

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

MID OPTION – Blue Saver HSA/FSA RATES

Coverage Level	Employee Monthly Cost	CPSB Benefit	Full Premium
Employee Only	\$303.45	\$533.59	\$837.04
Employee + Spouse	\$770.22	\$1,071.26	\$1,841.48
Employee + Child(ren)	\$601.82	\$904.84	\$1,506.66
Family	\$1,079.27	\$1,431.84	\$2,511.11

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

LOW OPTION – Blue Saver HSA/FSA RATES

Coverage Level	Employee Monthly Cost	CPSB Benefit	Full Premium
Employee Only	\$215.40	\$378.72	\$594.12
Employee + Spouse	\$484.30	\$673.61	\$1,157.91
Employee + Child(ren)	\$350.30	\$526.64	\$876.94
Family	\$619.22	\$821.54	\$1,440.76

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

PPACA OPTION – Blue Saver HSA RATES

Coverage Level	Employee Monthly Cost	CPSB Benefit	Full Premium
Employee Only	\$121.93	\$248.23	\$370.16
Employee + Spouse	\$564.12	\$992.01	\$1,556.13

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