

Medical (eff: 5/1/2021)

**Example Co.**



COPAY PLAN

COPAY PLAN

Carrier	Blue Cross	Blue Cross	Blue Cross	Blue Cross
Plan Type	PPO	PPO	PPO	PPO
Plan Name	B535PPO	B535BCE	G508OPT	S535BCE
Network Name	Blue PPO	Blue Choice Preferred	Blue Ootions	Blue Choice Preferred
Metallic Level	Bronze	Bronze	Gold	Silver
Network Size	<b>Large</b>	<b>Small</b>	<b>Small &amp; Large</b>	<b>Small</b>
	In/Out	In/Out	Small/Large/Out	In/Out
Individual Ded.	\$6.900/\$13,800	\$6.900/\$13,800	<b>\$1500 /\$3.250</b> /\$6.500	\$7,550/15,100
Family Ded.	\$13,800/\$27,600	\$13,800/\$27,600	<b>\$4,500 / \$9.750</b> /\$19,500	\$15,100/30,200
Coinsurance	100%/100%	100%/100%	<b>90%/70%</b> /50%	100%/100%
Individual Out-of-Pocket	\$6.900/\$13,800	\$6.900/\$13,800	<b>\$4.100 /\$6.100</b> /Unlimited	\$7,550/15,100
Family Out-of-Pocket	\$13,800/\$27,600	\$13,800/\$27,600	<b>\$12,300 /\$17,100</b> /Unlimited	\$15,100/30,200
Office Visit Copay	100%/100%	100%/100%	<b>\$30/\$55</b> /50%	\$30
Specialist Visit Copay	100%/100%	100%/100%	<b>\$45/\$95</b> /50%	\$50
Rx card	100%/100%	100%/100%	<b>\$10/20/50/100/250/350</b>	\$0/10/50/100/150/250
Inpatient Hospital	100%/100%	100%/100%	<b>\$250/\$500</b> /\$600	\$250
Outpatient Surgery	\$125	\$125	<b>\$200/\$400</b> /\$500	\$200
Urgent Care	100%/100%	100%/100%	<b>\$75/\$75</b> /50%	\$75
ER	\$250	\$250	\$600	\$500

**Cost Per Paycheck (26 per year)**

EE Only	<b>\$97.74</b>	<b>\$47.24</b>	<b>\$99.12</b>	<b>\$64.64</b>
EE + Spouse	<b>\$287.78</b>	<b>\$186.78</b>	<b>\$290.56</b>	<b>\$221.59</b>
EE + Child(ren)	<b>\$259.27</b>	<b>\$165.85</b>	<b>\$261.84</b>	<b>\$198.05</b>
Family	<b>\$449.32</b>	<b>\$305.40</b>	<b>\$453.27</b>	<b>\$355.00</b>

NOTE; TRIADA IS A VOLUNTARY PLAN , EMPLOYEES MAY ELECT BLUE CROSS ONLY. THE GAP PLAN IS ALSO VOLUNTARY AND EMPLOYEES PAY ADDITIONAL PREMIUM. THE GAP+ PLAN (GAP WITH HEALTH RISK MANAGEMENT) IS ALSO VOLUNTARY.

GAP and GAP+ will cover deductibles and coinsurance, but NOT COPAYS, GAP+ requires employees to participate In HRM (Health Risk Management) program which provides a claim/reimbursement keeping employees paycheck intact. Most GAP+ employees enjoy 100% coverage at no additional cost.

To see network Docs and Hospitals click link below;  
 Large Net; Choose Blue PPO Network  
 Small Net; Choose Blue Choice Preferred Network BCE

[Provider Search Link](#)

The Benefit Source Inc.  
 1755 Park St. Suite 200  
 Naperville, IL 60563  
 331-231-2012

[www.thebenefitsourceinc.com](http://www.thebenefitsourceinc.com)