



BCBS POS 500		
Benefits	In-Network	Out-of-Network
Deductible		
Individual	\$500	\$1,500
Family	\$1,500	\$4,500
Coinsurance	80%	50%
Out-of-Pocket Maximum (Including Deductible)		
Individual	\$4,400	\$13,200
Family	\$13,200	\$39,600
Office Visit		
Physician Copay	\$25	50% After Deductible
Specialist Copay	\$50	50% After Deductible
Referral for Specialist Required	No	No
Preventive Care	100% Covered	50% After Deductible
Urgent Care		
Emergency Room (Copay Waived if Admitted)	\$60 Copay	50% After Deductible
Inpatient Services	\$150 Copay + 20% After Deductible	\$150 Copay + 20% After Deductible
Outpatient Services	20% After Deductible	50% After Deductible
Prescription Drugs	In-Network & Out-of-Network	
Deductible	\$0	
Tier 1	\$15 Copay	
Tier 2	\$35 Copay	
Tier 3	\$60 Copay	
Tier 4	20% Coinsurance up to a \$300 Max	
Tier	Rates w/o Vision	Rates with Vision
Employee Only	\$894.29	\$900.06
Employee + Spouse	\$2,037.64	\$2,047.74
Employee + Child(ren)	\$1,889.01	\$1,899.97
Family	\$3,032.33	\$3,049.06