

2021 Brief Outlines of the Renewal for G D Barri and Associates Inc.

<u>Insurer</u>	<u>BC/BS 2021</u>	<u>BC/BS 2021</u>	<u>BC/BS 2021</u>
<u>Plan Type</u>	H.S.A. 6000 70/50	Blue Preferred 6000 100/50	Blue Preferred 6000 70/50
<u>Physician Network</u>	Alliance Network	Statewide Network	Alliance Network
<u>Deductibles</u>			
<u>in-network</u>	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000
<u>out-of-network</u>	\$12,000 / \$24,000	\$12,000 / \$24,000	\$10,000 / \$20,000
<u>Co-Insurance</u>			
<u>in-network</u>	30% after Deductible	100%	70 / 30
<u>out-of-network</u>	50% after Deductible	50 / 50	50 / 50
<u>Primary Care / Specialist</u>			
<u>in-network</u>	30% after Deductible	\$25 PCP \$75 Specialist	\$25 PCP \$75 Specialist
<u>out-of-network</u>	50% after Deductible	50% after Deductible	50% after Deductible
<u>Hospital</u>			
<u>in-network</u>	30% after Deductible	30% after Deductible	30% after Deductible
<u>out-of-network</u>	50% after Deductible	50% after Deductible	50% after Deductible
<u>Out-Patient Surgery</u>			
<u>in-network</u>	30% after Deductible	30% after Deductible	30% after Deductible
<u>out-of-network</u>	50% after Deductible	50% after Deductible	50% after Deductible
<u>Preventive Care</u>			
<u>in-network</u>	Covered at 100%	Covered at 100%	Covered at 100%
<u>out-of-network</u>	50% after Deductible	50% after Deductible	50% after Deductible
<u>Lab & X-Ray</u>			
<u>in-network</u>	30% after Deductible	Copay or 100% after Ded.	Copay or \$300 or 30%
<u>out-of-network</u>	50% after Deductible	50% after Deductible	50% after Deductible
<u>Urgent Care / ER</u>			
<u>in-network</u>	30% after Deductible	UR \$75 ER \$450	UR \$75 ER \$450
<u>out-of-network</u>	50% after Deductible	UR 50% ER \$450	UR 50% ER \$450
<u>Prescriptions</u>			
<u>Out-of-Pocket</u>			
<u>Per Calendar Year</u>			
<u>in-network</u>	Single / Family	Single / Family	Single / Family
<u>out-of-network</u>	\$6,900 / \$13,800	\$8,150 / \$16,300	\$8,150 / \$16,300
	\$13,800 / \$27,600	\$16,300 / \$32,600	\$16,300 / \$32,600
<u>Field Employee Rates</u>			
Employee	\$320.91	\$479.82	\$371.51
Employee & Spouse	\$1,085.15	\$1,631.39	\$1,263.12
Employee & Child(men)	\$893.42	\$1,343.50	\$1,040.22
Family	\$1,724.27	\$2,591.03	\$2,006.13

This is a brief outline of the benefits. For more detail view the Summary of Benefits and Coverages or SBC