

\*Illustration Only\*

January 1, 2016 thru December 31, 2016																					
Catherine Sbarra 847-668-9684																					
*All plans include Routine Eye Exam for Children												BlueCross BlueShield NHHB106		BlueCross BlueShield NPP43323		BlueCross BlueShield NPP43323					
Plan Type				Pool Option		Pool Option		Pool Option		Pool Option		Pool Option		HMO Option		PPO Option		HDHP			
Network				PPO CHOICE FUND \$0		PPO CHOICE FUND \$500		PPO \$1000 Deductible		PPO \$1500 Deductible		PPO \$2000 Deductible		HMO		PPO		Blue Ed			
				<a href="http://www.cigna.net">www.cigna.net</a>		<a href="http://www.cigna.net">www.cigna.net</a>		<a href="http://www.cigna.net">www.cigna.net</a>		<a href="http://www.cigna.net">www.cigna.net</a>		<a href="http://www.cigna.net">www.cigna.net</a>		Blue Advantage HMO		PPO		PF			
Benefit Highlights				In-Network		In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network	In-Network			
Lifetime Maximum				Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlin			
Deductible																					
				Individual		\$0	\$3,000	\$500	\$3,000	\$1,000	\$3,000	\$1,500	\$3,000	\$2,000	\$6,000	N/A		\$250	\$500	\$2,500	
				Family		\$0	\$6,000	\$1,000	\$6,000	\$2,000	\$6,000	\$3,000	\$6,000	\$4,000	\$12,000	N/A		\$750	\$1,500	\$7,500	
Coinsurance						80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	100%		80%	60%	90%	
Maximum Out-of-Pocket																					
				Individual		\$1,500	\$6,000	\$2,000	\$6,000	\$2,500	\$6,000	\$3,000	\$6,000	\$5,000	\$12,000	\$1,500		\$1,250	\$2,500		
				Family		\$3,000	\$12,000	\$4,000	\$12,000	\$5,000	\$12,000	\$6,000	\$12,000	\$10,000	\$24,000	\$3,000		\$3,750	\$7,500		
Office Visits																					
				Primary		\$25	60% after deduct	\$25	60% after deduct.	\$25	60% after ded	\$25	60% after deduct.	\$40	60% after ded	\$20		\$20	60% after deduct.	\$30	
				Specialist		\$45	60% after deduct	\$45	60% after deduct.	\$45	60% after ded	\$45	60% after deduct.	\$60	60% after ded	\$40		\$40	60% after deduct.	\$50	
Preventative Care						100%	60% after deduct	100%	60% after deduct.	100%	60% after ded	100%	60% after deduct.	100%	60% after ded	100%		100%	60% after deduct.	100%	
Hospital Services						80%	60% after deduct	80% after deduct.	60% after deduct.	80% after ded	60% after ded	80% after deduct.	60% after deduct.	\$500 Copay/Ded then 80%	60% after ded	100%		80% after deduct.	60% after \$300 inpatient & plan deduct.	90% after deduct.	
Ambulance						80% after ded	60% after ded	80% after ded	60% after ded	80% after ded	60% after deduct	80% after ded	60% after deduct	80% after ded	60% after deduct						
Emergency Room / Urgent Care						\$200 ER Copay \$60 UC Copay	ER Same Urgent care 60% after ded	\$200 ER Copay \$60 UC Copay	ER Same Urgent care 60% after ded	\$200 ER Copay \$60 UC Copay	ER Same Urgent care 60% after ded	\$200 ER coapy UC \$60 copay	ER Same Urgent care 60% after ded	\$300 ER Copay \$60 UC copay	ER Same Urgent care 60% after ded	\$150 copay		\$150 copay	\$150 copay	100% after deduct.	
Prescription Drugs				Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating	
Generic						\$10 copay		\$10 copay		\$10 copay		\$10 copay		\$10 copay		\$10 copay		\$15 copay		\$10 c	
Preferred Brand						\$30 copay		\$30 copay		\$30 copay		\$30 copay		\$40 copay		\$40 copay		\$30 copay		\$40 c	
Non-Preferred Brand						\$60 copay		\$60 copay		\$60 copay		\$60 copay		\$70 copay		\$60 copay		\$50 copay		\$60 c	
Mail Order						\$25/ \$75/ \$150		\$25/ \$75/ \$150		\$25/ \$75/ \$150		\$25/ \$75/ \$150		\$25/ \$100/ \$175		2 copays		2 copays		2 co	
Specialty Drugs						\$100		\$100		\$100		\$100		25% up to \$300 per script							
Rates						PPO		PPO		PPO		PPO		PPO		HMO		PPO		HD	
						Option		Option		Option		Option		Option		Option		Option		Opt	
Employee						\$712.00		\$664.00		\$615.00		\$573.00		\$530.00		\$501.71		\$586.88		\$494	
Employee + Spouse						\$1,392.00		\$1,296.00		\$1,199.00		\$1,114.00		\$1,023.00		\$1,048.57		\$1,194.76		\$1,00	
Employee + Child(ren)						\$1,169.00		\$1,072.00		\$977.00		\$890.00		\$799.00		\$996.11		\$1,206.93		\$1,01	
Family						\$1,465.00		\$1,369.00		\$1,273.00		\$1,181.00		\$1,090.00		\$1,542.95		\$1,814.84		\$1,52	
TOTALS																					
																\$0.00		\$0.00		\$0.00	
																		Combined Renewal Option			
																		\$0.00			

