

# Arkansas Blue Cross and Blue Shield

## 2022 Large Group Health Plans - PPO

Group Size 51-500

Plan Name	In Network					Out of Network					Factor
	Deductible		Maximum Out of Pocket		Coinsurance	Deductible		Maximum Out of Pocket		Coinsurance	
	Single	Family	Single	Family		Single	Family	Single	Family		
BC 5000-100_F	\$5,000	\$10,000	\$5,000	\$10,000	100%	\$15,000	\$30,000	\$30,000	\$60,000	80%	-24.76%
BC 6000-100_F	\$6,000	\$12,000	\$6,000	\$12,000	100%	\$18,000	\$36,000	\$36,000	\$72,000	80%	-28.40%
BC 6500-100_F	\$6,500	\$13,000	\$6,500	\$13,000	100%	\$19,500	\$39,000	\$39,000	\$78,000	80%	-30.04%
BC 7350-100_F	\$7,350	\$14,700	\$7,350	\$14,700	100%	\$22,050	\$44,100	\$44,100	\$88,200	80%	-32.62%
BC 8000-100_F	\$8,000	\$16,000	\$8,000	\$16,000	100%	\$24,000	\$48,000	\$48,000	\$96,000	80%	-34.50%
BC 500-90_F	\$500	\$1,000	\$1,500	\$3,000	90%	\$1,500	\$3,000	\$3,000	\$6,000	70%	0.00%
BC 750-90_F	\$750	\$1,500	\$1,750	\$3,500	90%	\$2,250	\$4,500	\$4,500	\$9,000	70%	-2.96%
BC 1000-90_F	\$1,000	\$2,000	\$2,000	\$4,000	90%	\$3,000	\$6,000	\$6,000	\$12,000	70%	-5.58%
BC 1250-90_F	\$1,250	\$2,500	\$2,250	\$4,500	90%	\$3,750	\$7,500	\$7,500	\$15,000	70%	-7.92%
BC 1500-90_F	\$1,500	\$3,000	\$2,500	\$5,000	90%	\$4,500	\$9,000	\$9,000	\$18,000	70%	-10.12%
BC 2000-90_F	\$2,000	\$4,000	\$3,000	\$6,000	90%	\$6,000	\$12,000	\$12,000	\$24,000	70%	-13.85%
BC 2500-90_F	\$2,500	\$5,000	\$3,500	\$7,000	90%	\$7,500	\$15,000	\$15,000	\$30,000	70%	-17.11%
BC 3000-90_F	\$3,000	\$6,000	\$4,000	\$8,000	90%	\$9,000	\$18,000	\$18,000	\$36,000	70%	-19.93%
BC 3500-90_F	\$3,500	\$7,000	\$4,500	\$9,000	90%	\$10,500	\$21,000	\$21,000	\$42,000	70%	-22.41%
BC 4000-90_F	\$4,000	\$8,000	\$5,000	\$10,000	90%	\$12,000	\$24,000	\$24,000	\$48,000	70%	-24.61%
BC 5000-90_F	\$5,000	\$10,000	\$6,000	\$12,000	90%	\$15,000	\$30,000	\$30,000	\$60,000	70%	-28.51%
BC 500-80_F_2	\$500	\$1,000	\$2,500	\$5,000	80%	\$1,500	\$3,000	\$3,000	\$6,000	60%	-5.94%
BC 500-80_F_3	\$500	\$1,000	\$3,500	\$7,000	80%	\$1,500	\$3,000	\$4,000	\$8,000	60%	-8.68%
BC 500-80_F_4	\$500	\$1,000	\$4,500	\$9,000	80%	\$1,500	\$3,000	\$5,000	\$10,000	60%	-10.60%
BC 750-80_F_2	\$750	\$1,500	\$2,750	\$5,500	80%	\$2,250	\$4,500	\$4,500	\$9,000	60%	-8.61%
BC 750-80_F_3	\$750	\$1,500	\$3,750	\$7,500	80%	\$2,250	\$4,500	\$5,500	\$11,000	60%	-11.18%

### Key

The letter at the end of the plan name is shorthand for the deductible type.

<b>F</b>	Fulfillment deductible (see definition on page 8)	<b>2</b>	Deductible + \$2,000
<b>E</b>	Embedded deductible (see definition on page 8)	<b>3</b>	Deductible + \$3,000
		<b>4</b>	Deductible + \$4,000

### Maximum out-of-pocket

All PPO maximum out-of-pocket are embedded.

