



BlueCross BlueShield

GigCare Classic 1500 PPO

	In Network	Out Of Network
Standard Services		
Individual Deductible	\$1,500	\$3,000
Family Deductible	\$3,000	\$6,000
Individual Annual Max Out-of-Pocket	\$7,350	\$20,000
Family Annual Max Out-of-Pocket	\$14,700	\$40,000
Primary Care Visit	\$25	50% after deductible
Specialist Visit	\$40	50% after deductible
Annual Preventative Care	\$0	Not Covered
MyLiveDoc Online Telehealth	\$0	50% after deductible
Labs & Imaging	30% after deductible	50% after deductible
Outpatient Procedure	30% after deductible	50% after deductible
Hospital Admission	30% after deductible	40% after deductible
Emergency Services		
Urgent Care	\$60 Copay	50% after deductible
Emergency Room	30% Coinsurance	

Pharmacy Benefits	BCBS MyPrime PDL40 Formulary	
Generics	\$10 Copay	Not Covered
Preferred Brand	\$45 Copay	Not Covered
Non-Preferred Brand	\$105 Copay	Not Covered
Specialty	Not Covered	Not Covered

Monthly Premium

Ages 18-29

Individual	\$838.93
Individual + Spouse	\$1,538.46
Individual + Children	\$1,400.56
Family	\$2,243.01

Ages 30-44

Individual	\$866.52
Individual + Spouse	\$1,593.63
Individual + Children	\$1,450.20
Family	\$2,325.75

Ages 45-54

Individual	\$907.92
Individual + Spouse	\$1,676.85
Individual + Children	\$1,525.06
Family	\$2,450.78

Ages 55-64

Individual	\$1,012.70
Individual + Spouse	\$1,886.40
Individual + Children	\$1,713.66
Family	\$2,765.11





BlueCross BlueShield

GigCare Classic 2500 PPO

	In Network	Out Of Network
Standard Services		
Individual Deductible	\$2,500	\$5,000
Family Deductible	\$5,000	\$10,000
Individual Annual Max Out-of-Pocket	\$7,350	\$20,000
Family Annual Max Out-of-Pocket	\$14,700	\$40,000
Primary Care Visit	\$25	50% after deductible
Specialist Visit	\$40	50% after deductible
Annual Preventative Care	\$0	Not Covered
Telehealth	\$0	50% after deductible
Labs & Imaging	30% after deductible	50% after deductible
Outpatient Procedure	30% after deductible	50% after deductible
Hospital Admission	30% after deductible	40% after deductible

Emergency Services		
Urgent Care	\$60 Copay	50% after deductible
Emergency Room	30% after deductible	

Pharmacy Benefits	BCBS MyPrime PDL40 Formulary	
Generics	\$10 Copay	Not Covered
Preferred Brand	\$45 Copay	Not Covered
Non-Preferred Brand	\$105 Copay	Not Covered
Specialty	Not Covered	Not Covered

Monthly Premium

Ages 18-29

Individual	\$784.10
Individual + Spouse	\$1,428.80
Individual + Children	\$1,301.86
Family	\$2,078.51

Ages 30-44

Individual	\$809.49
Individual + Spouse	\$1,479.58
Individual + Children	\$1,347.56
Family	\$2,154.68

Ages 45-54

Individual	\$847.58
Individual + Spouse	\$1,556.15
Individual + Children	\$1,416.43
Family	\$2,269.74

Ages 55-64

Individual	\$994.02
Individual + Spouse	\$1,749.03
Individual + Children	\$1,590.03
Family	\$2,559.07



BlueCross BlueShield

GigCare Classic 5000 EPO

	<u>In Network</u>	Out Of Network
Standard Services		
Individual Deductible	\$5,000	N/A
Family Deductible	\$10,000	N/A
Individual Annual Max Out-of-Pocket	\$7,350	N/A
Family Annual Max Out-of-Pocket	\$14,700	N/A
Primary Care Visit	\$25	Not Covered
Specialist Visit	\$40	Not Covered
Annual Preventative Care	\$0	Not Covered
Telehealth	\$0	Not Covered
Labs & Imaging	30% after deductible	Not Covered
Outpatient Procedure	30% after deductible	Not Covered
Hospital Admission	30% after deductible	Not Covered
Emergency Services		
Urgent Care	\$75 Copay	Not Covered
Emergency Room	30% after deductible	
Pharmacy Benefits	<u>BCBS MyPrime PDL10 Formulary</u>	
Generics	\$10 Copay	Not Covered
Brand Name & Specialty	Not Covered	Not Covered

Monthly Premium

Ages 18-29

Individual	\$663.64
Individual + Spouse	\$1,188.28
Individual + Children	\$1,085.36
Family	\$1,717.94

Ages 30-44

Individual	\$684.23
Individual + Spouse	\$1,229.46
Individual + Children	\$1,122.41
Family	\$1,779.70

Ages 45-54

Individual	\$709.91
Individual + Spouse	\$1,280.82
Individual + Children	\$1,168.64
Family	\$1,856.74

Ages 55-64

Individual	\$762.65
Individual + Spouse	\$1,386.30
Individual + Children	\$1,263.57
Family	\$2,014.96