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BlueShield 2326	BlueCross BlueShield NHHB10C	BlueCross BlueShield NPP43323		BlueCross BlueShield NPSC1807		BlueCross BlueShield NPSC1807		CIGNA		CIGNA No HRA Funding		CIGNA		CIGNA No HRA Funding			
Option ge H.S.A	HMO Option	PPO Renewal		HDHP Renewal		HDHP Stand Alone		PPO Option		HDHP Option		PPO Option		HDHP Option			
PO	HMO	PPO		Blue Edge H.S.A		Blue Edge H.S.A		PPO		HDHP		PPO		HDHP			
	Blue Advantage HMO	PPO		PPO		PPO		Open Access Plus		Open Access plus		Open Access Plus		Open Access plus			
Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network		
Unlimited	Unlimited	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited			
				Combined /Aggregate		Combined /Aggregate				COMBINED				COMBINED			
\$5,000	N/A	\$250	\$500	\$2,500		\$2,500		\$250	\$500	\$2,500	\$2,500	\$250	\$500	\$2,500	\$2,500		
\$15,000	N/A	\$750	\$1,500	\$5,000		\$5,000		\$750	\$1,500	\$5,000	\$5,000	\$500	\$1,500	\$5,000	\$5,000		
70%	100%	80%	60%	100%	80%	100%	80%	90%	70%	100%	80%	80%	60%	100%	80%		
	\$1,500	\$1,250	\$2,500	\$5,000		\$5,000		\$1,250	\$2,500	\$5,000	\$5,000	\$1,250	\$2,500	\$5,000	\$5,000		
	\$3,000	\$3,750	\$7,500	\$10,000		\$10,000		\$3,750	\$7,500	\$10,000	\$10,000	\$2,500	\$5,000	\$10,000	\$10,000		
70% after deduct.	\$20	\$20	60% after deduct.	100% after deduct.	80% after deduct.	100% after deduct.	80% after deduct.	\$20	70% after deduct.	100% after deduct.	80% after deduct.	\$20	60% after deduct.	100% after deduct.	80% after deduct.		
70% after deduct.	\$40	\$40	60% after deduct.	100% after deduct.	80% after deduct.	100% after deduct.	80% after deduct.	\$40	70% after deduct.	100% after deduct.	80% after deduct.	\$40	60% after deduct.	100% after deduct.	80% after deduct.		
80% after deduct.	100%	100%	60% after deduct.	100%	80% after deduct.	100%	80% after deduct.	100%	70% after deduct.	100%	80% after deduct.	100%	60% after deduct.	100%	80% after deduct.		
60% after \$300 inpatient & plan deduct.	100%	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after deduct.	80% after \$300 inpatient & plan deduct.	100% after deduct.	80% after \$300 inpatient & plan deduct.	90% after deduct.	70% after \$300 inpatient & plan deduct.	100% after deduct.	80% after deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after deduct.	80% after deduct.		
100% after deduct	\$150 copay	\$150 copay	\$150 copay	100% after deduct.	100% after deduct	100% after deduct.	100% after deduct	\$150/\$50 copay	70% after deduct.	100% after deduct.	100% after deduct	\$150/\$50 copay	\$150/\$50 copay	100% after deduct.	100% after deduct		
Participating Pharmacies	Participating Pharmacies	Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies			
\$8 copay	\$8 copay	\$15 copay		100% after deduct.		100% after deduct.		\$15 copay		100% after deduct.		\$15 copay		100% after deduct.			
\$35 copay	\$35 copay	\$30 copay		100% after deduct.		100% after deduct.		\$30 copay		100% after deduct.		\$30 copay		100% after deduct.			
\$75 copay/\$150 copay	\$75 copay/\$150 copay	\$50 copay		100% after deduct.		100% after deduct.		\$50 copay		100% after deduct.		\$50 copay		100% after deduct.			
2 copays	2 copays	2 copays		100% after deduct.		100% after deduct.		2.5 copays		100% after deduct.		2 copays		100% after deduct.			
HP	HMO	PPO		HDHP		HDHP		Option PPO		Option HDHP		Option PPO		Option HDHP			
Option	Option	Renewal		Renewal				Assumes HMO & PPO				Assumes HMO & PPO					
1.42	\$489.42	\$626.82		\$482.96		\$482.96		\$587.97		\$483.04		\$557.34		\$467.21			
16.55	\$1,022.86	\$1,310.02		\$1,009.37		\$1,009.37		\$1,234.73		\$1,014.39		\$1,170.38		\$981.11			
16.80	\$971.68	\$1,244.49		\$958.87		\$958.87		\$1,158.29		\$951.59		\$1,097.94		\$920.39			
28.93	\$1,505.13	\$1,927.69		\$1,485.28		\$1,485.28		\$1,805.06		\$1,482.95		\$1,711.00		\$1,434.30			
\$0.00				\$0.00		\$0.00				\$0.00				\$0.00			
\$0.00	\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00			
	Combined Renewal Option							Combined Premium					Combined Premium				
	\$0.00					\$0.00		\$0.00					\$0.00				
	\$0.00					\$0.00		\$0.00					\$0.00				

