

2019 Product Menu



Medical Plan	Deductible	Coinsurance	ECM	OOP Max	Copays (OV / Spec / UC / ER)	Rx Option	Drug List
Community Blue							
CB 250	\$250 / \$500	20%	\$1,000 / \$2,000	\$6,350 / \$12,700	\$20 / \$20 / \$20 / \$150	\$10 / \$40 / \$80	Custom
CB 500	\$500 / \$1,000	20%	\$1,500 / \$3,000	\$6,350 / \$12,700	\$20 / \$20 / \$20 / \$150	\$15 / \$50 / 50% (\$70 - \$100)	Custom Select
CB 5000	\$5,000 / \$10,000	0%	n/a	\$6,350 / \$12,700	\$30 / \$30 / \$30 / \$250	\$15 / \$50 / 50% / 20% / 25%	Custom
Simply Blue							
SB 500	\$500 / \$1,000	20%	\$2,500 / \$5,000	\$6,350 / \$12,700	\$20 / \$40 / \$60 / \$250	\$20 / \$60 / 50% / 20% / 25%	Custom Select
SB 1000	\$1,000 / \$2,000	20%	\$2,500 / \$5,000	\$6,350 / \$12,700	\$30 / \$50 / \$60 / \$250	\$15 / \$50 / 50% / 20% / 25%	Custom Select
SB 1500	\$1,500 / \$3,000	20%	\$2,500 / \$5,000	\$6,350 / \$12,700	\$30 / \$50 / \$60 / \$250	\$15 / \$50 / 50% / 20% / 25%	Custom Select
SB 2000	\$2,000 / \$4,000	20%	\$2,500 / \$5,000	\$6,850 / \$13,700	\$30 / \$50 / \$60 / \$250	\$15 / \$50 / 50% / 20% / 25%	Custom Select
SB 2500	\$2,500 / \$5,000	20%	\$2,500 / \$5,000	\$6,350 / \$12,700	\$40 / \$60 / \$60 / \$250	\$20 / \$60 / 50% / 20% / 25%	Custom Select
SB 4000	\$4,000 / \$4,000	30%	n/a	\$6,350 / \$12,700	\$40 / \$60 / \$60 / \$250	\$20 / \$60 / 50% / 20% / 25%	Custom Select
Simply Blue HSA							
SB HSA 1250	\$1,350 / \$2,700	20%	n/a	\$2,250 / \$4,500	Deductible / Coinsurance	\$15 / \$50 / 50% / 20% / 25%	Custom Select
SB HSA 2000	\$2,000 / \$4,000	20%	n/a	\$3,000 / \$6,000	Deductible / Coinsurance	\$15 / \$50 / 50% / 20% / 25%	Custom Select
SB HSA 3000	\$3,000 / \$6,000	20%	n/a	\$6,350 / \$12,700	Deductible / Coinsurance	\$20 / \$60 / 50% / 20% / 25%	Custom Select
SB HSA 6350 MVP	\$6,350 / \$12,700	0%	n/a	\$6,350 / \$12,700	Deductible / Coinsurance	Deductible	
Simply Blue Routine Care							
SB RC 2500	\$2,500 / \$5,000	20%	\$2,500 / \$5,000	\$6,600 / \$13,200	\$40 / D&C * / \$60 / D&C*	\$10 / \$40 / \$80	Custom Select
Blue Care Network							
BCN HMO 500	\$500 / \$1,000	20%	\$2,500 / \$5,000	\$6,350 / \$12,700	\$20 / \$40 / \$50 / \$250	\$6 / \$25 / \$50 / \$80 / 20% / 20%	Custom Select
BCN HMO 1000	\$1,000 / \$2,000	20%	\$2,500 / \$5,000	\$6,600 / \$13,200	\$20 / \$40 / \$50 / \$250	\$6 / \$25 / \$50 / \$80 / 20% / 20%	Custom Select
BCN HMO 1500	\$1,500 / \$3,000	20%	\$2,500 / \$5,000	\$6,600 / \$13,200	\$20 / \$40 / \$50 / \$250	\$10 / \$30 / \$60 / \$80 / 20% / 20%	Custom
BCN HMO 2000	\$2,000 / \$4,000	20%	\$2,500 / \$5,000	\$6,850 / \$13,700	\$30 / \$50 / \$60 / \$250	\$10 / \$30 / \$60 / \$80 / 20% / 20%	Custom Select
BCN HMO 3000	\$3,000 / \$6,000	20%	\$2,500 / \$5,000	\$6,850 / \$13,700	\$30 / \$50 / \$60 / \$250	\$10 / \$30 / \$60 / \$80 / 20% / 20%	Custom Select
BCN HMO HSA							
BCN HMO HSA 2000	\$2,000 / \$4,000	20%	n/a	\$3,000 / \$6,000	Deductible / Coinsurance	\$6 / \$25 / \$50 / \$80 / 20% / 20%	Custom Select

Elective abortion and domestic partner riders are included on all plans

*Deductible and Coinsurance

Dental Menu		
Dental Plan	Deductible	Max
PPO Plus 100 / 80 / 50	\$50	\$1,000
PPO Plus w/ ortho 100 / 80 / 50 / 50	\$50	\$1,000
PPO Plus 100 / 50 / 50	\$50	\$1,000
PPO Plus 50 / 50 / 50	\$50	\$1,000
PPO 100 / 80 / 50	\$50	\$1,000

Vision Menu		
Vision Plan	Copays	Frames
12 / 12 / 12 Choice Network	\$5 / \$10	\$150
24 / 24 / 24 Choice Network	\$5 / \$10	\$130
12 / 24 / 24 Choice Network	\$5 / \$10	\$130