

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/>

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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"

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Virtual Primary Care Program

(1:1) Dedicated Virtual Primary Care Licensed Doctor (8-5PM)

Select and keep your own physician and Schedule a visit with the same physician online from M-Friday (8-7 PM). Avoid costly in-person visits.

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Hospital Bill Eraser

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Money Map

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Pricing Portal

Hospitals want their pricing kept a secret but our advocates know them and use them to your advantage.



	Blue Card HSA 6750	Blue Card 2500	Blue Card 350
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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In-Patient: 120 visits per cal. yearIn-Net: Subject to Deductible no copay
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-Insurance**Hospital (In-Patient)**In-Net: Subject to Deductible no copay
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-Insurance**Hospital (Out-Patient)**In-Net: Subject to Deductible no copay
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-Insurance**Childbirth/Delivery Facility**In-Net: Subject to Deductible no copay
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-InsuranceIn-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**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-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-Insurance**Emergency Room**In-Net: Subject to Deductible no copay
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-InsuranceIn-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-InsuranceIn-Net: no charge
Out-Net: Deductible & Co-InsuranceIn-Net: no charge
Out-Net: Deductible & Co-Insurance**Advanced Imaging**In-Net: Subject to Deductible no copay
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-Insurance**Urgent Care**In-Net: Subject to Deductible no copay
Out-Net: Deductible & Co-InsuranceIn-Net: \$40
Out-Net: Deductible & Co-InsuranceIn-Net: \$40
Out-Net: Deductible & Co-Insurance**Child Eye Exam & Dental check-up**In-Net: Subject to Deductible no copay
Out-Net: Deductible & Co-InsuranceIn-Net: no charge
Out-Net: Deductible & Co-InsuranceIn-Net: no charge
Out-Net: Deductible & Co-Insurance**Durable Medical**In-Net: Subject to Deductible no copay
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-Insurance**Home Health Care**In-Net: Subject to Deductible no copay
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-Insurance**Hospital Out-patient Facility**In-Net: Subject to Deductible no copay
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-Insurance**Physician and Surgeon Fees**In-Net: Subject to Deductible no copay
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-InsuranceIn-Net: Deductible & Co-Insurance
Out-Net: Deductible & Co-Insurance**Union death Benefit (Member Only)**

\$5,000

\$5,000

\$5,000

Out-of-Network Payment Type

125% Medical

125% Medical

125% Medical

Member:

\$ 891.00

\$ 1,043.00

\$1,311.00

Member + Spouse

\$ 1,792.00

\$ 2,132.00

\$2,691.00

Member + Child(ren)

\$ 1,515.00

\$ 1,797.00

\$2,247.00

Family

\$ 2,217.00

\$ 2,654.00

\$3,369.00

Plan Name:

PPO 5000

Silver 3000 PPO

Elite 1000

Network:

Cigna

Cigna

Cigna

Network Search

<http://hcpdirectory.cigna.com/web/public/providers>



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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 Out-Net: \$10,000 Single / \$20,000 Family	In-Net: \$3,000 Single / \$6,000 Family Out-Net: \$6,000 Single / \$12,000 Family	In-Net: \$1,000 Single / \$2,000 Family Out-Net: \$6,000 Single / \$12,000 Family
Coinsurance	In-Net: 30% After Deductible Out-Net: 50% After Deductible	In-Net: 30% After Deductible Out-Net: 40% After Deductible	In-Net: 20% After Deductible Out-Net: 50% After Deductible
Out-Of-Pocket Max	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	In-Net: \$8,150 Single / \$16,300 Family Out-Net: Unlimited Single / Unlimited Family
Office copayments	\$20/\$60 copay: Not subject to deductible Out-Net: Subject to Deductible & Co-Insurance	\$40/\$60 Not subject to deductible Out-Net: Subject to Deductible & Co-Insurance	\$30/\$50 Not subject to deductible 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>

	PPO 5000	Silver 3000 PPO	Elite 1000
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:	\$ 844.00	\$ 1,097.00	\$ 1,549.00
Member + Spouse	\$ 1,695.00	\$ 2,231.00	\$ 3,223.00
Member + Child(ren)	\$ 1,432.00	\$ 1,875.00	\$ 2,685.00
Family	\$ 2,114.00	\$ 2,779.00	\$ 4,029.00