

## 2017 Proposed Healthcare Rates

Medical	Core Plan		Core Plus Plan		Premium Plan	
	BCM/HMO Participation Based Wellness HMO		BCN/HMO Participation Based Wellness HMO		BCN/HMO Participation Based on Wellness HMO	
Network	PCP Focus Network - High Performance Network		PCP Focus Network - High Performance Network		Full HMO Network	
	<i>Enhanced</i>	<i>Standard</i>	<i>Enhanced</i>	<i>Standard</i>	<i>Enhanced</i>	<i>Standard</i>
Deductible	\$500/\$1,000	\$2,000/\$4,000	\$0/\$0	\$500/\$1,000	\$500/\$1,000	\$2,000/\$4,000
Office Visit Copay	\$20/\$40 Copay	\$30/\$45 Copay	\$20 Copay	\$20 Copay	\$20/\$40 Copay	\$20/\$45 Copay
ER Visit	\$100	\$150	\$100	\$100	\$100	\$150
Coinsurance (plan pays)	90% after Deductible	80% after Deductible	100%	100% after Deductible	90% after Deductible	80% after Deductible
Coinsurance Max	\$1,500/\$8,000	\$2,000/\$4,000	N/A	N/A	\$1,500/\$3,000	\$2,000/\$4,000
Out-of-Pocket Max	\$6,600/\$13,200	\$6,600/\$13,200	\$6,600/\$13,200	\$6,600/\$13,200	\$6,600/\$13,200	\$6,600/\$13,200
Out-of-Network	Emergency/Urgent Only	Emergency/Urgent Only	Emergency/Urgent Only	Emergency/Urgent Only	Emergency/Urgent Only	Emergency/Urgent Only
Prescription Drug	EHIM SI Rx		EHIM SI Rx		EHIM SI Rx	
Rx Copay	\$7/\$25/\$50		\$5/\$25/\$40		\$7/\$25/\$50	