

	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	<u>BCBS MyPrime PDL10 Formulary</u>	
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