**Not intended for pricing purposes. For illustrative purposes only.**

Actual results may vary.

# Arkansas Blue Cross and Blue Shield

## 2022 Large Group Health Plans - PPO

Group Size 51-500

Plan Name	In Network					Out of Network					Factor
	Deductible		Maximum Out of Pocket		Coinsurance	Deductible		Maximum Out of Pocket		Coinsurance	
	Single	Family	Single	Family		Single	Family	Single	Family		
BC 750-80_F_4	\$750	\$1,500	\$4,750	\$9,500	80%	\$2,250	\$4,500	\$6,500	\$13,000	60%	-12.95%
BC 1000-80_F_2	\$1,000	\$2,000	\$3,000	\$6,000	80%	\$3,000	\$6,000	\$6,000	\$12,000	60%	-10.95%
BC 1000-80_F_3	\$1,000	\$2,000	\$4,000	\$8,000	80%	\$3,000	\$6,000	\$7,000	\$14,000	60%	-13.35%
BC 1000-80_F_4	\$1,000	\$2,000	\$5,000	\$10,000	80%	\$3,000	\$6,000	\$8,000	\$16,000	60%	-15.00%
BC 1250-80_F_2	\$1,250	\$2,500	\$3,250	\$6,500	80%	\$3,750	\$7,500	\$7,500	\$15,000	60%	-13.03%
BC 1250-80_F_3	\$1,250	\$2,500	\$4,250	\$8,500	80%	\$3,750	\$7,500	\$8,500	\$17,000	60%	-15.31%
BC 1250-80_F_4	\$1,250	\$2,500	\$5,250	\$10,500	80%	\$3,750	\$7,500	\$9,500	\$19,000	60%	-16.90%
BC 1500-80_F_2	\$1,500	\$3,000	\$3,500	\$7,000	80%	\$4,500	\$9,000	\$9,000	\$18,000	60%	-14.97%
BC 1500-80_F_3	\$1,500	\$3,000	\$4,500	\$9,000	80%	\$4,500	\$9,000	\$10,000	\$20,000	60%	-17.14%
BC 1500-80_F_4	\$1,500	\$3,000	\$5,500	\$11,000	80%	\$4,500	\$9,000	\$11,000	\$22,000	60%	-18.69%
BC 2000-80_F_2	\$2,000	\$4,000	\$4,000	\$8,000	80%	\$6,000	\$12,000	\$12,000	\$24,000	60%	-18.40%
BC 2000-80_F_3	\$2,000	\$4,000	\$5,000	\$10,000	80%	\$6,000	\$12,000	\$13,000	\$26,000	60%	-20.43%
BC 2000-80_F_4	\$2,000	\$4,000	\$6,000	\$12,000	80%	\$6,000	\$12,000	\$14,000	\$28,000	60%	-21.88%
BC 2500-80_F_2	\$2,500	\$5,000	\$4,500	\$9,000	80%	\$7,500	\$15,000	\$15,000	\$30,000	60%	-21.36%
BC 2500-80_F_3	\$2,500	\$5,000	\$5,500	\$11,000	80%	\$7,500	\$15,000	\$16,000	\$32,000	60%	-23.22%
BC 2500-80_F_4	\$2,500	\$5,000	\$6,500	\$13,000	80%	\$7,500	\$15,000	\$17,000	\$34,000	60%	-24.60%
BC 3000-80_F_2	\$3,000	\$6,000	\$5,000	\$10,000	80%	\$9,000	\$18,000	\$18,000	\$36,000	60%	-23.95%
BC 3000-80_F_3	\$3,000	\$6,000	\$6,000	\$12,000	80%	\$9,000	\$18,000	\$19,000	\$38,000	60%	-25.69%
BC 3000-80_F_4	\$3,000	\$6,000	\$7,000	\$14,000	80%	\$9,000	\$18,000	\$20,000	\$40,000	60%	-26.96%
BC 3500-80_F_2	\$3,500	\$7,000	\$5,500	\$11,000	80%	\$10,500	\$21,000	\$21,000	\$42,000	60%	-26.14%

### Key

The letter at the end of the plan name is shorthand for the deductible type.

<b>F</b>	Fulfillment deductible (see definition on page 8)	<b>2</b>	Deductible + \$2,000
<b>E</b>	Embedded deductible (see definition on page 8)	<b>3</b>	Deductible + \$3,000
		<b>4</b>	Deductible + \$4,000

### Maximum out-of-pocket

All PPO maximum out-of-pocket are embedded.