	n/a					n/a					Gate Keeper				

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CIGNA		CIGNA		CIGNA		CIGNA		CIGNA		CIGNA		CIGNA		CIGNA		United HealthCare IUX-w/2V	
PPO Option		PPO Option		PPO Option		PPO Option		HDHP Option		HDHP Option		HDHP Option		HDHP Option		HMO Option	
PPO		PPO		PPO		PPO		HDHP		HDHP		HDHP		HDHP		HMO	
Open Access plus		Open Access plus		Open Access plus		Open Access plus		Open Access plus		Open Access plus		Open Access plus		Open Access plus		Navigate	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	
Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
COMBINED or Embedded ?		COMBINED or Embedded ?		COMBINED or Embedded ?		COMBINED or Embedded ?		COMBINED or Embedded ?		COMBINED or Embedded ?		COMBINED		COMBINED			
\$250	\$500	\$250	\$500	\$250	\$500	\$250	\$500	\$1,500	\$3,000	\$1,500	\$3,000	\$2,500	\$5,000	\$2,500	\$2,500	N/A	
\$500	\$1,000	\$500	\$1,000	\$500	\$1,500	\$500	\$1,500	\$3,000	\$6,000	\$3,000	\$6,000	\$5,000	\$10,000	\$5,000	\$5,000	N/A	
80%	60%	80%	60%	90%	70%	90%	70%	80%	60%	80%	60%	100%	80%	100%	80%	100%	
\$1,250	\$2,500	\$1,250	\$2,500	\$1,250	\$2,500	\$1,250	\$2,500	\$2,500	\$5,000	\$2,500	\$5,000	\$5,000	\$10,000	\$5,000	\$5,000	\$1,500	
\$2,500	\$5,000	\$2,500	\$5,000	\$3,750	\$7,500	\$3,750	\$7,500	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$10,000	\$10,000	\$3,000	
Need CIGNA to Match																	
\$20	60% after deduct.	\$20	60% after deduct.	\$20	70% after deduct.	\$20	70% after deduct.	\$20	60% after deduct.	\$20	60% after deduct.	100% after deduct.	80% after deduct.	100% after deduct.	80% after deduct.	\$20	
\$40	60% after deduct.	\$40	60% after deduct.	\$40	70% after deduct.	\$40	70% after deduct.	\$40	60% after deduct.	\$40	60% after deduct.	100% after deduct.	80% after deduct.	100% after deduct.	80% after deduct.	\$40	
100%	60% after deduct.	100%	60% after deduct.	100%	70% after deduct.	100%	70% after deduct.	100%	80% after deduct.	100%	80% after deduct.	100%	80% after deduct.	100%	80% after deduct.	100%	
80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	90% after deduct.	70% after \$300 inpatient & plan deduct.	90% after deduct.	70% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after deduct.	80% after \$300 inpatient & plan deduct.	100% after deduct.	80% after \$300 inpatient & plan deduct.	100%	
\$150/\$50	60% after deduct.	\$150/\$50	60% after deduct.	\$150/\$50	70% after deduct.	\$150/\$50	70% after deduct.	\$150/\$50	60% after deduct.	\$150/\$50	60% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	\$200 copay/\$50 copay	
Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies	
\$15 copay		\$15 copay		\$15 copay		\$15 copay		\$15 copay		\$15 copay		100% after deduct.		100% after deduct.		\$10 copay	
\$30 copay		\$30 copay		\$30 copay		\$30 copay		\$30 copay		\$30 copay		100% after deduct.		100% after deduct.		\$35 copay	
\$50 copay		\$50 copay		\$50 copay		\$50 copay		\$50 copay		\$50 copay		100% after deduct.		100% after deduct.		\$60 copay	
2 copays		2 copays		2 copays		2 copays		2 copays		2 copays		100% after deduct.		100% after deduct.		2.5 copays	
Option PPO		Option PPO		Option PPO		Option PPO		Option HDHP		Option HDHP		Option HDHP		Option HDHP		Option HMO	
\$542.33		\$534.23		\$550.27		\$542.05		\$517.73		\$492.84		\$589.70		\$444.49		\$530.92	
\$1,138.86		\$1,121.86		\$1,155.51		\$1,138.26		\$1,087.25		\$1,034.97		\$1,238.36		\$933.41		\$1,113.70	
\$1,068.36		\$1,052.42		\$1,083.98		\$1,067.80		\$1,019.94		\$970.89		\$1,161.71		\$875.63		\$1,046.51	
\$1,664.91		\$1,640.07		\$1,689.28		\$1,664.05		\$1,589.46		\$1,513.03		\$1,810.37		\$1,364.56		\$1,629.27	
\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00			
\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00			
\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00			

Gate Keeper		Gate Keeper		Gate Keeper		Gate Keeper		Gate Keeper		Gate Keeper		Gate Keeper		Gate Keeper			

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HealthCare Reform Benefit Solutions, Inc.

United HealthCare J4X-w/11		United Healthcare J49 w/11		United Healthcare J48 Modified-w/11		United Healthcare J48 Modified-w/11		United Healthcare LJK Modified-w/MM		United HealthCare J4X-w/11		Humana 075/03		Humana PPO 08 Copay 80/60		Humana EHDHP 08 C
PPO Option		PPO Option		HDHP Option		HDHP Option		PPO Option		PPO Option		HMO Option		PPO Option		HDHP
PPO		PPO		HDHP		HDHP		HDHP-H.S.A		PPO		HMO		PPO		HD
Choice Plus		Choice Plus		Open Access plus		Open Access plus		Choice Plus		Choice Plus		HMO Select		CHOICE POS		CHOIC
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network	In-Network
Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unli
\$250	\$500	\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000	\$2,500	\$2,500	\$250	\$500	N/A		\$250	\$500	\$2,500
\$750	\$1,500	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000	\$5,000	\$5,000	\$750	\$1,500	N/A		\$750	\$1,500	\$5,000
80%	60%	80%	60%	80%	60%	80%	60%	100%	80%	80%	60%	100%		80%	60%	100%
\$1,250	\$2,500	\$5,000	\$11,000	\$2,500	\$5,000	\$3,000	\$6,000	\$2,500	\$5,000	\$1,250	\$2,500	\$1,500		\$1,250	\$2,500	\$2,500
\$3,750	\$7,500	\$10,000	\$22,000	\$5,000	\$10,000	\$6,000	\$12,000	\$5,000	\$10,000	\$3,750	\$7,500	\$3,000		\$3,750	\$7,500	\$5,000
\$20	60% after deduct.	\$30	60% after deduct.	\$20	60% after deduct.	\$20	60% after deduct.	100% after deduct.	80% after deduct.	\$20	60% after deduct.	\$20		\$20	60% after deduct.	100% after deduct.
\$40	60% after deduct.	\$50	60% after deduct.	\$40	60% after deduct.	\$40	60% after deduct.	100% after deduct.	80% after deduct.	\$40	60% after deduct.	\$30		\$35	60% after deduct.	100% after deduct.
100%	60% after deduct.	100%	60% after deduct.	100%	60% after deduct.	100%	60% after deduct.	100%	80% after deduct.	100%	60% after deduct.	100%		100%	60% after deduct.	100%
80% after deduct.	60% after deduct.	80% after deduct.	60% after deduct.	80% after deduct.	60% after deduct.	80% after deduct.	60% after deduct.	100% after deduct.	80% after deduct.	80% after deduct.	60% after deduct.	100% after \$500 per day for the 1st 3 days inpat/\$300 copay outpatient		80% after deduct.	60% after deduct.	100% after deduct.
\$150/\$75 copay	\$150 copay/ 60% after deduct.	\$150/\$75 copay	\$150 copay/ 60% after deduct.	\$150/\$50 copay	\$150 copay/ 60% after deduct.	\$150/\$50 copay	\$150 copay/ 60% after deduct.	100% after deduct. for ER & UC.	100% after deduct for ER & 80% after deduct. UC.	\$150/\$50 copay	\$150 copay/ 60% after deduct.	\$100 copay		\$150 copay		100% after deduct.
Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating
\$15 copay		\$15 copay		\$15 copay		\$15 copay		100% after deduct.		\$15 copay		\$15 copay		\$15 copay		100% aft
\$30 copay		\$30 copay		\$30 copay		\$30 copay		100% after deduct.		\$30 copay		\$30 copay		\$30 copay		100% aft
\$50 copay		\$50 copay		\$50 copay		\$50 copay		100% after deduct.		\$50 copay		\$50 copay		\$50 copay		100% aft
2.5 copays		2.5 copays		2.5 copays		2.5 copays		100% after deduct.		2.5 copays		2 copays		2 copays		100% aft
Option PPO		Option HDHP		Option HDHP		Option HDHP		Option HDHP		Option PPO		Option HMO		Option PPO		Optio
\$591.05		\$494.34		\$496.77		\$485.67		\$473.04		\$542.29		\$461.21		\$599.61		\$48
\$1,239.83		\$1,036.96		\$1,042.06		\$1,018.78		\$992.28		\$1,137.55		\$922.42		\$1,199.22		\$97
\$1,165.03		\$974.40		\$979.19		\$957.31		\$932.41		\$1,068.93		\$876.30		\$1,139.26		\$92
\$1,813.00		\$1,517.02		\$1,524.48		\$1,490.41		\$1,451.64		\$1,664.18		\$1,475.87		\$1,918.75		\$1,5
		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00						\$0
\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0
Combined Premium												Combined Premium				
\$0.00				\$0.00				\$0.00				\$0.00				
\$0.00				\$0.00				\$0.00				\$0.00				

