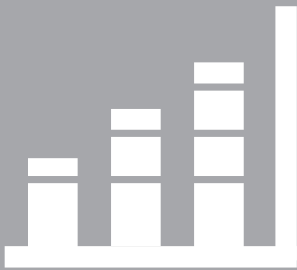


# 2016 BlueEssentials<sup>sm</sup> Silver Plans



# Benefits



	SILVER 1	SILVER 2	SILVER 3
Deductible	Individual: \$200 Family: \$400	Individual: \$2,000 Family: \$4,000	Individual: \$3,000 Family: \$6,000
Coinsurance	50%	40%	20%
Out-of-pocket Maximum	Individual: \$6,850 Family: \$13,700	Individual: \$6,350 Family: \$12,700	Individual: \$5,200 Family: \$10,400
Primary Care Physician (PCP)	\$30 copayment	\$25 copayment	\$25 copayment
Specialist	\$60 copayment	\$50 copayment	\$50 copayment
Urgent Care (other than Doctors Care)	\$60 copayment	\$50 copayment	\$50 copayment
Emergency Room Services	\$300 copayment per visit, then 50% after deductible	40% after deductible	\$300 copayment per visit, then 20% after deductible
Inpatient Hospitalization	50% after deductible	40% after deductible	\$300 copayment per visit, then 20% after deductible
<b>PHARMACY BENEFITS</b>			
Prescription Drugs	Tier 0: \$0 Tier 1: \$30 Tier 2: \$60 Tier 3: \$100 Tier 4: \$500	Tier 0: \$0 Tier 1: \$10 Tier 2: 40% after deductible Tier 3: 40% after deductible Tier 4: 40% after deductible	Tier 0: \$0 Tier 1: \$12 Tier 2: \$35 Tier 3: \$100 Tier 4: 30%
Mail Order (90 Day)	Tier 1: \$42 Tier 2: \$162 Tier 3: \$270	Tier 1: \$14 Tier 2: 40% after deductible Tier 3: 40% after deductible	Tier 1: \$17 Tier 2: \$95 Tier 3: \$270

# Benefits



	<b>SILVER 4</b>	<b>HD SILVER 5</b>	<b>HD SILVER 6</b>
Deductible	Individual: \$2,200 Family: \$4,400	Individual: \$2,300 Family: \$4,600	Individual: \$3,600 Family: \$7,200
Coinsurance	30%	20%	0%
Out-of-pocket Maximum	Individual: \$6,850 Family: \$13,700	Individual: \$5,000 Family: \$10,000	Individual: \$3,600 Family: \$7,200
PCP	\$30 copayment	20% after deductible	Deductible
Specialist	\$50 copayment	20% after deductible	Deductible
Urgent Care (other than Doctors Care)	\$50 copayment	20% after deductible	Deductible
Emergency Room Services	\$300 copayment per visit, then 30% after deductible	20% after deductible	Deductible
Inpatient Hospitalization	30% after deductible	20% after deductible	Deductible
<b>PHARMACY BENEFITS</b>			
Prescription Drugs	Tier 0: \$0 Tier 1: \$12 Tier 2: \$35 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: 20% after deductible Tier 2: 20% after deductible Tier 3: 20% after deductible Tier 4: 20% after deductible	Tier 0: \$0 Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible Tier 4: Deductible
Mail Order (90 Day)	Tier 1: \$17 Tier 2: \$95 Tier 3: \$270	Tier 1: 20% after deductible Tier 2: 20% after deductible Tier 3: 20% after deductible	Tier 1: Deductible Tier 2: Deductible Tier 3: Deductible

# Benefits



	SILVER 7	SILVER 8	SILVER 9
Deductible	Individual: \$6,200 Family: \$12,400	Individual: \$5,000 Family: \$10,000	Individual: \$5,000 Family: \$10,000
Coinsurance	15%	10%	50%
Out-of-pocket Maximum	Individual: \$6,850 Family: \$13,700	Individual: \$6,500 Family: \$13,000	Individual: \$6,850 Family: \$13,700
PCP	\$25 copayment	\$0 for kids up to age 20. \$25 for those 20 and over	\$0 copayment on first four visits then \$20 copayment per visit after the fourth visit
Specialist	\$50 copayment	\$30 copayment	\$60 copayment
Urgent Care (other than Doctors Care)	\$50 copayment	\$50 copayment	\$60 copayment
Emergency Room Services	\$300 copayment, then 15% after deductible	\$300 copayment, then 10% after deductible	50% after deductible
Inpatient Hospitalization	15% after deductible	10% after deductible	50% after deductible
<b>PHARMACY BENEFITS</b>			
Prescription Drugs	Tier 0: \$0 Tier 1: \$6 Tier 2: \$30 Tier 3: \$100 copayment, then 15% after deductible Tier 4: 15% after deductible	Tier 0: \$0 Tier 1: \$0 Tier 2: \$30 Tier 3: \$100 Tier 4: 30%	Tier 0: \$0 Tier 1: \$0 Tier 2: \$50 Tier 3: \$100 Tier 4: \$500
Mail Order (90 Day)	Tier 1: \$9 Tier 2: \$ 81 Tier 3: \$270 copayment, then 15% after deductible	Tier 1: \$0 Tier 2: \$81 Tier 3: \$270	Tier 1: \$0 Tier 2: \$135 Tier 3: \$270

# Benefits



	SILVER 10	SILVER 11	SILVER 12
Deductible	Individual: \$6,700 Family: \$13,400	Individual: \$5,500 Family: \$11,000	Individual: \$4,800 Family: \$9,600
Coinsurance	0%	20%	30%
Out-of-pocket Maximum	Individual: \$6,700 Family: \$13,400	Individual: \$6,850 Family: \$13,700	Individual: \$6,850 Family: \$13,700
PCP	\$0 copayment on first four visits, then subject to deductible for every visit after the fourth visit	\$15 copayment	\$15 copayment
Specialist	Deductible	20% after deductible	30% after deductible
Urgent Care (other than Doctors Care)	Deductible	20% after deductible	30% after deductible
Emergency Room Services	Deductible	20% after deductible	30% after deductible
Inpatient Hospitalization	Deductible	20% after deductible	30% after deductible
<b>PHARMACY BENEFITS</b>			
Prescription Drugs	Tier 0: \$0 Tier 1: \$0 Tier 2: \$50 Tier 3: \$100 Tier 4: \$500	Tier 0: \$0 Tier 1: \$0 Tier 2: \$50 Tier 3: \$100 Tier 4: \$500 copayment, then 20% after deductible	Tier 0: \$0 Tier 1: \$0 Tier 2: \$50 Tier 3: \$100 Tier 4: \$500 copayment, then 30% after deductible
Mail Order (90 Day)	Tier 1: \$0 Tier 2: \$135 Tier 3: \$270	Tier 1: \$0 Tier 2: \$135 Tier 3: \$270	Tier 1: \$0 Tier 2: \$135 Tier 3: \$270