**Not intended for pricing purposes. For illustrative purposes only.**

Actual results may vary.

# Arkansas Blue Cross and Blue Shield

## 2022 Large Group Health Plans - PPO

Group Size 51-500

Plan Name	In Network					Out of Network					Factor
	Deductible		Maximum Out of Pocket		Coinsurance	Deductible		Maximum Out of Pocket		Coinsurance	
	Single	Family	Single	Family		Single	Family	Single	Family		
BC 3500-80_F_3	\$3,500	\$7,000	\$6,500	\$13,000	80%	\$10,500	\$21,000	\$22,000	\$44,000	60%	-27.73%
BC 3500-80_F_4	\$3,500	\$7,000	\$7,500	\$15,000	80%	\$10,500	\$21,000	\$23,000	\$46,000	60%	-28.95%
BC 4000-80_F_2	\$4,000	\$8,000	\$6,000	\$12,000	80%	\$12,000	\$24,000	\$24,000	\$48,000	60%	-28.11%
BC 4000-80_F_3	\$4,000	\$8,000	\$7,000	\$14,000	80%	\$12,000	\$24,000	\$25,000	\$50,000	60%	-29.64%
BC 4000-80_F_4	\$4,000	\$8,000	\$8,000	\$16,000	80%	\$12,000	\$24,000	\$26,000	\$52,000	60%	-30.82%
BC 5000-80_F_2	\$5,000	\$10,000	\$7,350	\$14,700	80%	\$15,000	\$30,000	\$30,000	\$60,000	60%	-32.18%
BC 5000-80_F_3	\$5,000	\$10,000	\$8,150	\$16,300	80%	\$15,000	\$30,000	\$31,150	\$62,300	60%	-33.25%
BC 6000-80_F_2	\$6,000	\$12,000	\$8,000	\$16,000	80%	\$18,000	\$36,000	\$36,000	\$72,000	60%	-34.69%
BC 6500-80_F_2	\$6,500	\$13,000	\$8,500	\$17,000	80%	\$19,500	\$39,000	\$39,000	\$78,000	60%	-36.03%
BC 500-70_F	\$500	\$1,000	\$3,500	\$7,000	70%	\$1,500	\$3,000	\$3,000	\$6,000	50%	-11.43%
BC 750-70_F	\$750	\$1,500	\$3,750	\$7,500	70%	\$2,250	\$4,500	\$4,500	\$9,000	50%	-13.78%
BC 1000-70_F	\$1,000	\$2,000	\$4,000	\$8,000	70%	\$3,000	\$6,000	\$6,000	\$12,000	50%	-15.92%
BC 1250-70_F	\$1,250	\$2,500	\$4,250	\$8,500	70%	\$3,750	\$7,500	\$7,500	\$15,000	50%	-17.78%
BC 1500-70_F	\$1,500	\$3,000	\$4,500	\$9,000	70%	\$4,500	\$9,000	\$9,000	\$18,000	50%	-19.50%
BC 2000-70_F	\$2,000	\$4,000	\$5,000	\$10,000	70%	\$6,000	\$12,000	\$12,000	\$24,000	50%	-22.68%
BC 2500-70_F	\$2,500	\$5,000	\$5,500	\$11,000	70%	\$7,500	\$15,000	\$15,000	\$30,000	50%	-25.38%
BC 3000-70_F	\$3,000	\$6,000	\$6,000	\$12,000	70%	\$9,000	\$18,000	\$18,000	\$36,000	50%	-27.67%
BC 3500-70_F	\$3,500	\$7,000	\$6,500	\$13,000	70%	\$10,500	\$21,000	\$21,000	\$42,000	50%	-29.62%
BC 4000-70_F	\$4,000	\$8,000	\$7,000	\$14,000	70%	\$12,000	\$24,000	\$24,000	\$48,000	50%	-31.44%
BC 5000-70_F	\$5,000	\$10,000	\$8,000	\$16,000	70%	\$15,000	\$30,000	\$30,000	\$60,000	50%	-34.72%

### Key

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<b>E</b>	Embedded deductible (see definition on page 8)	<b>3</b>	Deductible + \$3,000
		<b>4</b>	Deductible + \$4,000