Gate Keeper				Gate Keeper				Gate Keeper				Gate Keeper			

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COINS 100/70	BlueCross BlueShield NHHB19C	BlueCross BlueShield NPPC3536		BlueCross BlueShield NPEC3805		BlueCross BlueShield NHVBV036	BlueCross BlueShield NPPC3536		BlueCross BlueShield NPEC3805		BlueCross BlueShield NHVBV02C	BlueCross BlueShield NPPC3536			
Option	HMO Option	PPO Option		HDHP Option		HMO Option	PPO Option		HDHP Option		HMO Option	PPO Option			
Blue POS	Blue Advantage HMO	PPO		Blue Edge H.S.A		Blue Advantage HMO	PPO		Blue Edge H.S.A		Blue Advantage HMO	PPO			
Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network		
Unlimited	Unlimited	Unlimited		Unlimited		Unlimited	Unlimited		Unlimited		Unlimited	Unlimited			
Embedded				Embedded					Embedded						
\$5,000	N/A	\$2,500	\$5,000	\$2,500	\$5,000	N/A	\$2,500	\$5,000	\$2,500	\$5,000	N/A	\$2,500	\$5,000		
\$10,000	N/A	\$7,500	\$15,000	\$5,000	\$10,000	N/A	\$7,500	\$15,000	\$5,000	\$10,000	N/A	\$7,500	\$15,000		
70%	100%	80%	60%	80%	60%	100%	80%	60%	80%	60%	100%	80%	60%		
\$15,000	\$1,500	\$5,500	\$11,000	\$5,000	\$10,000	\$3,000	\$5,500	\$11,000	\$5,000	\$10,000	\$3,000	\$5,500	\$11,000		
\$30,000	\$3,000	\$16,500	\$33,000	\$10,000	\$20,000	\$6,000	\$16,500	\$33,000	\$10,000	\$20,000	\$6,000	\$16,500	\$33,000		
70% after deduct.	\$30	\$30	60% after deduct.	80% after deduct.	60% after deduct.	\$50	\$30	60% after deduct.	80% after deduct.	60% after deduct.	\$40	\$30	60% after deduct.		
70% after deduct.	\$50	\$50	60% after deduct.	80% after deduct.	60% after deduct.	\$70	\$50	60% after deduct.	80% after deduct.	60% after deduct.	\$60	\$50	60% after deduct.		
70% after deduct.	100%	100%	60% after deduct.	100%	60% after deduct.	100%	100%	60% after deduct.	100%	60% after deduct.	100%	100%	60% after deduct.		
70% after deduct.	100% after \$250 per day up to 5 days	80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after \$750 per day 1st 3 days- inpatient & \$300 for out-patient	80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after \$500 per day 1st 3 days- inpatient & \$250 for out-patient	80% after deduct.	60% after \$300 inpatient & plan deduct.		
70% after deduct	\$150 copay	\$150 copay	\$150 copay	90% after deduct.	90% after deduct	\$300 copay	\$150 copay	\$150 copay	90% after deduct.	90% after deduct	\$250 copay	\$150 copay	\$150 copay		
Participating Pharmacies	Participating Pharmacies	Participating Pharmacies		Participating Pharmacies		Participating Pharmacies	Participating Pharmacies		Participating Pharmacies		Participating Pharmacies	Participating Pharmacies			
er deduct.	\$8 copay	\$10 copay		80% after deduct.		\$10 copay	\$10 copay		80% after deduct.		\$8 copay	\$10 copay			
er deduct.	\$35 copay	\$40 copay		80% after deduct.		\$40 copay	\$40 copay		80% after deduct.		\$35 copay	\$40 copay			
er deduct.	\$75/\$150 copay	\$60 copay		80% after deduct.		\$60 copay	\$60 copay		80% after deduct.		\$75/\$150 copay	\$60 copay			
er deduct.	2 copays	2 copays		80% after deduct.		2 copays	2 copays		80% after deduct.		2 copays	2 copays			
in HDHP	Option HMO	Option PPO		Option HDHP		Option HMO	Option PPO		Option HDHP		Option HMO	Option PPO			
7.94	\$461.21	\$599.61		\$487.94		\$652.43	\$706.23		\$605.36		\$649.30	\$706.23			
5.88	\$922.42	\$1,199.22		\$975.88		\$1,353.42	\$1,465.01		\$1,255.78		\$1,346.91	\$1,465.01			
7.09	\$876.30	\$1,139.26		\$927.09		\$1,149.00	\$1,243.74		\$1,066.10		\$1,143.48	\$1,243.74			
61.41	\$1,475.87	\$1,918.75		\$1,561.41		\$1,849.99	\$2,002.52		\$1,716.52		\$1,841.10	\$2,002.52			
0.00				\$0.00					\$0.00						
0.00	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00		\$0.00		\$0.00	\$0.00			
	Combined Premium					Combined Premium					Combined Premium				
	\$0.00					\$0.00					\$0.00				
	\$0.00					\$0.00					\$0.00				

