20%	\$7000	\$14000	20%	\$300/20%	\$12000	\$24000	50%	\$21000	\$42000
28	\$30	\$75	\$5000	\$10000	20%	20%	20%	\$8000	\$16000	\$30	\$300/20%	\$15000	\$30000	50%	\$24000	\$48000

## Prescription Drug Plans

Options	Network Pharmacy	Home Delivery
Level 1	\$15/\$40/\$80/25% up to \$350 Per Script	\$45/\$120/\$240/25% up to \$350 Per Script

## Health Savings Account — Network: Blue Access®

Network									Non-Network					
Options	Office Visit	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
E04	Deductible	Deductible	\$3300	\$6600	20%	\$5000	\$10000	Deductible then	\$9900	\$19800	50%	\$15000	\$30000	Ded/20%
E05	Deductible	Deductible	\$3500	\$7000	30%	\$5000	\$10000	Deductible then	\$10500	\$21000	50%	\$15000	\$30000	Ded/30%

## Prescription Drug Plans

Options	Network Pharmacy	Home Delivery	Deductible
Ded/20%/30% Tiered	Level 1: 20% Level 2: 20%	20%	Tiers 1-4: Medical Deductible Applies
Ded/30%/40% Tiered	Level 1: 30% Level 2: 40%	30%	Tiers 1-4: Medical Deductible Applies

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

Network										Non-Network					
Options	Office Visit	Specialist Office Visit	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
E3	0% Co-Insurance	0% Co-Insurance	\$4000	\$8000	0%	\$4500	\$9000	0% Co-Insurance	0% Co-Insurance	\$12000	\$24000	30% Co-Insurance	\$13500	\$27000	C2
E12	\$20	\$50	\$3300	\$6600	0%	\$4000	\$8000	Deductible then \$20	Deductible then \$300	\$9900	\$19800	30%	\$12000	\$24000	C2
E14	\$30	\$75	\$5000	\$10000	0%	\$6700	\$13400	Deductible then \$30	Deductible then \$300	\$15000	\$300000	30%	\$20100	\$40200	C2

## Prescription Drug Plans

Options	Network Pharmacy	Home Delivery	Deductible
Level 1	\$10/\$35/\$75/25% up to \$350 Per Script	\$20/\$88/\$188/25% up to \$350 Per Script	Tiers 1-4: Medical Deductible Applies
Level 2	\$30/\$105/\$225/25% up to \$450 Per Script	\$20/\$88/\$188/25% up to \$350 Per Script	Tiers 1-4: Medical Deductible Applies