### Maximum out-of-pocket

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# Arkansas Blue Cross and Blue Shield

## 2022 Large Group Health Plans - PPO

Group Size 51-500

Plan Name	In Network					Out of Network					Factor
	Deductible		Maximum Out of Pocket		Coinsurance	Deductible		Maximum Out of Pocket		Coinsurance	
	Single	Family	Single	Family		Single	Family	Single	Family		
BC 5000-100_E	\$5,000	\$10,000	\$5,000	\$10,000	100%	\$15,000	\$30,000	\$30,000	\$60,000	80%	-24.23%
BC 6000-100_E	\$6,000	\$12,000	\$6,000	\$12,000	100%	\$18,000	\$36,000	\$36,000	\$72,000	80%	-27.87%
BC 6500-100_E	\$6,500	\$13,000	\$6,500	\$13,000	100%	\$19,500	\$39,000	\$39,000	\$78,000	80%	-29.52%
BC 7350-100_E	\$7,350	\$14,700	\$7,350	\$14,700	100%	\$22,050	\$44,100	\$44,100	\$88,200	80%	-32.12%
BC 8000-100_E	\$8,000	\$16,000	\$8,000	\$16,000	100%	\$24,000	\$48,000	\$48,000	\$96,000	80%	-33.94%
<b>BC 500-90_E</b>	\$500	\$1,000	\$1,500	\$3,000	90%	\$1,500	\$3,000	\$3,000	\$6,000	70%	0.00%
BC 750-90_E	\$750	\$1,500	\$1,750	\$3,500	90%	\$2,250	\$4,500	\$4,500	\$9,000	70%	-2.87%
BC 1000-90_E	\$1,000	\$2,000	\$2,000	\$4,000	90%	\$3,000	\$6,000	\$6,000	\$12,000	70%	-5.40%
BC 1250-90_E	\$1,250	\$2,500	\$2,250	\$4,500	90%	\$3,750	\$7,500	\$7,500	\$15,000	70%	-7.68%
BC 1500-90_E	\$1,500	\$3,000	\$2,500	\$5,000	90%	\$4,500	\$9,000	\$9,000	\$18,000	70%	-9.83%
BC 2000-90_E	\$2,000	\$4,000	\$3,000	\$6,000	90%	\$6,000	\$12,000	\$12,000	\$24,000	70%	-13.45%
BC 2500-90_E	\$2,500	\$5,000	\$3,500	\$7,000	90%	\$7,500	\$15,000	\$15,000	\$30,000	70%	-16.64%
BC 3000-90_E	\$3,000	\$6,000	\$4,000	\$8,000	90%	\$9,000	\$18,000	\$18,000	\$36,000	70%	-19.45%
BC 3500-90_E	\$3,500	\$7,000	\$4,500	\$9,000	90%	\$10,500	\$21,000	\$21,000	\$42,000	70%	-21.92%
BC 4000-90_E	\$4,000	\$8,000	\$5,000	\$10,000	90%	\$12,000	\$24,000	\$24,000	\$48,000	70%	-24.12%
BC 5000-90_E	\$5,000	\$10,000	\$6,000	\$12,000	90%	\$15,000	\$30,000	\$30,000	\$60,000	70%	-28.05%
BC 500-80_E_2	\$500	\$1,000	\$2,500	\$5,000	80%	\$1,500	\$3,000	\$3,000	\$6,000	60%	-5.95%
BC 500-80_E_3	\$500	\$1,000	\$3,500	\$7,000	80%	\$1,500	\$3,000	\$4,000	\$8,000	60%	-8.68%
BC 500-80_E_4	\$500	\$1,000	\$4,500	\$9,000	80%	\$1,500	\$3,000	\$5,000	\$10,000	60%	-10.61%
BC 750-80_E_2	\$750	\$1,500	\$2,750	\$5,500	80%	\$2,250	\$4,500	\$4,500	\$9,000	60%	-8.54%

### Key

The letter at the end of the plan name is shorthand for the deductible type.

<b>F</b>	Fulfillment deductible (see definition on page 8)	<b>2</b>	Deductible + \$2,000
<b>E</b>	Embedded deductible (see definition on page 8)	<b>3</b>	Deductible + \$3,000
		<b>4</b>	Deductible + \$4,000

### Maximum out-of-pocket

All PPO maximum out-of-pocket are embedded.