BlueCross BlueShield

GigCare Value 7350
EPO

	In Network	Out of Network
Standard Services		
Individual Deductible	\$7,350	N/A
Family Deductible	\$14,700	N/A
Individual Annual Max Out-of-Pocket	\$9,200	N/A
Family Annual Max Out-of-Pocket	\$18,400	N/A
Primary Care Visit	\$25	Not Covered
Specialist Visit	\$40	Not Covered
Annual Preventative Care	\$0	Not Covered
Telehealth	\$0	Not Covered
Labs & Imaging	30% after deductible	Not Covered
Outpatient Procedure	30% after deductible	Not Covered
Hospital Admission	30% after deductible	Not Covered
Emergency Services		
Urgent Care	\$100 Copay	Not Covered
Emergency Room	30% after deductible	
Pharmacy Benefits	BCBS MyPrime PDL10 Formulary	
Generics	\$10 Copay	Not Covered
Brand Name & Specialty	Not Covered	Not Covered

Monthly Premium

Ages 18-29

Individual	\$578.95
Individual + Spouse	\$1,018.91
Individual + Children	\$932.92
Family	\$1,463.87

Ages 30-44

Individual	\$596.15
Individual + Spouse	\$1,053.31
Individual + Children	\$963.87
Family	\$1,515.47

Ages 45-54

Individual	\$617.61
Individual + Spouse	\$1,096.22
Individual + Children	\$1,002.49
Family	\$1,579.84

Ages 55-64

Individual	\$661.67
Individual + Spouse	\$1,184.34
Individual + Children	\$1,081.80
Family	\$1,712.02





BlueCross BlueShield

GigCare HSA 5000

	In Network	Out Of Network
Standard Services		
Individual Deductible	\$5,000	\$10,000
Family Deductible	\$10,000	\$20,000
Coinsurance <i>What you pay after deductible</i>	30%	50%
Individual Annual Max Out-of-Pocket	\$6,550	\$20,000
Family Annual Max Out-of-Pocket	\$13,100	\$40,000
Primary Care Visit	30% after deductible	50% after deductible
Specialist Visit	30% after deductible	50% after deductible
Annual Preventative Care	\$0	Not Covered
Urgent Care	30% after deductible	50% after deductible
Telehealth	30% after deductible	50% after deductible
Labs & Imaging	30% after deductible	50% after deductible
Outpatient Procedure	30% after deductible	50% after deductible
Hospital Admission	\$2000 after deductible	50% after deductible

Emergency Services		
Urgent Care	\$75 after deductible	50% after deductible
Emergency Room	30% after deductible	30% after deductible

Pharmacy Benefits	BCBS MyPrime PDL40 Formulary	
Non-Preferred Brand	\$10 Copay	Not Covered
Brand Name	30% after deductible	Not Covered
Diabetic Insulin	\$35 Copay	Not Covered
Specialty	Not Covered	Not Covered

Monthly Premium

Ages 18-29

Individual	\$607.21
Individual + Spouse	\$1,074.41
Individual + Children	\$982.97
Family	\$1,546.63

Ages 30-44

Individual	\$625.50
Individual + Spouse	\$1,110.99
Individual + Children	\$1,015.89
Family	\$1,601.49

Ages 45-54

Individual	\$648.32
Individual + Spouse	\$1,156.62
Individual + Children	\$1,056.96
Family	\$1,669.94

Ages 55-64

Individual	\$695.17
Individual + Spouse	\$1,250.32
Individual + Children	\$1,141.29
Family	\$1,810.49

Limited Benefit Plan Summary

Annual Individual Deductible	\$250 \$500 \$750
Annual Family Deductible	\$ 500 \$1000 \$1500
Maximum Yearly Benefit (per person)	\$1,000,000
Maximum Lifetime Benefit (per person)	\$5,000,000

You pay after deductible Limits per benefit period

Standard Services

Annual Preventative Care	\$0	1 per service
Doctor Visits (Primary Care, Specialist, Urgent Care)	\$50	10
Diagnostic tests (X-ray, Lab, other)	\$50	3
Major Imaging (CT/PET Scans, MRI, MRAs)	\$250	3
ER visit or Outpatient Procedure	\$250	2
Hospital Admission	\$1,000	2 - 10 days per
Maternity (Global Services)	\$250 / \$500 (Vaginal / C-Section)	\$15,000
Physical Therapy, Chiro & Rehab	\$50	10
Infusions, Chemo or Radiation	\$100	\$50,000
Virtual Urgent Care	\$0	Unlimited
Virtual General Medicine	\$0	12
Virtual Mental Health	\$0	4

Pharmacy Benefits

Generic & Preferred Brand Name	\$0 home delivery	12
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Not Covered on this plan

In-person mental health therapy, Dialysis, Organ Transplant Services, Non-Preferred Brand or Specialty Drugs

Deductible Choice	\$250	\$500	\$750
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Ages 18-29

Individual	\$329	\$309	\$289
Individual + Spouse	\$619	\$599	\$579
Individual + Children	\$599	\$579	\$599
Family	\$849	\$809	\$799

