

2019 Active Employee Plan Offerings	2019 Retiree Plan Offerings
<p>Blue Point 2 Standard: Co-pays: PCP \$20; Spec. \$20 Coinsurance: OON 25% Deductible: OON \$500 individual/\$1250 family Out-of-Pocket max (In & Out of Network): \$6,350 individual/\$12,700 family Hospital: Inpatient \$100 co-pay per admission for unlimited days, OON covered at 75% subject to deductible Rx co-pay: \$10/\$25/\$40</p>	<p>MVP GoldAnywhere PPO Silver Base Co-pays: PCP \$20; Spec \$40 Coinsurance: Service specific Deductible: None Out-of-Pocket max: \$6,000 Combined In & Out of Network Hospital: Inpatient \$500 co-pay (max \$1,500; OON 20%) Rx: No Deductible, 30-days \$0/\$8/\$35/50%/33%; 90-days 2x except tier 5; no coverage gap or "donut hole"</p>
<p>Blue Point 2 Enhanced: Co-pays: PCP \$15; Spec. \$15 Coinsurance: OON 20% Deductible: OON \$300 individual/\$750 family Out-of-Pocket max (In & Out of Network): \$6,350 individual/\$12,700 family Hospital: Covered in full for unlimited days; OON covered at 80% subject to deductible (pre-certification applies) Rx: \$5/\$20/\$35</p>	<p>MVP GoldAnywhere PPO Gold Buy-Up Co-pays: PCP \$10; Spec \$15 Coinsurance: Service specific Deductible: None Out-of-Pocket max: \$4,000 Combined In & Out of Network Hospital: Inpatient covered in full (OON 20%) Rx: No Deductible, 30-days \$0/\$8/\$35/50%/33%; 90-days 2x except tier 5; no coverage gap or "donut hole"</p>
<p>Excellus Blue PPO A: Co-pays: PCP \$10; Spec. \$10 Coinsurance: In-network 10%, OON 30% Deductible: Combined In & Out of Network \$250 individual/\$750 family Out-of-Pocket max (In & Out of Network): \$1,000 individual/\$3,000 family Hospital: Covered at 90% subject to deductible; OON covered at 70% subject to deductible (pre-certification applies) Rx: \$10/\$25/\$40</p>	<p>MVP GoldAnywhere PPO Platinum Buy-Up Co-pays: PCP \$10 Spec \$15 Coinsurance: Service specific Deductible: None Out-of-Pocket max: \$4,000 Combined In & Out of Network Hospital: Inpatient covered in full (OON 20%) Rx: No Deductible, 30-days \$0/\$5/\$15/\$30/\$30, 90-days 2x except tier 5; no coverage gap or "donut hole"</p>
<p>OON: refers to Out of Network coverage PCP: primary care physician Spec.: Specialist</p>	<p>MEDIGAP PLAN: Supplemental B (no Rx coverage) with Simply Prescriptions – Rx: No deductible, 30-days \$10/\$25/\$40, 90-days 2x, no coverage gap or "donut hole"</p>