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# Arkansas Blue Cross and Blue Shield

## 2022 Large Group Health Plans - PPO

Group Size 51-500

Plan Name	In Network					Out of Network					Factor
	Deductible		Maximum Out of Pocket		Coinsurance	Deductible		Maximum Out of Pocket		Coinsurance	
	Single	Family	Single	Family		Single	Family	Single	Family		
BC 750-80_E_3	\$750	\$1,500	\$3,750	\$7,500	80%	\$2,250	\$4,500	\$5,500	\$11,000	60%	-11.11%
BC 750-80_E_4	\$750	\$1,500	\$4,750	\$9,500	80%	\$2,250	\$4,500	\$6,500	\$13,000	60%	-12.88%
BC 1000-80_E_2	\$1,000	\$2,000	\$3,000	\$6,000	80%	\$3,000	\$6,000	\$6,000	\$12,000	60%	-10.80%
BC 1000-80_E_3	\$1,000	\$2,000	\$4,000	\$8,000	80%	\$3,000	\$6,000	\$7,000	\$14,000	60%	-13.20%
BC 1000-80_E_4	\$1,000	\$2,000	\$5,000	\$10,000	80%	\$3,000	\$6,000	\$8,000	\$16,000	60%	-14.86%
BC 1250-80_E_2	\$1,250	\$2,500	\$3,250	\$6,500	80%	\$3,750	\$7,500	\$7,500	\$15,000	60%	-12.83%
BC 1250-80_E_3	\$1,250	\$2,500	\$4,250	\$8,500	80%	\$3,750	\$7,500	\$8,500	\$17,000	60%	-15.11%
BC 1250-80_E_4	\$1,250	\$2,500	\$5,250	\$10,500	80%	\$3,750	\$7,500	\$9,500	\$19,000	60%	-16.70%
BC 1500-80_E_2	\$1,500	\$3,000	\$3,500	\$7,000	80%	\$4,500	\$9,000	\$9,000	\$18,000	60%	-14.72%
BC 1500-80_E_3	\$1,500	\$3,000	\$4,500	\$9,000	80%	\$4,500	\$9,000	\$10,000	\$20,000	60%	-16.88%
BC 1500-80_E_4	\$1,500	\$3,000	\$5,500	\$11,000	80%	\$4,500	\$9,000	\$11,000	\$22,000	60%	-18.43%
BC 2000-80_E_2	\$2,000	\$4,000	\$4,000	\$8,000	80%	\$6,000	\$12,000	\$12,000	\$24,000	60%	-18.06%
BC 2000-80_E_3	\$2,000	\$4,000	\$5,000	\$10,000	80%	\$6,000	\$12,000	\$13,000	\$26,000	60%	-20.08%
BC 2000-80_E_4	\$2,000	\$4,000	\$6,000	\$12,000	80%	\$6,000	\$12,000	\$14,000	\$28,000	60%	-21.53%
BC 2500-80_E_2	\$2,500	\$5,000	\$4,500	\$9,000	80%	\$7,500	\$15,000	\$15,000	\$30,000	60%	-20.96%
BC 2500-80_E_3	\$2,500	\$5,000	\$5,500	\$11,000	80%	\$7,500	\$15,000	\$16,000	\$32,000	60%	-22.83%
BC 2500-80_E_4	\$2,500	\$5,000	\$6,500	\$13,000	80%	\$7,500	\$15,000	\$17,000	\$34,000	60%	-24.20%
BC 3000-80_E_2	\$3,000	\$6,000	\$5,000	\$10,000	80%	\$9,000	\$18,000	\$18,000	\$36,000	60%	-23.53%
BC 3000-80_E_3	\$3,000	\$6,000	\$6,000	\$12,000	80%	\$9,000	\$18,000	\$19,000	\$38,000	60%	-25.27%
BC 3000-80_E_4	\$3,000	\$6,000	\$7,000	\$14,000	80%	\$9,000	\$18,000	\$20,000	\$40,000	60%	-26.55%

### Key

The letter at the end of the plan name is shorthand for the deductible type.

<b>F</b>	Fulfillment deductible (see definition on page 8)	<b>2</b>	Deductible + \$2,000
<b>E</b>	Embedded deductible (see definition on page 8)	<b>3</b>	Deductible + \$3,000
		<b>4</b>	Deductible + \$4,000

### Maximum out-of-pocket

All PPO maximum out-of-pocket are embedded.

