

# Chamber of Commerce Benefit Program

## Plan Comparisons

### BlueCross BlueShield Health Network

	Silver	Gold	Platinum
Primary Copay	\$40	\$35	\$20
Specialist CoPay	\$65	\$50	\$30
Deductible (Individual/Family)	\$2,600/\$5,200	\$600/\$1,200	\$100/\$200
Out of Pocket (Including Deductible)	\$7,350/\$14,700	\$6,000/\$12,000	\$4,000/\$8,000
Emergency Room Copay	\$400	\$250	\$150
Lab, X-Ray & Diagnostic	Tier 1 - \$390, Tier 2 - \$800	Tier 1 - \$240, Tier 2 - \$500	\$150
Outpatient Hospital	Tier 1 - \$390, Tier 2 - \$800	Tier 1 - \$240, Tier 2 - \$500	\$150
Inpatient Hospital	Tier 1 - \$390, Days 1-5, Tier 2 - \$800, Days 1-5	Tier 1 - \$240, Days 1-5, Tier 2 - \$500, Days 1-5	\$150, Days 1-5
Pharmacy	\$15/\$25/\$65/\$100	\$10/\$20/\$40/\$80	\$10/\$20/\$35/\$75
Pharmacy - Preferred Specialty	\$250	\$125	\$100
Pharmacy - Non Preferred Specialty	60% of Allowed Amount	\$250	\$200
TelaDoc	\$0	\$0	\$0
Preventive Care	\$0	\$0	\$0

### Iron ReHealth Dental & Vision

#### Dental Per Calendar Year

Deductible (Individual/Family): \$50 /\$150

Maximum: \$1,000

Basic Diagnostic/Preventative Services: 100%

Basic Restorative Services: 100%

Supplemental Services: 100%

Prosthetic Services: 50%

Periodontics Services: 80%

#### Vision Per Calendar Year

Glasses or Contacts: \$200 Maximum

Maximum (Individual/Family) \$500/\$1,000

Annual Basic Eye Exam: \$15 copay

Contact Lenses: \$25 copay

Glasses: \$25 copay

Benefit Program administered by



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