



2021 EMPLOYER GROUP STANDARD PLAN RATES

	Senior Blue 699 (HMO) plans			
Plan ID number	SS2 TRx	BS1 TRx	ES1 TRx	SF3 TRx
Premium	\$485	\$471	\$449	\$522
Out-of-pocket maximum	\$5,000 in-network	\$5,000 in-network	\$5,000 in-network	\$5,000 in- and out-of-network
Out-of-network coverage	Limited to emergency care, urgent care, and out-of-area renal dialysis care			Pay the same in- network cost-share when accessing our BlueCard® network
Primary doctor	\$10	\$20	\$35	\$15
Specialist	\$25	\$35	\$45	\$25
X-rays/advanced radiology	\$35/\$100	\$45/\$125	\$55/\$150	\$35/\$100
Laboratory services	\$10	\$10	\$10	\$10
Dental allowance (annual)	\$200	\$200	\$200	\$200
Vision allowance (annual)	\$200	\$200	\$200	\$200
Inpatient hospital (copay per stay)	\$250	\$300	\$500	\$250
Outpatient surgery — hospital/ambulatory center	\$150/\$125	\$175/\$150	\$200/\$175	\$150/\$125
Emergency room — copay waived if admitted	\$75	\$75	\$85	\$75
Urgent care — copay waived if admitted	\$55	\$55	\$65	\$55
Prescription drugs: Tiered pharmacy benefits (30-day supply at a retail pharmacy)				
Preferred pharmacies Tiers 1/2/3/4/5	\$0/\$10/\$30/ \$50/\$50	\$3/\$7/\$30/ \$50/\$50	\$5/\$15/\$30/ \$50/\$50	\$0/\$10/\$30/ \$50/\$50
Standard pharmacies Tiers 1/2/3/4/5	\$5/\$15/\$35/ \$55/\$55	\$8/\$12/\$35/ \$55/\$55	\$10/\$20/\$35/ \$55/\$55	\$5/\$15/\$35/ \$55/\$55
Rx deductible	N/A	N/A	N/A	N/A