MEDICAL COMPARISON

Paint Creek ISD

presented by **National Health Partners**

		BCBS		BCBS		BCBS	
		B661ADT		S9J7ADT		S9M4CHC	
DESIGN							
Network		Blue Advantage HMO	Out-of-Network	Blue Advantage HMO	Out-of-Network	BlueChoice PPO	Out-of-Network
Deductible (ind / fam)		$8650 / $17,300	not covered	$3100 / $9200	not covered	$6100 / $12,200	$12,200 / $24,400
Coinsurance		0%	nc	30%	nc	0%	0%
Out-of-Pocket Max (ind/fam)		$8650 / $17,300	not covered	$9200 / $18,400	not covered	$6100 / $12,200	$12,200 / $24,400
MEDICAL (in-network)							
Telehealth / Virtual Visits		ded		$50 copay		ded	
Physician Office Visits		ded		$50 copay		ded	
Specialist Office Visits		ded		$100 copay		ded	
Lab / X-Ray at OV		ded		ded + 30%		ded	
Complex Imaging		ded		$250 copay + ded + 30%		ded	
Urgent Care Center		ded		$100 copay		ded	
ER Facility / Physician		ded		$600 copay + ded + 30%		ded	
Outpatient Surgery		ded		$300 copay + ded + 30%		ded	
Inpatient Care		ded		$350 copay + ded + 30%		ded	
RX (in-network)							
Retail (30-day supply)		ded		$5/$10/$50/$100/$150/$250		ded	
Program Type		mandatory generic		mandatory generic		mandatory generic	
NOTES							
Plan Type		HMO		HMO		PPO	
Deductible Type		embedded		embedded		embedded	
Comments		PCP required		PCP required, copays higher at non-pref pharm		HSA	
Market Segment		Small Group		Small Group		Small Group	
Rating Method		Composite		Composite		Composite	
COMPOSITE RATES							
EE	17	$699.18		$828.82		$1,157.04	
EE + Spouse	0	$1,398.36		$1,657.64		$2,314.08	
EE + Children	4	$1,398.36		$1,657.64		$2,314.08	
EE + Family	0	$2,097.54		$2,486.46		$3,471.12	