

	Blue Cross Blue Shield Simply Blue \$500 (Current)	Blue Cross Blue Shield Simply Blue \$500 (Renewal)	Blue Cross Blue Shield Simply Blue \$1,500 (Current)	Blue Cross Blue Shield Simply Blue \$1,500 (Renewal)	Blue Care Network HMO \$500 (Current)	Blue Care Network HMO \$500 (Renewal)	Blue Care Network HMO \$1,000 (Current)	Blue Care Network HMO \$1,000 (Renewal)	Blue Care Network HMO HSA \$3,000 (Current)	Blue Care Network HMO HSA \$3,000 (Renewal)
<b>Annual Deductible:</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
Individual Family	\$500 Individual \$1,000 Double/ Family	\$500 Individual \$1,000 Double/ Family	\$1,500 Individual \$3,000 Double/ Family	\$1,500 Individual \$3,000 Double/ Family	\$500 Individual \$1,000 Double/ Family	\$500 Individual \$1,000 Double/ Family	\$1,000 Individual \$2,000 Double/ Family	\$1,000 Individual \$2,000 Double/ Family	\$3,000 Individual \$6,000 Double/Family	\$3,000 Individual \$6,000 Double/Family
<b>Annual Coinsurance Maximums:</b>										
Individual Family	\$1,500 Individual \$3,000 Double/ Family	\$1,500 Individual \$3,000 Double/ Family	\$2,500 Individual \$5,000 Double/ Family	\$2,500 Individual \$5,000 Double/ Family	\$2,500 Individual \$5,000 Double/ Family	\$2,500 Individual \$5,000 Double/ Family	\$2,500 Individual \$5,000 Double/ Family	\$2,500 Individual \$5,000 Double/ Family	80% after deductible	80% after deductible
<b>Out-of-Pocket Maximums:</b>										
Individual Family	\$8,150 Individual \$16,300 Double/ Family	\$8,150 Individual \$16,300 Double/ Family	\$8,150 Individual \$16,300 Double/ Family	\$8,150 Individual \$16,300 Double/ Family	\$8,150 Individual \$16,300 Double/ Family	\$8,150 Individual \$16,300 Double/ Family	\$8,150 Individual \$16,300 Double/ Family	\$8,150 Individual \$16,300 Double/ Family	\$6,900 Individual \$13,800 Double/ Family	\$6,900 Individual \$13,800 Double/ Family
Primary Care Physician Office Visit	\$20	\$20	\$30	\$30	\$20	\$20	\$20	\$20	80% after deductible	80% after deductible
Specialist Office Visit Copay	\$40	\$40	\$50	\$50	\$40	\$40	\$40	\$40	80% after deductible	80% after deductible
Urgent Care Copay	\$60	\$60	\$60	\$60	\$50	\$50	\$50	\$50	80% after deductible	80% after deductible
Emergency Room Copay	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	80% after deductible	80% after deductible
Inpatient Hospital Admission	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
<b>Prescription Drugs:</b>	Tier 1 - \$15 Tier 2 - \$50 Tier 3 - \$70 or 50% of the approved amount (whichever is greater), but no more than \$100	Tier 1 - \$15 Tier 2 - \$50 Tier 3 - \$70 or 50% of the approved amount (whichever is greater), but no more than \$100	Tier 1 - \$15 Tier 2 - \$50 Tier 3 - \$70 or 50% of the approved amount (whichever is greater), but no more than \$100	Tier 1 - \$15 Tier 2 - \$50 Tier 3 - \$70 or 50% of the approved amount (whichever is greater), but no more than \$100	Tier 1A - \$4 Tier 1B - \$15 Tier 2 - \$40 Tier 3 - \$80 Tier 4 - 20% (maximum amount of \$200) Tier 5 - 20% (maximum amount of \$300)	Tier 1A - \$4 Tier 1B - \$15 Tier 2 - \$40 Tier 3 - \$80 Tier 4 - 20% (maximum amount of \$200) Tier 5 - 20% (maximum amount of \$300)	Tier 1A - \$4 Tier 1B - \$15 Tier 2 - \$40 Tier 3 - \$80 Tier 4 - 20% (maximum amount of \$200) Tier 5 - 20% (maximum amount of \$300)	Tier 1A - \$4 Tier 1B - \$15 Tier 2 - \$40 Tier 3 - \$80 Tier 4 - 20% (maximum amount of \$200) Tier 5 - 20% (maximum amount of \$300)	Tier 1A - \$4 Tier 1B - \$15 Tier 2 - \$40 Tier 3 - \$80 Tier 4 - 20% (maximum amount of \$200) Tier 5 - 20% (maximum amount of \$300)	Tier 1A - \$4 Tier 1B - \$15 Tier 2 - \$40 Tier 3 - \$80 Tier 4 - 20% (maximum amount of \$200) Tier 5 - 20% (maximum amount of \$300)
<b>Estimated Monthly Premiums:</b>	Blue Cross Blue Shield Simply Blue \$500 (Current)	Blue Cross Blue Shield Simply Blue \$500 (Renewal)	Blue Cross Blue Shield Simply Blue \$1,500 (Current)	Blue Cross Blue Shield Simply Blue \$1,500 (Renewal)	Blue Care Network HMO \$500 (Current)	Blue Care Network HMO \$500 (Renewal)	Blue Care Network HMO \$1,000 (Current)	Blue Care Network HMO \$1,000 (Renewal)	Blue Care Network HMO HSA \$3,000 (Current)	Blue Care Network HMO HSA \$3,000 (Renewal)
<b>Employee</b>	\$558.38	\$590.38	\$493.12	\$518.28	\$492.12	\$523.95	\$474.37	\$500.29	\$353.78	\$372.74
<b>Double</b>	\$1,340.12	\$1,416.91	\$1,183.50	\$1,243.89	\$1,181.08	\$1,257.48	\$1,138.49	\$1,200.68	\$849.09	\$894.59
<b>Family</b>	\$1,675.14	\$1,771.14	\$1,479.37	\$1,554.85	\$1,476.35	\$1,571.85	\$1,423.11	\$1,500.86	\$1,061.36	\$1,118.24
<b>Monthly Taxes and Fees</b>	Included in rates	Included in rates	Included in rates	Included in rates	Included in rates	Included in rates	Included in rates	Included in rates	Included in rates	Included in rates
<b>Percentage Difference</b>		<b>5.73%</b>		<b>5.10%</b>		<b>6.47%</b>		<b>5.46%</b>		<b>5.36%</b>

*\*The rates on this proposal are quoted rates. Final rates are determined by the carrier based on carrier underwriting guidelines.  
 \*Refer to the specific Summary of Benefits and Coverages (SBC) for details regarding a specific benefit or service.  
 \*AccessPoint recommends that the employer contribute at least 50% of the employee rate to remain compliant with the Affordable Care Act (ACA) guidelines of affordability.  
 \*Quoted rates do include estimated totals of Health Insurance Premium Tax, Risk Adjustment Tax, PCORI Fee and HICA Act Tax.*