

Independence Blue Cross Medical Insurance Plan Options -- June 1, 2018 to May 31, 2019
Starfield & Smith, PC

	IBC Plan Option #1: PPQ Gold Classic \$2,000 \$40/\$80/100%	IBC Plan Option #2: HMO Gold Proactive			IBC Plan Option #3: HMO Silver Proactive (2018)		
		<i>Tier 1 - Preferred</i>	<i>Tier 2 - Enhanced</i>	<i>Tier 3 - Standard</i>	<i>Tier 1 - Preferred</i>	<i>Tier 2 - Enhanced</i>	<i>Tier 3 - Standard</i>
Annual Deductible	\$2,000 Individual; \$4,000 Family (Embedded)	None			None	\$5,500; \$11,000 (Emb)	\$5,500; \$11,000 (Emb)
Benefit Period	Plan Year (PY)	Plan Year (PY)			Plan Year (PY)		
Office Visits							
<i>Preventive Care for Adults & Children</i>	No Co-Pay		No Co-Pay			No Co-Pay	
<i>Primary Care</i>	\$40 Co-Pay	\$15 Co-Pay	\$30 Co-Pay	\$45 Co-Pay	\$40 Co-Pay	\$50 Co-Pay	\$60 Co-Pay
<i>Specialist Care & Out-Patient Mental Health</i>	\$80 Co-Pay	\$40 Co-Pay	\$60 Co-Pay (\$40 MHC)	\$80 Co-Pay (\$40 MHC)	\$80 Co-Pay (\$80 MHC)	\$100 Co-Pay (\$80 MHC)	\$120 Co-Pay (\$80 MHC)
Emergency Room	\$300 Co-Pay		\$400 Co-Pay			\$550 Co-Pay	
Urgent Care Center	\$125 Co-Pay		\$100 Co-Pay			\$100 Co-Pay	
Routine Radiology/Diagnostic	\$70 Co-Pay (FDC) or \$100 Co-Pay (Hospital)		\$60 Co-Pay			\$120 Co-Pay	
Specialty Radiology (MRI/MRA, CT/CTA, PET)	\$175 Co-Pay (FDC) or \$215 Co-Pay (Hospital)		\$120 Co-Pay			\$250 Co-Pay	
Out-Patient Surgery	<u>100% AD (ASC) or 70% AD (Hospital)</u>	\$150 Co-Pay	\$550 Co-Pay	\$1,000 Co-Pay	\$250 Co-Pay	<u>\$750 Co-Pay after Ded</u>	<u>\$1,250 Co-Pay after Ded</u>
Hospitalization (Inpatient)	<u>100% Coverage after Deductible</u>	\$350/Day; Max \$1,750	\$700/Day; Max \$3,500	\$1,100/Day; Max \$5,500	\$500/Day; Max \$2,500	<u>\$900/Day; Max \$4,500 after Deductible</u>	<u>\$1,300/Day; Max \$6,500 after Deductible</u>
Colonoscopy for Cancer Screening (Preventive)							
<i>Preventive Plus Freestanding ASC</i>	No Co-Pay		No Co-Pay			No Co-Pay	
<i>All Other Providers</i>	\$750 Co-Pay		\$750 Co-Pay			\$750 Co-Pay	
Adult Dental	Not Included		Not Included			Not Included	
Adult Vision	Included		Included			Included	
Pediatric Dental & Vision (Up to Age 19)	Included		Included			Included	
Out-of-Network Benefits	\$7,500 / \$15,000 Deductible; 50%		N/A			N/A	
Prescription Drug Deductible	None		None			None	
Prescription Drug Coverage							
<i>Generic - Preferred</i>	\$7 Co-Pay		\$4 Co-Pay			\$4 Co-Pay	
<i>Generic - Non-Preferred</i>	\$7 Co-Pay		\$15 Co-Pay			\$15 Co-Pay	
<i>Brand Name - Preferred</i>	\$50 Co-Pay		50% Coverage; \$200 Max Co-Pay			50% Coverage; \$400 Max Co-Pay	
<i>Brand Name - Non-Preferred</i>	\$150 Co-Pay		50% Coverage; \$300 Max Co-Pay			50% Coverage; \$500 Max Co-Pay	
<i>Self-Administered Specialty Drugs</i>	50% Coverage; \$1,000 Max Co-Pay		50% Coverage; \$1,000 Max Co-Pay			50% Coverage; \$1,000 Max Co-Pay	
		FutureScripts Preferred Pharmacy Network			FutureScripts Preferred Pharmacy Network		
Annual Out-of-Pocket Maximum	\$4,000 Individual; \$8,000 Family (Embedded)	\$7,350 Individual; \$14,700 Family (Embedded)			\$7,350 Individual; \$14,700 Family (Embedded)		
Primary Care Physician Required	No		Yes			Yes	
Referrals Required	No		Yes			Yes	

Monthly Premiums	IBC Plan Option #1 Monthly Premium	IBC Plan Option #2 Monthly Premium	IBC Plan Option #3 Monthly Premium
<i>Single Employee; Non-Smoker; Age 25</i>	\$411.35	\$349.29	\$266.17
<i>Single Employee; Non-Smoker; Age 30</i>	\$465.02	\$394.87	\$300.90
<i>Single Employee; Non-Smoker; Age 35</i>	\$500.66	\$425.14	\$323.96
<i>Single Employee; Non-Smoker; Age 40</i>	\$523.61	\$444.62	\$338.81
<i>Single Employee; Non-Smoker; Age 45</i>	\$591.62	\$502.37	\$382.82
<i>Single Employee; Non-Smoker; Age 50</i>	\$731.74	\$621.35	\$473.48
<i>Single Employee; Non-Smoker; Age 55</i>	\$913.65	\$775.82	\$591.19
<i>Single Employee; Non-Smoker; Age 60</i>	\$1,111.94	\$944.21	\$719.50

Semi-Monthly Employee Payroll Deductions	IBC Plan Option #1 Payroll Deduction	IBC Plan Option #2 Payroll Deduction	IBC Plan Option #3 Payroll Deduction
<i>Single Employee; Non-Smoker; Age 25</i>	\$74.69	\$43.66	\$2.10
<i>Single Employee; Non-Smoker; Age 30</i>	\$84.43	\$49.36	\$2.37
<i>Single Employee; Non-Smoker; Age 35</i>	\$90.90	\$53.14	\$2.55
<i>Single Employee; Non-Smoker; Age 40</i>	\$95.07	\$55.58	\$2.67
<i>Single Employee; Non-Smoker; Age 45</i>	\$107.42	\$62.80	\$3.02
<i>Single Employee; Non-Smoker; Age 50</i>	\$132.86	\$77.67	\$3.73
<i>Single Employee; Non-Smoker; Age 55</i>	\$165.89	\$96.98	\$4.66
<i>Single Employee; Non-Smoker; Age 60</i>	\$201.89	\$118.03	\$5.67