

Iosco RESA
2021 Blue Cross Simply Blue PPO Plans

State of Michigan Hard Caps

	Single - 7,043.89	2 Person - 14,730.96	Family - 19,210.66		
	SB 1000	SB 2500	SB 4000	SB (HSA) 1400	SB (HSA) 3000 ³
Deductible					
1 Person	1,000	2,500	4,000	1,400 ¹	3,000 ¹
2 Person/Family	2,000	5,000	8,000	2,800 ¹	6,000 ¹
Co-Insurance	20%	20%	30%	20%	20%
Out-of-Pocket Maximum					
1 Person	3,500	5,000	6,350	2,250	4,000
2 Person/Family	7,000	10,000	12,700	4,500	8,000
Preventive Care	100%	100%	100%	100%	100%
Co-Pays					
Office Visit	30	30	30	Subject to deductible and co-insurance	Subject to deductible and co-insurance
Specialist	50	50	50		
Urgent Care	60	60	60		
Emergency Room ²	150	150	150		

Prescription Drugs - 10/40/80 RXCM Drug card does not apply until after the deductible is met on HSA plans.

Annual Premium	SB 1000	SB 2500	SB 4000	SB (HSA) 1400	SB (HSA) 3000
1 Person	8,078.16	7,404.84	7,025.16	6,996.84	6,029.28
2 Person	19,387.68	17,771.64	16,860.48	16,792.44	14,470.32
Family	24,234.60	22,214.40	21,075.60	20,990.64	18,087.96

1 Person Cost to Employee	SB 1000	SB 2500	SB 4000	SB (HSA) 1400	SB (HSA) 3000
Per Pay - 26 pays	39.78	13.88	No Cost	No Cost	No Cost
Per Pay - 21 pays	49.25	17.19	No Cost	No Cost	No Cost
Annual	1034.27	360.95	No Cost	No Cost	No Cost
Annual HSA Contribution	-	-	-	47.05	1,014.61

2 Person Cost to Employee	SB 1000	SB 2500	SB 4000	SB (HSA) 1400	SB (HSA) 3000
Per Pay - 26 pays	179.10	116.95	81.90	79.29	No Cost
Per Pay - 21 pays	221.75	144.79	101.41	98.17	No Cost
Annual	4,656.72	3,040.68	2,129.52	2,061.48	No Cost
Annual HSA Contribution	-	-	-	0.00	260.64

Family Cost to Employee	SB 1000	SB 2500	SB 4000	SB (HSA) 1400	SB (HSA) 3000
Per Pay - 26 pays	193.23	115.53	71.73	68.46	No Cost
Per Pay - 21 pays	239.24	143.04	88.81	84.76	No Cost
Annual	5,023.94	3,003.74	1,864.94	1,779.98	No Cost
Annual HSA Contribution	-	-	-	0.00	1,122.70

¹ Deductibles are based on amounts defined annually (January 1) by the Federal Government.

The above Deductibles, Co-Insurance, Co-Pays, and Out-of-Pocket maximums are for in-network services only. They are normally doubled for out-of-network services.

² After deductible, ER Co-pay waived if admitted.

³ Deductible and out of pocket maximum are embedded.

Final prices may vary based on application of taxes and rounding.

Iosco RESA
2021 BCN HMO Plans

State of Michigan Hard Caps

	Single - 7,043.89	2 Person - 14,730.96	Family - 19,210.66		
	BCN 1000	BCN 2500	BCN 4000	BCN (HSA) 1400	BCN (HSA) 3000 ⁵
Deductible					
1 Person	1,000	2,500	4,000	1,400 ¹	3,000 ¹
2 Person/Family	2,000	5,000	8,000	2,800 ¹	6,000 ¹
Co-Insurance ²	20%	20%	30%	20%	20%
Out-of-Pocket Maximum					
1 Person	3,500	5,000	6,350	2,250	4,000
2 Person/Family	7,000	10,000	12,700	4,500	8,000
Preventive Care	100%	100%	100%	100%	100%
Co-Pays					
Office Visit	30	30	30	Subject to deductible and co-insurance	Subject to deductible and co-insurance
Specialist/Referral Physician	50	50	50		
High Technology Imaging (MRI, CAT, PET); after deductible ³	150	150	150		
Urgent Care	50	50	50		
Emergency Room ⁴	150	150	150		

Prescription Drugs - 10/40/80 Drug card does not apply until after the deductible is met on HSA plans.

	BCN 1000	BCN 2500	BCN 4000	BCN (HSA) 1400	BCN (HSA) 3000
Total Annual Premium					
1 Person	7,134.36	6,653.28	6,367.44	5,869.92	5,069.28
2 Person	17,122.56	15,968.04	15,281.64	14,087.76	12,166.32
Family	21,403.20	19,959.96	19,102.08	17,609.64	15,207.72

	BCN 1000	BCN 2500	BCN 4000	BCN (HSA) 1400	BCN (HSA) 3000
1 Person Cost to Employee					
Per Pay - 26 pays	3.48	No Cost	No Cost	No Cost	No Cost
Per Pay - 21 pays	4.31	No Cost	No Cost	No Cost	No Cost
Annual	90.47	No Cost	No Cost	No Cost	No Cost
Annual HSA Contribution	-	-	-	1,173.97	1,974.61

	BCN 1000	BCN 2500	BCN 4000	BCN (HSA) 1400	BCN (HSA) 3000
2 Person Cost to Employee					
Per Pay - 26 pays	91.98	47.58	21.18	No Cost	No Cost
Per Pay - 21 pays	113.89	58.91	26.22	No Cost	No Cost
Annual	2391.60	1237.08	550.68	No Cost	No Cost
Annual HSA Contribution	-	-	-	643.20	2,564.64

	BCN 1000	BCN 2500	BCN 4000	BCN (HSA) 1400	BCN (HSA) 3000
Family Cost to Employee					
Per Pay - 26 pays	84.33	28.82	No Cost	No Cost	No Cost
Per Pay - 21 pays	104.41	35.68	No Cost	No Cost	No Cost
Annual	2192.54	749.30	No Cost	No Cost	No Cost
Annual HSA Contribution	-	-	-	1,601.02	4,002.94

¹ Deductibles are based on amounts defined annually (January 1) by the Federal Government.

² Co-insurance for most covered services, 50% co-insurance applies to some services see SBC for details

³ Applies \$150 copay or 50% of the approved amount to MRI, MRA, CAT and PET scans.

⁴ After deductible, ER Co-pay waived if admitted.

⁵ Deductible and out of pocket maximum are embedded.

Final prices may vary based on application of taxes and rounding.