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# Arkansas Blue Cross and Blue Shield

## 2022 Large Group Health Plans - PPO

Group Size 51-500

Plan Name	In Network					Out of Network					Factor
	Deductible		Maximum Out of Pocket		Coinsurance	Deductible		Maximum Out of Pocket		Coinsurance	
	Single	Family	Single	Family		Single	Family	Single	Family		
BC 3500-80_E_2	\$3,500	\$7,000	\$5,500	\$11,000	80%	\$10,500	\$21,000	\$21,000	\$42,000	60%	-25.72%
BC 3500-80_E_3	\$3,500	\$7,000	\$6,500	\$13,000	80%	\$10,500	\$21,000	\$22,000	\$44,000	60%	-27.31%
BC 3500-80_E_4	\$3,500	\$7,000	\$7,500	\$15,000	80%	\$10,500	\$21,000	\$23,000	\$46,000	60%	-28.53%
BC 4000-80_E_2	\$4,000	\$8,000	\$6,000	\$12,000	80%	\$12,000	\$24,000	\$24,000	\$48,000	60%	-27.69%
BC 4000-80_E_3	\$4,000	\$8,000	\$7,000	\$14,000	80%	\$12,000	\$24,000	\$25,000	\$50,000	60%	-29.22%
BC 4000-80_E_4	\$4,000	\$8,000	\$8,000	\$16,000	80%	\$12,000	\$24,000	\$26,000	\$52,000	60%	-30.40%
BC 5000-80_E_2	\$5,000	\$10,000	\$7,350	\$14,700	80%	\$15,000	\$30,000	\$30,000	\$60,000	60%	-31.78%
BC 5000-80_E_3	\$5,000	\$10,000	\$8,150	\$16,300	80%	\$15,000	\$30,000	\$31,150	\$62,300	60%	-32.85%
BC 6000-80_E_2	\$6,000	\$12,000	\$8,000	\$16,000	80%	\$18,000	\$36,000	\$36,000	\$72,000	60%	-34.21%
BC 6500-80_E_2	\$6,500	\$13,000	\$8,500	\$17,000	80%	\$19,500	\$39,000	\$39,000	\$78,000	60%	-35.56%
BC 500-70_E	\$500	\$1,000	\$3,500	\$7,000	70%	\$1,500	\$3,000	\$3,000	\$6,000	50%	-11.45%
BC 750-70_E	\$750	\$1,500	\$3,750	\$7,500	70%	\$2,250	\$4,500	\$4,500	\$9,000	50%	-13.73%
BC 1000-70_E	\$1,000	\$2,000	\$4,000	\$8,000	70%	\$3,000	\$6,000	\$6,000	\$12,000	50%	-15.80%
BC 1250-70_E	\$1,250	\$2,500	\$4,250	\$8,500	70%	\$3,750	\$7,500	\$7,500	\$15,000	50%	-17.62%
BC 1500-70_E	\$1,500	\$3,000	\$4,500	\$9,000	70%	\$4,500	\$9,000	\$9,000	\$18,000	50%	-19.29%
BC 2000-70_E	\$2,000	\$4,000	\$5,000	\$10,000	70%	\$6,000	\$12,000	\$12,000	\$24,000	50%	-22.39%
BC 2500-70_E	\$2,500	\$5,000	\$5,500	\$11,000	70%	\$7,500	\$15,000	\$15,000	\$30,000	50%	-25.05%
BC 3000-70_E	\$3,000	\$6,000	\$6,000	\$12,000	70%	\$9,000	\$18,000	\$18,000	\$36,000	50%	-27.32%
BC 3500-70_E	\$3,500	\$7,000	\$6,500	\$13,000	70%	\$10,500	\$21,000	\$21,000	\$42,000	50%	-29.26%
BC 4000-70_E	\$4,000	\$8,000	\$7,000	\$14,000	70%	\$12,000	\$24,000	\$24,000	\$48,000	50%	-31.08%
BC 5000-70_E	\$5,000	\$10,000	\$8,000	\$16,000	70%	\$15,000	\$30,000	\$30,000	\$60,000	50%	-34.30%

### Key

The letter at the end of the plan name is shorthand for the deductible type.

<b>F</b>	Fulfillment deductible (see definition on page 8)	<b>2</b>	Deductible + \$2,000
<b>E</b>	Embedded deductible (see definition on page 8)	<b>3</b>	Deductible + \$3,000
		<b>4</b>	Deductible + \$4,000

### Maximum out-of-pocket

All PPO maximum out-of-pocket are embedded.