	n/a						n/a						n/a					

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BlueCross BlueShield NPEC3805		BlueCross BlueShield NHHB19C		BlueCross BlueShield NPPC3536		BlueCross BlueShield NPEC3805		BlueCross BlueShield NHVBV03C		BlueCross BlueShield NPPC3536		BlueCross BlueShield NPEC3805			
HDHP Option		HMO Option		PPO Option		HDHP Option		HMO Option		PPO Option		HDHP Option		Pool Option	
Blue Edge H.S.A		HMO		PPO		Blue Edge H.S.A		HMO		PPO		Blue Edge H.S.A		PPO \$3000 Deductible	
PPO		Blue Advantage HMO		PPO		PPO		Blue Advantage HMO		PPO		PPO		<a href="http://www.cigna.net">www.cigna.net</a>	
In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	
Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Embedded						Embedded						Embedded			
\$2,500	\$5,000	N/A		\$2,500	\$5,000	\$2,500	\$5,000	N/A		\$2,500	\$5,000	\$2,500	\$5,000	\$3,000	\$6,000
\$5,000	\$10,000	N/A		\$7,500	\$15,000	\$5,000	\$10,000	N/A		\$7,500	\$15,000	\$5,000	\$10,000	\$6,000	\$12,000
80%	60%	100%		80%	60%	80%	60%	100%		80%	60%	80%	60%	80%	60%
\$5,000	\$10,000	\$1,500		\$5,500	\$11,000	\$5,000	\$10,000	\$3,000		\$5,500	\$11,000	\$5,000	\$10,000	\$6,000	\$12,000
\$10,000	\$20,000	\$3,000		\$16,500	\$33,000	\$10,000	\$20,000	\$6,000		\$16,500	\$33,000	\$10,000	\$20,000	\$12,000	\$24,000
80% after deduct.	60% after deduct.	\$30		\$30	60% after deduct.	80% after deduct.	60% after deduct.	\$50		\$30	60% after deduct.	80% after deduct.	60% after deduct.	\$40	60% after ded
80% after deduct.	60% after deduct.	\$50		\$50	60% after deduct.	80% after deduct.	60% after deduct.	\$70		\$50	60% after deduct.	80% after deduct.	60% after deduct.	\$60	60% after ded
100%	60% after deduct.	100%		100%	60% after deduct.	100%	60% after deduct.	100%		100%	60% after deduct.	100%	60% after deduct.	100%	60% after ded
80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after \$250 per day up to 5 days		80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after \$750 per day 1st 3 days-inpatient & \$300 for out-patient		80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	\$500 Copay/Ded then 80%	60% after ded
														80% after ded	60% after ded
90% after deduct.	90% after deduct	\$150 copay		\$150 copay	\$150 copay	90% after deduct.	90% after deduct	\$300 copay		\$150 copay	\$150 copay	90% after deduct.	90% after deduct	\$300 ER Copay \$60 UC copay	ER Same Urgent care 60% after ded
Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies	
80% after deduct.		\$8 copay		\$10 copay		80% after deduct.		\$8 copay		\$10 copay		80% after deduct.		\$10 copay	
80% after deduct.		\$35 copay		\$40 copay		80% after deduct.		\$35 copay		\$40 copay		80% after deduct.		\$40 copay	
80% after deduct.		\$75/\$150 copay		\$60 copay		80% after deduct.		\$75/\$150 copay		\$60 copay		80% after deduct.		\$70 copay	
80% after deduct.		2 copays		2 copays		80% after deduct.		2 copays		2 copays		80% after deduct.		\$25/ \$100/ \$175	
														25% up to \$300 per script	
Option HDHP		Option HMO		Option PPO		Option HDHP		Option HMO		Option PPO		Option HDHP		PPO	
								Last Choice HMO						Option	
\$605.36		\$660.94		\$706.23		\$605.36		\$631.36		\$706.23		\$605.36		\$450.00	
\$1,255.78		\$1,371.08		\$1,465.01		\$1,255.78		\$1,309.70		\$1,465.01		\$1,255.78		\$836.00	
\$1,066.10		\$1,163.99		\$1,243.74		\$1,066.10		\$1,111.89		\$1,243.74		\$1,066.10		\$708.00	
\$1,716.52		\$1,874.12		\$2,002.52		\$1,716.52		\$1,790.23		\$2,002.52		\$1,716.52		\$1,007.00	
\$0.00		\$0.00		\$0.00		\$0.00						\$0.00			
\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00			
				Combined Premium						Combined Premium					
				\$0.00						\$0.00					
				\$20,300.00											
				\$0.00						\$0.00					

