

MID OPTION   HSA & FSA-Eligible	PPO	Non-PPO
<b>Deductible</b>		
-Individual	\$2,000	\$4,000
-Family	\$4,000	\$8,000
<b>Annual Out-of-Pocket Maximum**</b>		
-Individual	\$4,000	\$8,000
-Family	\$8,000	\$16,000
<b>In-Patient/Out-Patient Benefits</b>	70% After Deductible	50% After Deductible
<b>Prescription Drugs</b>	100% Generic; 70% Name Brand After Deductible	100% Generic; 50% Name Brand After Deductible

### MID OPTION – Blue Saver HSA/FSA RATES

Coverage Level	Monthly
Employee Only	\$284.13
Employee + Spouse	\$721.19
Employee + Child(ren)	\$563.51
Family	\$1,010.57

LOW OPTION   HSA & FSA-Eligible	PPO	Non-PPO
<b>Deductible</b>		
-Individual	\$3,000	\$3,000
-Family	\$6,000	\$6,000
<b>Annual Out-of-Pocket Maximum**</b>		
-Individual	\$5,000	\$5,000
-Family	\$10,000	\$10,000
<b>In-Patient/Out-Patient Benefits</b>	100% After Deductible	80% After Deductible
<b>Prescription Drugs</b>	100% Generic; 80% Name Brand After Deductible	100% Generic; 80% Name Brand After Deductible

### LOW OPTION – Blue Saver HSA/FSA RATES

Coverage Level	Monthly
Employee Only	\$201.69
Employee + Spouse	\$453.47
Employee + Child(ren)	\$328.00
Family	\$579.81

PPACA OPTION   HSA & FSA-Eligible	PPO	Non-PPO
<b>Deductible</b>		
-Individual	\$5,000	\$10,000
-Family**	\$9,000	\$18,000
<b>Annual Out-of-Pocket Maximum**</b>		
-Individual	\$5,000	\$10,000
-Family**	\$9,000	\$18,000
<b>In-Patient/Out-Patient Benefits</b>	100% After Deductible	80% After Deductible
<b>Prescription Drugs</b>	100% Generic; 80% Name Brand After Deductible	100% Generic 80% Name Brand After Deductible

### PPACA OPTION – Blue Saver HSA RATES

Coverage Level	Monthly
Employee Only	\$114.17
Family	\$528.21

\*\* Aggregate Out of Pocket – The medical and prescription deductible as well as the co-pays apply towards your out-of-pocket limit.