

BCBS POS 2500		
Benefits	In-Network	Out-of-Network
Deductible		
Individual	\$2,500	\$7,500
Family	\$7,500	\$22,500
Coinsurance	70%	50%
Out-of-Pocket Maximum (Including Deductible)		
Individual	\$7,150	\$21,450
Family	\$14,300	\$42,900
Office Visit		
Physician Copay	\$30	50% After Deductible
Specialist Copay	\$60	50% After Deductible
Referral for Specialist Required	No	No
Preventive Care	100% Covered	50% After Deductible
Urgent Care	\$60 Copay	50% After Deductible
Emergency Room (Copay Waived if Admitted)	\$150 Copay + 30% Coinsurance	\$150 Copay + 30% Coinsurance
Inpatient Services	\$500 Copay per Admission + 30% After Deductible	50% After Deductible
Outpatient Services	30% After Deductible	50% After Deductible
Prescription Drugs	In-Network & Out-of-Network	
Deductible	\$500 Single/\$1000 Family	
Tier 1	\$15 Copay	
Tier 2	\$40 After RX Deductible	
Tier 3	\$75 After RX Deductible	
Tier 4	20% After RX Deductible up to a \$300 Max	
Tier	Rates w/o Vision	Rates with Vision
Employee Only	\$659.94	\$665.70
Employee + Spouse	\$1,498.62	\$1,508.72
Employee + Child(ren)	\$1,389.59	\$1,400.55
Family	\$2,228.25	\$2,244.98