		n/a						n/a							
		** Ran GAP MODELS \$1500 MONTHLY PREMIUM ON \$3500 DED; 20/40 OV/10/40/60													

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										Main Plan		90/70					
								Stand Alone \$250 LF \$75 Spec w 75% HRA funding	Stand Alone \$250 LF \$75 Spec with out HRA funding		Stand Alone \$250 LF \$75 Spec w 75% HRA funding		Stand Alone \$250 LF \$75 Spec with out HRA funding		Stand Alone \$1500 LF \$75 Spec w 75% HRA funding		
Dual Option Level Funded 75K Spec.				Dual Option Level Funded 75K Spec. Updated 3.8													
CIGNA		CIGNA		CIGNA		CIGNA		CIGNA		CIGNA		CIGNA		CIGNA		CIGNA	
PPO Option		HDHP Option		PPO Option		HDHP Option		PPO Option		PPO Option		PPO Option		PPO Option		HDHP Option	
PPO		HDHP		PPO		HDHP		PPO		PPO		PPO		PPO		HDHP	
Open Access Plus		Open Access plus		Open Access Plus		Open Access plus		Open Access plus		Open Access plus		Open Access plus		Open Access plus		Open Access plus	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
		COMBINED				COMBINED		COMBINED or Embedded ?		COMBINED or Embedded ?		COMBINED or Embedded ?		COMBINED or Embedded ?		COMBINED or Embedded ?	
\$250	\$500	\$2,500	\$2,500	\$250	\$500	\$2,500	\$2,500	\$250	\$500	\$250	\$500	\$250	\$500	\$250	\$500	\$1,500	\$3,000
\$750	\$1,500	\$5,000	\$5,000	\$500	\$1,500	\$5,000	\$5,000	\$500	\$1,000	\$500	\$1,000	\$500	\$1,500	\$500	\$1,500	\$3,000	\$6,000
90%	70%	100%	80%	80%	60%	100%	80%	80%	60%	80%	60%	90%	70%	90%	70%	80%	60%
\$1,250	\$2,500	\$5,000	\$5,000	\$1,250	\$2,500	\$5,000	\$5,000	\$1,250	\$2,500	\$1,250	\$2,500	\$1,250	\$2,500	\$1,250	\$2,500	\$2,500	\$5,000
\$3,750	\$7,500	\$10,000	\$10,000	\$2,500	\$5,000	\$10,000	\$10,000	\$2,500	\$5,000	\$2,500	\$5,000	\$3,750	\$7,500	\$3,750	\$7,500	\$5,000	\$10,000
								Need CIGNA to Match									
\$20	70% after deduct.	100% after deduct.	80% after deduct.	\$20	60% after deduct.	100% after deduct.	80% after deduct.	\$20	60% after deduct.	\$20	60% after deduct.	\$20	70% after deduct.	\$20	70% after deduct.	\$20	60% after deduct.
\$40	70% after deduct.	100% after deduct.	80% after deduct.	\$40	60% after deduct.	100% after deduct.	80% after deduct.	\$40	60% after deduct.	\$40	60% after deduct.	\$40	70% after deduct.	\$40	70% after deduct.	\$40	60% after deduct.
100%	70% after deduct.	100%	80% after deduct.	100%	60% after deduct.	100%	80% after deduct.	100%	60% after deduct.	100%	60% after deduct.	100%	70% after deduct.	100%	70% after deduct.	100%	80% after deduct.
90% after deduct.	70% after \$300 inpatient & plan deduct.	100% after deduct.	80% after deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after deduct.	80% after deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	90% after deduct.	70% after \$300 inpatient & plan deduct.	90% after deduct.	70% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.
\$150/\$50 copay	70% after deduct.	100% after deduct.	100% after deduct	\$150/\$50 copay	\$150/\$50 copay	100% after deduct.	100% after deduct	\$150/\$50	60% after deduct.	\$150/\$50	60% after deduct.	\$150/\$50	70% after deduct.	\$150/\$50	70% after deduct.	\$150/\$50	60% after deduct.
Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies	
\$15 copay		100% after deduct.		\$15 copay		100% after deduct.		\$15 copay		\$15 copay		\$15 copay		\$15 copay		\$15 copay	
\$30 copay		100% after deduct.		\$30 copay		100% after deduct.		\$30 copay		\$30 copay		\$30 copay		\$30 copay		\$30 copay	
\$50 copay		100% after deduct.		\$50 copay		100% after deduct.		\$50 copay		\$50 copay		\$50 copay		\$50 copay		\$50 copay	
2.5 copays		100% after deduct.		2 copays		100% after deduct.		2 copays		2 copays		2 copays		2 copays		2 copays	
Option PPO		Option HDHP		Option PPO		Option HDHP		Option PPO		Option PPO		Option PPO		Option PPO		Option HDHP	
Assumes HMO & PPO				Assumes HMO & PPO													
\$587.97		\$483.04		\$557.34		\$467.21		\$542.33		\$534.23		\$550.27		\$542.05		\$517.73	
\$1,234.73		\$1,014.39		\$1,170.38		\$981.11		\$1,138.86		\$1,121.86		\$1,155.51		\$1,138.26		\$1,087.25	
\$1,158.29		\$951.59		\$1,097.94		\$920.39		\$1,068.36		\$1,052.42		\$1,083.98		\$1,067.80		\$1,019.94	
\$1,805.06		\$1,482.95		\$1,711.00		\$1,434.30		\$1,664.91		\$1,640.07		\$1,689.28		\$1,664.05		\$1,589.46	
		\$0.00				\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Combined Premium				Combined Premium													
\$0.00				\$0.00				\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
\$0.00				\$0.00				\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
\$0.00				\$0.00				\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
\$0.00				\$0.00				\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Gate Keeper				Gate Keeper				Gate Keeper		Gate Keeper		Gate Keeper		Gate Keeper		Gate Keeper	