Ages 30-44

Individual	\$379	\$349	\$329
Individual + Spouse	\$670	\$639	\$619
Individual + Children	\$649	\$619	\$589
Family	\$909	\$879	\$839

Ages 45-54

Individual	\$409	\$379	\$359
Individual + Spouse	\$699	\$679	\$659
Individual + Children	\$679	\$649	\$589
Family	\$949	\$899	\$899

Ages 55-64

Individual	\$449	\$429	\$409
Individual + Spouse	\$709	\$689	\$669
Individual + Children	\$689	\$659	\$639
Family	\$949	\$929	\$909

	In Network
Standard Services	
Individual Deductible	\$2,500
Family Deductible	\$5,000
Coinsurance <i>What you pay after deductible</i>	20%
Individual Annual Max Out-of-Pocket	\$7,350
Family Annual Max Out-of-Pocket	\$14,700
Primary Care Visit	\$25
Specialist Visit	\$40
Annual Preventative Care	\$0
Urgent Care	\$60
Telehealth	\$0

Emergency Services	
Facility	20% after deductible
Professional Services	20% after deductible

Pharmacy Benefits	
Generics	\$0
Preferred Brand	\$0
Non-Preferred Brand	Not Covered
Specialty	Not Covered

Monthly Premium

Ages 18-29

Individual	\$667.77
Individual + Spouse	\$1,195.54
Individual + Children	\$1,091.99
Family	\$1,728.31

Ages 30-44

Individual	\$688.49
Individual + Spouse	\$1,236.96
Individual + Children	\$1,129.26
Family	\$1,790.44

Ages 45-54

Individual	\$714.32
Individual + Spouse	\$1,288.63
Individual + Children	\$1,175.77
Family	\$1,869.96

Ages 55-64

Individual	\$792.23
Individual + Spouse	\$1,444.45
Individual + Children	\$1,316.00
Family	\$2,122.70



	In Network
Standard Services	
Individual Deductible	\$5,000
Family Deductible	\$10,000
Coinsurance <i>What you pay after deductible</i>	20%
Individual Annual Max Out-of-Pocket	\$7,350
Family Annual Max Out-of-Pocket	\$14,700
Primary Care Visit	\$25
Specialist Visit	\$45
Annual Preventative Care	\$0
Urgent Care	\$60
Telehealth	\$0

Emergency Services	
Facility	20% after deductible
Professional Services	20% after deductible

Pharmacy Benefits	
Generics	0
Preferred Brand	\$0
Non-Preferred Brand	Not Covered
Specialty	Not Covered

Monthly Premium

Ages 18-29

Individual	\$565.74
Individual + Spouse	\$991.47
Individual + Children	\$908.33
Family	\$1,422.21

Ages 30-44

Individual	\$582.37
Individual + Spouse	\$1,024.73
Individual + Children	\$938.26
Family	\$1,472.10

Ages 45-54

Individual	\$603.12
Individual + Spouse	\$1,066.22
Individual + Children	\$975.60
Family	\$1,534.34

Ages 55-64

Individual	\$645.72
Individual + Spouse	\$1,151.43
Individual + Children	\$1,052.28
Family	\$1,662.14



	In Network
Standard Services	
Individual Deductible	\$7,350
Family Deductible	\$14,700
Coinsurance <i>What you pay after deductible</i>	0%
Individual Annual Max Out-of-Pocket	\$7,350
Family Annual Max Out-of-Pocket	\$14,700
Primary Care Visit	\$25
Specialist Visit	\$45
Annual Preventative Care	\$0
Urgent Care	\$60
Telehealth	\$0

Emergency Services	
Facility	\$0
Professional Services	0% after deductible

Pharmacy Benefits	
Generics	\$0
Preferred Brand	\$0
Non-Preferred Brand	Not Covered
Specialty	Not Covered

Monthly Premium

Ages 18-29

Individual	\$482.48
Individual + Spouse	\$824.94
Individual + Children	\$758.45
Family	\$1,172.42

Ages 30-44

Individual	\$495.77
Individual + Spouse	\$851.54
Individual + Children	\$782.39
Family	\$1,212.32

Ages 45-54

Individual	\$512.37
Individual + Spouse	\$884.72
Individual + Children	\$812.25
Family	\$1,262.09

Ages 55-64

Individual	\$546.44
Individual + Spouse	\$952.86
Individual + Children	\$873.58
Family	\$1,364.30



	In Network
Standard Services	
Individual Deductible	\$7,350
Family Deductible	\$14,700
Coinsurance <i>What you pay after deductible</i>	0%
Individual Annual Max Out-of-Pocket	\$6,550
Family Annual Max Out-of-Pocket	\$13,100
Primary Care Visit	\$25
Specialist Visit	\$45
Annual Preventative Care	\$0
Urgent Care	\$60
Telehealth	\$0

Emergency Services	
Facility	\$0
Professional Services	0% after deductible

<u>Pharmacy Benefits</u>	
Generics	\$0
Preferred Brand	\$0
Non-Preferred Brand	Not Covered
Specialty	Not Covered

Monthly Premium

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Individual	\$482.48
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