

# 2021 HENRY STARK PLAN COMPARISONS

| <u>COVERED<br/>ITEM</u>               | <u>BLUE<br/>CROSS</u>                              | <u>BLUE<br/>CROSS</u>                              | <u>BLUE<br/>CROSS</u>                              | <u>BLUE<br/>CROSS</u>                               |
|---------------------------------------|--|--|--|---|
|                                       | NPP93326   | MPEQ1Z07   | NPPE3K36   | MPSE3X05  |
| <b>PPO</b>                            | Blue Cross   | Blue Cross   | Blue Cross   | Blue Cross  |
| <b>Network</b>                        | <a href="http://www.bcbsil.com">www.bcbsil.com</a> | <a href="http://www.bcbsil.com">www.bcbsil.com</a> | <a href="http://www.bcbsil.com">www.bcbsil.com</a> | <a href="http://www.bcbsil.com">www.bcbsil.com</a>  |
| <b>Deductible</b>                     |  |  |  |   |
| Individual                            | \$1,500 / \$3,000                                  | \$2,800 / \$5,200                                  | \$3,500 / \$7,000                                  | \$3,500 / \$7,000                                   |
| Family                                | \$4,500 / \$9,000                                  | \$5,600 / \$10,400                                 | \$10,500 / \$21,000                                | \$6,850 / \$14,000                                  |
| <b>Coinsurance<br/>Reimbursement</b>  | 80 / 60 Next<br>\$5,000 / \$5,000                  | 100 / 80 Next<br>N/A / \$26,000                    | 80 / 60 Next<br>\$10,000 / \$10,000                | 80/ 60 Next<br>\$11,500 / \$11,500                  |
| <b>Plan<br/>Maximum</b>               | Unlimited<br>Per Person                            | Unlimited<br>Per Person                            | Unlimited<br>Per Person                            | Unlimited<br>Per Person                             |
| <b>Emergency</b>                      | \$150 Co-Pay                                       | Deductible – 100%                                  | \$150 Co-Pay                                       | Deductible-90%                                      |
| <b>Wellness Care</b>                  | 100% No Deductible                                 | 100% No Deductible                                 | 100% No Deductible                                 | 100% No Deductible                                  |
| <b>Physician Co-Pay</b>               | \$20 Co-Pay  | Deductible – 100%                                  | \$30 Co-Pay  | Deductible-80%                                      |
| <b>Specialist Co-Pay</b>              | \$40 Co-Pay  | Deductible – 100%                                  | \$50 Co-Pay  | Deductible-80%                                      |
| <b>Urgent Co-Pay</b>                  | Deductible – 80%                                   | Deductible – 100%                                  | Deductible – 80%                                   | Deductible-80%                                      |
| <b>Rx Card</b>                        | \$1,000 OPM X 3                                    |  | \$1,000 OPM X 3                                    |   |
| Generic                               | \$10 Co-Pay  | Deductible – 100%                                  | \$10 Co-Pay  | Deductible-80%                                      |
| Preferred Brand                       | \$40 Co-Pay  | Deductible – 100%                                  | \$40 Co-Pay  | Deductible-80%                                      |
| Non-Preferred Brand                   | \$60 Co-Pay  | Deductible – 100%                                  | \$60 Co-Pay  | Deductible-80%                                      |
|                                       | <b>Includes</b>                                    | <b>Embedded</b>                                    | <b>Includes</b>                                    | <b>Aggregate</b>                                    |
| <b>Out of Pocket</b>                  | <b>Co-Pay &amp; Deductible</b>                     | <b>Includes Deductible</b>                         | <b>Co-Pay &amp; Deductible</b>                     | <b>Includes Deductible</b>                          |
| Individual                            | \$2,500 / \$5,000                                  | \$2,800 / \$10,400                                 | \$5,500 / \$11,000                                 | \$5,800 / \$11,600                                  |
| Family                                | \$7,500 / \$15,000                                 | \$5,600 / \$20,800                                 | \$10,200 / \$20,400                                | \$6,850 / \$23,200                                  |
| <b>Employee<br/>Payroll Deduction</b> | <b>2021<br/>Gold<br/>Renewal<br/>Monthly</b>       | <b>2021<br/>Silver<br/>Renewal<br/>Monthly</b>     | <b>2021<br/>Bronze<br/>Renewal<br/>Monthly</b>     | <b>2021<br/>Family Plan<br/>Renewal<br/>Monthly</b> |
| Employee Only                         | \$712.52   | \$614.23   | \$648.15   | \$556.86  |
| Employee / Spouse                     | \$1,574.62   | \$1,357.39   | \$1,432.35   | \$1,230.61  |
| Employee / Child                      | \$1,444.37   | \$1,245.11   | \$1,313.87   | \$1,128.82  |
| Family                                | \$2,306.48   | \$1,988.27   | \$2,098.08   | \$1,802.57  |