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Stand Alone \$1500 LF \$75 Spec with out HRA funding		Stand Alone \$2500 LF \$75 Spec w/ 75% HRA funding		Stand Alone \$2500 LF \$75 Spec with out HRA funding		Combo 2					2 Stand Alone		3 Stand Alone		4 Stand Alone		
CIGNA		CIGNA		CIGNA		United HealthCare IUX-w/2V		United HealthCare J4X-w/11		United HealthCare J49 w/11		United HealthCare J48 Modified-w/11		United HealthCare J48 Modified-w/11		United HealthCare LJK Modified-w/MM	
HDHP Option		HDHP Option		HDHP Option		HMO Option		PPO Option		PPO Option		HDHP Option		HDHP Option		PPO Option	
HDHP		HDHP		HDHP		HMO		PPO		PPO		HDHP		HDHP		HDHP-H.S.A	
Open Access plus		Open Access plus		Open Access plus		Navigate		Choice Plus		Choice Plus		Open Access plus		Open Access plus		Choice Plus	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
COMBINED or Embedded ?		COMBINED		COMBINED												Embedded	
\$1,500	\$3,000	\$2,500	\$5,000	\$2,500	\$2,500	N/A		\$250	\$500	\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000	\$2,500	\$2,500
\$3,000	\$6,000	\$5,000	\$10,000	\$5,000	\$5,000	N/A		\$750	\$1,500	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000	\$5,000	\$5,000
80%	60%	100%	80%	100%	80%	100%		80%	60%	80%	60%	80%	60%	80%	60%	100%	80%
\$2,500	\$5,000	\$5,000	\$10,000	\$5,000	\$5,000	\$1,500		\$1,250	\$2,500	\$5,000	\$11,000	\$2,500	\$5,000	\$3,000	\$6,000	\$2,500	\$5,000
\$5,000	\$10,000	\$10,000	\$20,000	\$10,000	\$10,000	\$3,000		\$3,750	\$7,500	\$10,000	\$22,000	\$5,000	\$10,000	\$6,000	\$12,000	\$5,000	\$10,000
\$20	60% after deduct.	100% after deduct.	80% after deduct.	100% after deduct.	80% after deduct.	\$20		\$20	60% after deduct.	\$30	60% after deduct.	\$20	60% after deduct.	\$20	60% after deduct.	100% after deduct.	80% after deduct.
\$40	60% after deduct.	100% after deduct.	80% after deduct.	100% after deduct.	80% after deduct.	\$40		\$40	60% after deduct.	\$50	60% after deduct.	\$40	60% after deduct.	\$40	60% after deduct.	100% after deduct.	80% after deduct.
100%	80% after deduct.	100%	80% after deduct.	100%	80% after deduct.	100%		100%	60% after deduct.	100%	60% after deduct.	100%	60% after deduct.	100%	60% after deduct.	100%	80% after deduct.
80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after deduct.	80% after \$300 inpatient & plan deduct.	100% after deduct.	80% after \$300 inpatient & plan deduct.	100%		80% after deduct.	60% after deduct.	80% after deduct.	60% after deduct.	80% after deduct.	60% after deduct.	80% after deduct.	60% after deduct.	100% after deduct.	80% after deduct.
\$150/\$50	60% after deduct.	100% after deduct.	100% after deduct	100% after deduct.	100% after deduct	\$200 copay/\$50 copay		\$150/\$75 copay	\$150 copay/ 60% after deduct.	\$150/\$75 copay	\$150 copay/ 60% after deduct.	\$150/\$50 copay	\$150 copay/ 60% after deduct.	\$150/\$50 copay	\$150 copay/ 60% after deduct.	100% after deduct. for ER & UC.	100% after deduct for ER & 80% after deduct. UC.
Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies	
\$15 copay		100% after deduct.		100% after deduct.		\$10 copay		\$15 copay		\$15 copay		\$15 copay		\$15 copay		100% after deduct.	
\$30 copay		100% after deduct.		100% after deduct.		\$35 copay		\$30 copay		\$30 copay		\$30 copay		\$30 copay		100% after deduct.	
\$50 copay		100% after deduct.		100% after deduct.		\$60 copay		\$50 copay		\$50 copay		\$50 copay		\$50 copay		100% after deduct.	
2 copays		100% after deduct.		100% after deduct.		2.5 copays		2.5 copays		2.5 copays		2.5 copays		2.5 copays		100% after deduct.	
Option HDHP		Option HDHP		Option HDHP		Option HMO		Option PPO		Option HDHP		Option HDHP		Option HDHP		Option HDHP	
\$492.84		\$589.70		\$444.49		\$530.92		\$591.05		\$494.34		\$496.77		\$485.67		\$473.04	
\$1,034.97		\$1,238.36		\$933.41		\$1,113.70		\$1,239.83		\$1,036.96		\$1,042.06		\$1,018.78		\$992.28	
\$970.89		\$1,161.71		\$875.63		\$1,046.51		\$1,165.03		\$974.40		\$979.19		\$957.31		\$932.41	
\$1,513.03		\$1,810.37		\$1,364.56		\$1,629.27		\$1,813.00		\$1,517.02		\$1,524.48		\$1,490.41		\$1,451.64	
\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
								Combined Premium									
\$0.00		\$0.00		\$0.00				\$0.00				\$0.00		\$0.00		\$0.00	
\$0.00		\$0.00		\$0.00				\$0.00				\$0.00		\$0.00		\$0.00	
\$0.00		\$0.00		\$0.00				\$0.00				\$0.00		\$0.00		\$0.00	
Gate Keeper		Gate Keeper		Gate Keeper				Gate Keeper				Gate Keeper		Gate Keeper		Gate Keeper	

