

# Blue Cross Blue Shield of Tennessee

Effective 1/1/2020

## Medical Benefits

Option 1 – BCBST PPO, Network P		
Coverage Options	Employee Costs Per Paycheck	
	18 Pay Periods	24 Pay Periods
Employee	\$163.55	\$122.67
Emp/Spouse	\$423.46	\$317.60
Emp/Children	\$325.30	\$243.98
Family	\$623.38	\$467.54
Network		Non-Network
Medical Deductible		
Single	\$3,000	\$6,000
Family	\$6,000	\$12,000
Out-Of-Pocket Maximum		
Single	\$5,000	\$15,000
Family	\$10,000	\$30,000
Co-Insurance	70%	50%
Physicians Services		
Office Visits	\$45	Ded/Coin
Specialist Visits	\$75	Ded/Coin
Preventive Care	100%	Ded/Coin
Urgent Care	\$75	Ded/Coin
Emergency Room	Ded/Coin	
Prescription Drugs - 30 Day Supply		
Generic	\$10	Ded/Coin
Name Brand	\$45	Ded/Coin
Non-Preferred	\$90	Ded/Coin
Specialty Drugs	\$180	NA

Option 2 – BCBST PPO, Network S		
Coverage Options	Employee Costs Per Paycheck	
	18 Pay Periods	24 Pay Periods
Employee	\$111.68	\$83.76
Emp/Spouse	\$314.53	\$235.90
Emp/Children	\$230.39	\$172.79
Family	\$465.96	\$349.47
Network		Non-Network
Medical Deductible		
Single	\$3,000	\$6,000
Family	\$6,000	\$12,000
Out-Of-Pocket Maximum		
Single	\$5,000	\$15,000
Family	\$10,000	\$30,000
Co-Insurance	50%	50%
Physicians Services		
Office Visits	\$35	Ded/Coin
Specialist Visits	\$65	Ded/Coin
Preventive Care	100%	Ded/Coin
Urgent Care	\$65	Ded/Coin
Emergency Room	Ded/Coin	
Prescription Drugs - 30 Day Supply		
Generic	\$10	Ded/Coin
Name Brand	\$45	Ded/Coin
Non-Preferred	Ded/Coin	Ded/Coin
Specialty Drugs	Ded/Coin	NA

Option 3 – BCBST PPO, Network S Health Savings Account Eligible Plan		
Coverage Options	Employee Costs Per Paycheck	
	18 Pay Periods	24 Pay Periods
Employee	\$36.98	\$27.74
Emp/Spouse	\$157.67	\$118.26
Emp/Children	\$93.69	\$70.27
Family	\$239.25	\$179.44
<div>NetworkNon-Network</div>		
Medical Deductible		
Single	\$3,000	\$6,000
Family	\$6,000	\$12,000
Out-Of-Pocket Maximum		
Single	\$5,000	\$15,000
Family	\$10,000	\$30,000
Co-Insurance	50%	50%
Physicians Services		
Office Visits	Ded/Coin	Ded/Coin
Specialist Visits	Ded/Coin	Ded/Coin
Preventive Care	100%	Ded/Coin
Urgent Care	Ded/Coin	
Emergency Room	Ded/Coin	
Prescription Drugs - Preventive List \$5/\$25/\$50		
Generic	Ded/Coin	Ded/Coin
Name Brand	Ded/Coin	Ded/Coin
Non-Preferred	Ded/Coin	Ded/Coin
Specialty Drugs	Ded/Coin	NA

Option 4 – BCBST PPO, Network S Health Savings Account Eligible Plan		
Coverage Options	Employee Costs Per Paycheck	
	18 Pay Periods	24 Pay Periods
Employee	\$14.25	\$10.69
Emp/Spouse	\$109.94	\$82.46
Emp/Children	\$52.08	\$39.06
Family	\$170.26	\$127.70
<div>NetworkNon-Network</div>		
Medical Deductible		
Single	\$4,000	\$8,000
Family	\$8,000	\$16,000
Out-Of-Pocket Maximum		
Single	\$5,000	\$15,000
Family	\$10,000	\$30,000
Co-Insurance	50%	50%
Physicians Services		
Office Visits	Ded/Coin	Ded/Coin
Specialist Visits	Ded/Coin	Ded/Coin
Preventive Care	100%	Ded/Coin
Urgent Care	Ded/Coin	
Emergency Room	Ded/Coin	
Prescription Drugs - Preventive List \$5/\$25/\$50		
Generic	Ded/Coin	Ded/Coin
Name Brand	Ded/Coin	Ded/Coin
Non-Preferred	Ded/Coin	Ded/Coin
Specialty Drugs	Ded/Coin	NA

Agency Pays Monthly: Employee Only \$300.00, Emp/Spouse Emp / Children \$510.00, Employee Family \$720.00