

Plan Name:

Blue Card HSA 6750

Blue Card 2500

Blue Card 350

Network:

Blue Card

Blue Card

Blue Card

Network Search

<http://www.anthem.com/><http://www.anthem.com/><http://www.anthem.com/>**VIRTUAL URGENT CARE**

24/7 access to virtual doctors used to address acute symptoms, discuss prescriptions, and screen for healthcare 24/7 in the comforts of your home without the commute or office visit waiting rooms.

\$0 consult fee for "immediate 24/7/365 in-the-moment" consultations for Emotional well-being and Behavioral Health (24/7 on-demand care) "with no call-backs or need to schedule"

Bearn™ App to improve your team's engagement in health and wellness by inviting them to "earn while they burn" calories!

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Virtual Primary Care Program

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FootprintID

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VitalRx

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Enrollment Deadline	18th of month Prior to Effective date	18th of month Prior to Effective date	18th of month Prior to Effective date
Plan Availability	All 50 States	All 50 States	All 50 States
Referrals	No Referrals Required	No Referrals Required	No Referrals Required
Preventative Care	In-Net: 100% Out-Net: Not Covered	In-Net: 100% Out-Net: Deductible & Co-Insurance	In-Net: 100% Out-Net: Deductible & Co-Insurance
Preventative Services	100% Coverage for Mandated Preventative Services	100% Coverage for Mandated Preventative Services	100% Coverage for Mandated Preventative Services
Deductible	In-Net: \$6,750 Single / \$13,500 Family Out-Net: \$10,000 Single / \$20,000 Family	In-Net: \$2,500 Single / \$5,000 Family Out-Net: \$6,750 Single / \$13,500 Family	In-Net: \$350 Single / \$700 Family Out-Net: \$700 Single / \$1,400 Family
Coinsurance	In-Net: Subject to Deductible no copay Out-Net: 50% After Deductible	In-Net: 30% After Deductible Out-Net: 50% After Deductible	In-Net: 30% After Deductible Out-Net: 50% After Deductible
Out-Of-Pocket Max	In-Net: \$6,750 Single / \$13,500 Family Out-Net: \$20,000 Single / \$40,000 Family	In-Net: \$8,150 Single / \$16,300 Family Out-Net: Unlimited Single / Unlimited Family	In-Net: \$8,150 Single / \$16,300 Family Out-Net: Unlimited Single / Unlimited Family
Office copayments	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: \$40 copay: Deductible does not apply \$60 copay: Deductible does not apply Out-Net: Deductible & Co-Insurance	In-Net: \$25 copay: Deductible does not apply \$35 copay: Deductible does not apply Out-Net: Deductible & Co-Insurance
Out-Patient Mental Health	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: \$35 copay Out-Net: Deductible & Co-Insurance
Chiropractic (Limited to 30 Visits Per/Yr.)	In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance	In-Net: \$60 copay Out-Net: Deductible & Co-Insurance	In-Net: \$35 copay Out-Net: Deductible & Co-Insurance

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Network:	Blue Card		Blue Card		Blue Card	
Network Search	http://www.anthem.com/		http://www.anthem.com/		http://www.anthem.com/	
						
Rehabilitation Services Out-Patient: 30 visits per cal. year In-Patient: 120 visits per cal. year		In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance		In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance		
Hospital (In-Patient)		In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance		In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance		
Hospital (Out-Patient)		In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance		In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance		
Childbirth/Delivery Facility		In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance		In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance		
Prescription Benefits Covers up to 34-day supply retail. 90-day supply mail order maximum.		Generic: Subject to Deductible No copay Brand preferred: Subject to Deductible No copay Non-Preferred: Subject to Deductible No copay		Generic: \$0 Brand preferred: 25% Non-Preferred: 50% Not Subject to Deductible		
Emergency Medical Transportation (No coverage for Air Transport)		In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance		In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance		
Emergency Room		In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance		In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance		
Diagnostic Testing (X-Ray, Bloodwork)		In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance		In-Net: no charge Out-Net: Deductible & Co-Insurance		
Advanced Imaging		In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance		In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance		
Urgent Care		In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance		In-Net: \$40 Out-Net: Deductible & Co-Insurance		
Child Eye Exam & Dental check-up		In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance		In-Net: no charge Out-Net: Deductible & Co-Insurance		
Durable Medical		In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance		In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance		
Home Health Care		In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance		In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance		
Hospital Out-patient Facility		In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance		In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance		
Physician and Surgeon Fees		In-Net: Subject to Deductible no copay Out-Net: Deductible & Co-Insurance		In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance		
Union death Benefit (Member Only)		\$5,000		\$5,000		
Out-of-Network Payment Type		125% Medical		125% Medical		
Member:		\$ 964.00		\$ 1,132.00		
Member + Spouse		\$ 1,940.00		\$ 2,307.00		
Member + Child(ren)		\$ 1,637.00		\$ 1,945.00		
Family		\$ 2,397.00		\$ 2,871.00		
				\$3,650.00		

