

AVAILABLE NETWORKS

- National:** Choice Plus PPO **National:** Heritage (No Mayo Access)

TRADITIONAL HEALTH PLAN OPTIONS

Services	PLANS		
	<input type="checkbox"/> BIJC (Gold)	<input type="checkbox"/> BJHR (Silver)	<input type="checkbox"/> BJHX (Bronze)
Annual benefit—deductible Single Family	\$1,500 \$3,000	\$2,500 \$5,000	\$5,500 \$11,000
Coinsurance—member pays	20%	20%	50%
Annual benefit—out-of-pocket maximum (OPM) in-network	Single: \$6,950 Family: \$13,900	Single: \$4,000 Family: \$13,000	Single: \$7,500 Family: \$15,000
Preventive care screenings, immunizations	Free	Free	Free
Virtual visit	\$10	\$0	\$10
Primary care office services	\$0 (under 19) \$25 (over 19)	\$40	\$0 (under 19) \$40 (over 19)
Non-primary care office services	\$50	\$100	\$80
Emergency room	\$400	\$250 + Ded/Coin	Deductible / coinsurance apply
Prescription drugs	Tier 1: \$15 Tier 2: \$40 Tier 3: \$85 Tier 4: \$250	Tier 1: \$5 Tier 2: \$50 Tier 3: \$100 Tier 4: \$250	Tier 1: \$20 Tier 2: \$45 Tier 3: \$85 Tier 4: \$250

HIGH-DEDUCTIBLE HEALTH PLAN OPTIONS

Plan Name	PLANS		
	<input type="checkbox"/> BJH9 (Gold)	<input type="checkbox"/> BJH8 (Silver)	<input type="checkbox"/> BJH7 (Bronze)
Annual benefit—deductible¹ Single Family	\$2,700 \$5,400	\$4,000 \$8,000	\$6,950 \$13,900
Coinsurance—member pays	0%	0%	0%
Annual benefit—out-of-pocket maximum (OPM) in-network	Single: \$2,700 Family: \$5,400	Single: \$4,000 Family: \$8,000	Single: \$6,550 Family: \$13,100
Preventive care screenings, immunizations	Free	Free	Free
Virtual visit	Deductible applies	Deductible applies	Deductible applies
Primary care office services	Deductible applies	Deductible applies	Deductible applies
Non-primary care office services	Deductible applies	Deductible applies	Deductible applies
Emergency room	Deductible applies	Deductible applies	Deductible applies
Prescription drugs	Deductible applies	Deductible applies	Tier 1: \$15 Tier 2: \$40 Tier 3: \$85 Tier 4: \$250

FlexPoint PLAN OPTIONS

Services	PLANS		
	<input type="checkbox"/> BJHT (Gold)	<input type="checkbox"/> BJHP (Gold)	<input type="checkbox"/> BJIG (Gold)
Annual benefit—deductible¹			
Single	Single: \$2,000	Single: \$2,700	Single: \$3,000
Family	Family: \$4,000	Family: \$10,000	Family: \$6,000
Coinsurance—member pays	20%	20%	20%
Annual benefit—out-of-pocket maximum (OPM) in-network	Single: \$4,000 Family: \$8,000	Single: \$4,200 Family: \$13,200	Single: \$4,000 Family: \$8,000
Preventive care screenings, immunizations	Free	Free	Free
Virtual visit	\$10	\$10	\$10
Primary care office services	\$35 (3 visits combined w/ spec)	\$30 (3 visits combined w/ spec)	\$25 (3 visits combined w/ spec)
Non-primary care office services	\$70 (3 visits combined w/ spec)	\$60 (3 visits combined w/ spec)	\$50 (3 visits combined w/ spec)
Prescription drugs	Tier 1: \$15 Tier 2: \$40 Tier 3: \$85 Tier 4: \$250	Tier 1: \$15 Tier 2: \$40 Tier 3: \$85 Tier 4: \$250	Tier 1: \$15 Tier 2: \$40 Tier 3: \$85 Tier 4: \$250

CHOOSE A DENTAL PLAN (plans may vary with location of group)

Plan details	<input type="checkbox"/> P4310	<input type="checkbox"/> P5426
Benefit year maximum—plan pays	\$1,000	\$1,500
Benefit year deductible	Single: \$25 Family: \$75	Single: \$50 Family: \$150
Preventive and diagnostic—member pays	20%	0%
Basic restorative <i>Including cavity repair, tooth extractions, restoration of decayed or fractured teeth, oral surgery and anesthesia.</i>	20%	20%
Major restorative <i>Including root canals, gum and bone disease, crowns, inlays, bridges and dentures</i>	50%	50%
Add Orthodontia	<input type="checkbox"/>	<input type="checkbox"/>

ADD VISION COVERAGE (plans may vary with location of group)

Benefit	Benefit description
Diagnostic services — \$10 copay Eye exam	Covered in full after \$10 copay, every 12 months
Eyewear products — \$25 materials copay Frames Standard plastic lenses Contact lenses Lens options	Covered once every 12 months, after \$25 materials copay; \$150 retail allowance One pair covered in full after materials copay, every 12 months Covered up to allowance, every 12 months, in lieu of eyeglasses Up to 20 percent off polycarbonate, scratch-resistant coating, tint and UV protective coating