**Not intended for pricing purposes. For illustrative purposes only.**

Actual results may vary.

## 2022 Large Group Health Plans - PPO

### Primary / specialist options

	Primary care	Specialty care	Factor
Copay 1	\$20	\$40	0.00%
Copay 2	\$30	\$50	-1.80%
Copay 3	\$35	\$60	-2.71%
Copay 4	\$35	\$70	-2.90%
Copay 5	\$40	\$80	-3.51%

### Urgent care options

		Factor
Urgent care 1	\$40 copayment	0.0%
Urgent care 2	\$50 copayment	-0.24%
Urgent care 3	\$60 copayment	-0.45%
Urgent care 4	\$70 copayment	-0.66%
Urgent care 5	\$80 copayment	-0.73%
Urgent care 6	\$100 copayment	-0.84%
Urgent care 7	\$120 copayment	-0.89%
Urgent care 8	\$140 copayment	-0.94%
Urgent care 9	\$160 copayment	-0.98%

\*Urgent care option selected must be equal to or 2x the specialist copay

### Emergency room options

		Factor
Option 1	\$150 copay + deductible and coinsurance	0.00%
Option 2	Deductible + coinsurance	0.20%
Option 3	\$250 copay	2.60%

Benefits	
Inpatient Services	Coinsurance after deductible
Outpatient Surgical Services	Coinsurance after deductible
Wellness Included	Yes

### Pharmacy options

Copayment	Generic	Brand	Non-preferred brand	Specialty	Factor
Plan 1	\$10	\$40	\$60	\$120	0.00%
Plan 2	\$15	\$35	\$55	\$110	-0.80%
Plan 3	\$15	\$35	\$55	\$250	-0.98%
Plan 4	\$15	\$45	\$65	\$130	-1.04%
Plan 5	\$15	\$45	\$65	\$250	-1.19%
Plan 6	\$15	\$35	\$75	\$150	-1.20%
Plan 7	\$15	\$35	\$75	\$250	-1.33%
Plan 8	\$15	\$55	\$80	\$160	-1.38%
Plan 9	\$15	\$55	\$80	\$250	-1.49%
Plan 10	\$20	\$50	\$70	\$140	-2.06%
Plan 11	\$20	\$50	\$70	\$250	-2.20%

Voluntary mail-order 2X copay / 100-day supply retail 3X copay

**Option to select 2 pharmacy deductible option of \$100 or \$200 and apply copays**  
Factors range from -1.5% to -2% depending on plan/deductible selection



### Deductible definitions

The deductible is a dollar amount that you pay for healthcare services before the health plan begins to pay. Every policy has an individual and family deductible. If you are the only person on your policy, then you will pay for healthcare costs covered by your plan until you meet your individual deductible. Family deductibles work differently.

### Fulfillment

#### How your fulfillment deductible works

Each family member on your plan has an individual deductible. When two or three family members have met their individual amounts (depending on the plan), then the entire family deductible has been met for that calendar year and your health plan will begin to pay coinsurance.

**Example:** Bob and Sue Thompson have two children. They have individual deductibles of \$500. Bob paid \$500 in covered medical expenses, which means he met his individual deductible and his health plan will begin to pay his coinsurance, while the rest of his family works toward their individual deductible.

When both of the children also meet the \$500 amount, and three members of the Thompson family have individually paid the \$500 individual deductible amount, the family has met their deductible for that calendar year and the health plan will begin paying coinsurance for all family members.

### Embedded

#### How your embedded family deductible works

If you or anyone in your family meets the individual deductible, then your health plan will begin to pay a portion of medical expenses for that person for that calendar year (also called coinsurance). However, when the family deductible is met by any combination of family members, coinsurance will pay on all family members—even in the event when no single family member meets the individual deductible.

**Example:** Bob and Sue Thompson have one child, Margo. Their family deductible is \$3,000 and the individual deductible is \$1,500. Sue paid \$1,200 in covered healthcare expenses. Bob paid \$1,100 in covered healthcare expenses. Margo paid \$700 in covered healthcare expenses.

None of the Thompson's met the individual deductible. However, their family's total expense \$3,000 (meeting the family deductible) and the health plan will begin paying coinsurance for all family members. However, if Bob met his individual deductible before the rest of the family had any expenses, then Bob's coinsurance would have kicked in (until the family deductible was met).