Plan Name:

PPO 5000

Silver 3000 PPO

Elite 1000

Network:

Cigna

Cigna

Cigna

Network Search

<http://hcpdirectory.cigna.com/web/public/providers>**VIRTUAL URGENT CARE**

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Preventative Services	100% Coverage for Mandated Preventative Services	100% Coverage for Mandated Preventative Services	100% Coverage for Mandated Preventative Services
Deductible (Family x2)	In-Net: \$5,000 Single / \$10,000 Family	In-Net: \$3,000 Single / \$6,000 Family	In-Net: \$1,000 Single / \$2,000 Family
	Out-Net: \$10,000 Single / \$20,000 Family	Out-Net: \$6,000 Single / \$12,000 Family	Out-Net: \$6,000 Single / \$12,000 Family
Coinsurance	In-Net: 30% After Deductible	In-Net: 30% After Deductible	In-Net: 20% After Deductible
	Out-Net: 50% After Deductible	Out-Net: 40% After Deductible	Out-Net: 50% After Deductible
Out-Of-Pocket Max	In-Net: \$8,150 Single / \$16,300 Family	In-Net: \$8,150 Single / \$16,300 Family	In-Net: \$8,150 Single / \$16,300 Family
	Out-Net: Unlimited Single / Unlimited Family	Out-Net: Unlimited Single / Unlimited Family	Out-Net: Unlimited Single / Unlimited Family
Office copayments	\$20/\$60 copay: Not subject to deductible	\$40/\$60 Not subject to deductible	\$30/\$50 Not subject to deductible
	Out-Net: Subject to Deductible & Co-Insurance	Out-Net: Subject to Deductible & Co-Insurance	Out-Net: Subject to Deductible & Co-Insurance
Hospital (In Patient)	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance

Plan Name:	PPO 5000	Silver 3000 PPO	Elite 1000
Network:	Cigna	Cigna	Cigna
Network Search	http://hcpdirectory.cigna.com/web/public/providers		



Prescription Benefits	Generic: \$0 Brand preferred: 25% Non-Preferred: 50% Subject to Deductible	Generic: \$0 Brand preferred: 25% Non-Preferred: 50% Subject to Deductible	Generic: \$0 Brand preferred: 25% Non-Preferred: 50% Subject to Deductible
Emergency Room	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance	In-Net: Deductible & Co-Insurance Out-Net: Deductible & Co-Insurance
Outpatient Imaging (CT/PT/MRI)	Subject Deductible & Co-insurance	Subject Deductible & Co-insurance	Subject Deductible & Co-insurance
Urgent Care (Not Sub. to Ded.)	In-Net: \$60 Copay Not subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: \$60 Copay Not subject to deductible Out-Net: Deductible & Co-Insurance	In-Net: \$60 Copay Not subject to deductible Out-Net: Deductible & Co-Insurance
Child Eye Exam & Dental check-up	In-Net: No Charge Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered	In-Net: No Charge Out-Net: Not Covered
Durable Medical	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance
Lab (Blood work)	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance
Home Health Care (90 visit max 12 month prd)	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance
Hospital Based Out-patient Facility	Hospital Based Outpatient Facility Subject to Deductible & Co-Insurance	Hospital Based Outpatient Facility Subject to Deductible & Co-Insurance	Hospital Based Outpatient Facility Subject to Deductible & Co-Insurance
Physician and Surgeon Fees	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance	Subject to Deductible & Co-Insurance
Out-of-Network Payment Type	125% Medicare	125% Medicare	125% Medicare

Member:	\$ 912.00	\$ 1,192.00	\$ 1,681.00
Member + Spouse	\$ 1,832.00	\$ 2,416.00	\$ 3,493.00
Member + Child(ren)	\$ 1,543.00	\$ 2,028.00	\$ 2,908.00
Family	\$ 2,283.00	\$ 3,007.00	\$ 4,363.00