



Effective 8/1/2023

	Nav HMO BFC4	Core Plan CF2E.		Choice Plus CF17		Advocate Only
	Navigate	Core (Small Net)		Choice Plus (Large Net)		Char HMO BFDP
	In Network	In Network	Out of Network	In Network	Out of Network	Charter
<b>Ind. Deductible</b>	\$0	\$500/1,000	\$5,000/15,000	\$1500/3,000	\$5,000/10,000	\$0
<b>Coinsurance</b>	100%%	90%	70%	90%	70%	100%%
<b>Max OOP</b>	\$1,500/3,000	\$2,000/4,000	\$10,000/20,000	\$3,000/6,000	\$10,000/20,000	\$1,500/3,000
<b>Office Visit</b>	\$20/\$40	\$20/20/40*	70%	\$20/20/40*	50%	\$20/\$40
<b>Inpatient Hosp.</b>	100%	90%	70%	90%	70%	100%
<b>MRI/CAY/PET Scan</b>	\$300	90%	70%	90%	70%	\$300
<b>Urgent Care</b>	\$75	\$75	70%	\$75	70%	\$75
<b>Emergency Care</b>	\$300	\$250	\$300	\$250	\$250	\$300
<b>Prescriptions</b>	\$10/35/60	\$10/35/60		\$10/35/60		\$10/35/60

	<b>Cost Per Paycheck</b>			
<b>Employee Only</b>	\$35.77	\$47.38	\$105.47	\$29.73
<b>Empl+ Spouse</b>	\$330.62	\$352.69	\$440.22	\$274.85
<b>EE + Child(ren)</b>	\$301.00	\$311.00	\$401.44	\$235.00
<b>Family</b>	\$550.91	\$572.55	\$720.17	\$447.99



0.00
19.22
23.90
45.29