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A Combo			Option 3A Combo						Option 1A Combo							
BlueShield 3536	BlueCross BlueShield NPEC3805		BlueCross BlueShield NHVBV02C		BlueCross BlueShield NPPC3536		BlueCross BlueShield NPEC3805		BlueCross BlueShield NHHB19C		BlueCross BlueShield NPPC3536		BlueCross BlueShield NPEC3805		BlueCross BlueShield NHVBV03C	
Option	HDHP Option		HMO Option		PPO Option		HDHP Option		HMO Option		PPO Option		HDHP Option		HMO Option	
PPO	Blue Edge H.S.A		HMO		PPO		Blue Edge H.S.A		HMO		PPO		Blue Edge H.S.A		HMO	
PPO	PPO		Blue Advantage HMO		PPO		PPO		Blue Advantage HMO		PPO		PPO		Blue Advantage HMO	
Out-of-Network	In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	
Unlimited	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
	Embedded						Embedded						Embedded			
\$5,000	\$2,500	\$5,000	N/A		\$2,500	\$5,000	\$2,500	\$5,000	N/A		\$2,500	\$5,000	\$2,500	\$5,000	N/A	
\$15,000	\$5,000	\$10,000	N/A		\$7,500	\$15,000	\$5,000	\$10,000	N/A		\$7,500	\$15,000	\$5,000	\$10,000	N/A	
60%	80%	60%	100%		80%	60%	80%	60%	100%		80%	60%	80%	60%	100%	
\$11,000	\$5,000	\$10,000	\$3,000		\$5,500	\$11,000	\$5,000	\$10,000	\$1,500		\$5,500	\$11,000	\$5,000	\$10,000	\$3,000	
\$33,000	\$10,000	\$20,000	\$6,000		\$16,500	\$33,000	\$10,000	\$20,000	\$3,000		\$16,500	\$33,000	\$10,000	\$20,000	\$6,000	
60% after deduct.	80% after deduct.	60% after deduct.	\$40		\$30	60% after deduct.	80% after deduct.	60% after deduct.	\$30		\$30	60% after deduct.	80% after deduct.	60% after deduct.	\$50	
60% after deduct.	80% after deduct.	60% after deduct.	\$60		\$50	60% after deduct.	80% after deduct.	60% after deduct.	\$50		\$50	60% after deduct.	80% after deduct.	60% after deduct.	\$70	
60% after deduct.	100%	60% after deduct.	100%		100%	60% after deduct.	100%	60% after deduct.	100%		100%	60% after deduct.	100%	60% after deduct.	100%	
60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after \$500 per day 1st 3 days-inpatient & \$250 for out-patient		80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after \$250 per day up to 5 days		80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after \$750 per day 1st 3 days-inpatient & \$300 for out-patient	
\$150 copay	90% after deduct.	90% after deduct	\$250 copay		\$150 copay	\$150 copay	90% after deduct.	90% after deduct	\$150 copay		\$150 copay	\$150 copay	90% after deduct.	90% after deduct	\$300 copay	
Pharmacies	Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies		Participating Pharmacies	
Copay	80% after deduct.		\$8 copay		\$10 copay		80% after deduct.		\$8 copay		\$10 copay		80% after deduct.		\$8 copay	
Copay	80% after deduct.		\$35 copay		\$40 copay		80% after deduct.		\$35 copay		\$40 copay		80% after deduct.		\$35 copay	
Copay	80% after deduct.		\$75/\$150 copay		\$60 copay		80% after deduct.		\$75/\$150 copay		\$60 copay		80% after deduct.		\$75/\$150 copay	
Copays	80% after deduct.		2 copays		2 copays		80% after deduct.		2 copays		2 copays		80% after deduct.		2 copays	
Option PPO	Option HDHP		Option HMO		Option PPO		Option HDHP		Option HMO		Option PPO		Option HDHP		Option HMO	
															Last Choice HMO	
\$623	\$605.36		\$649.30		\$706.23		\$605.36		\$660.94		\$706.23		\$605.36		\$631.36	
\$5.01	\$1,255.78		\$1,346.91		\$1,465.01		\$1,255.78		\$1,371.08		\$1,465.01		\$1,255.78		\$1,309.70	
\$3.74	\$1,066.10		\$1,143.48		\$1,243.74		\$1,066.10		\$1,163.99		\$1,243.74		\$1,066.10		\$1,111.89	
\$2.52	\$1,716.52		\$1,841.10		\$2,002.52		\$1,716.52		\$1,874.12		\$2,002.52		\$1,716.52		\$1,790.23	
\$0.00	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
\$0.00																
Combined Premium																
\$0.00																
\$0.00																
\$0.00																
\$0.00																
\$0.00																
n/a																
									** Ran GAP MODELS \$1500 MONTHLY PREMIUM ON \$3500 DED; 20/40 OV/10/40/60							

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Option 4A Combo			
BlueCross BlueShield NPPC3536		BlueCross BlueShield NPEC3805	
PPO Option		HDHP Option	
PPO		Blue Edge H.S.A	
PPO		PPO	
In-Network	Out-of-Network	In-Network	Out-of-Network
Unlimited		Unlimited	
		Embedded	
\$2,500	\$5,000	\$2,500	\$5,000
\$7,500	\$15,000	\$5,000	\$10,000
80%	60%	80%	60%
\$5,500	\$11,000	\$5,000	\$10,000
\$16,500	\$33,000	\$10,000	\$20,000
\$30	60% after deduct.	80% after deduct.	60% after deduct.
\$50	60% after deduct.	80% after deduct.	60% after deduct.
100%	60% after deduct.	100%	60% after deduct.
80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.
\$150 copay	\$150 copay	90% after deduct.	90% after deduct
Participating Pharmacies		Participating Pharmacies	
\$10 copay		80% after deduct.	
\$40 copay		80% after deduct.	
\$60 copay		80% after deduct.	
2 copays		80% after deduct.	
Option PPO		Option HDHP	
\$706.23		\$605.36	
\$1,465.01		\$1,255.78	
\$1,243.74		\$1,066.10	
\$2,002.52		\$1,716.52	
		\$0.00	
\$0.00		\$0.00	
Combined Premium			
\$0.00			
\$0.00			
\$0.00			
n/a			

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