

Medical and Dental Rates for Retirees Currently with Blue Cross Blue Shield Insurance Rates Effective January 1, 2018 – December 31, 2018

Retiree Medical Insurance Rates Effective January 1, 2018 – December 31, 2018

Medical Insurance

<u>Rates</u>	BlueSelect Plus EPO	Blue-Care HMO	BlueSelect Plus PPO	Preferred-Care Blue PPO	BlueSaver Preferred Care Blue	Blue Saver BlueSelect Plus
Retiree Under 65	\$811.06	\$883.48	\$720.03	\$776.43	\$720.03	\$664.16
Retiree 65+	\$688.62	\$750.10	\$611.33	\$659.21	\$606.78	\$559.70
Retiree Under 65; +1 Dep Under 65	\$1,282.54	\$1,396.96	\$1,133.30	\$1,230.96	\$1,170.45	\$1,080.60
Retiree Under 65; +1 Dep 65+	\$1,154.74	\$1,257.84	\$1,025.13	\$1,105.43	\$1,020.25	\$941.08
Retiree 65+; + 1 Dep Under 65	\$1,129.35	\$1,230.19	\$1,002.59	\$1,081.13	\$996.77	\$919.43
Retiree 65+; + 1 Dep 65+	\$943.19	\$1,027.40	\$837.33	\$902.91	\$824.59	\$760.61
Retiree Under 65; Deps Under 65	\$1,619.30	\$1,763.87	\$1,427.71	\$1,550.76	\$1,477.83	\$1,364.32
Retiree Under 65; Deps 65+	\$1,509.44	\$1,644.22	\$1,340.03	\$1,445.00	\$1,335.91	\$1,232.25
Retiree 65+; Deps Under 65	\$1,490.61	\$1,623.71	\$1,323.31	\$1,426.97	\$1,318.49	\$1,216.18
Retiree 65+; Deps 65+	\$1,368.15	\$1,490.32	\$1,214.60	\$1,309.74	\$1,205.23	\$1,111.71
Companion Spouse	\$528.46	\$575.65	\$469.15	\$505.90	\$458.66	\$423.07
Companion Child(ren)	\$564.85	\$615.29	\$501.46	\$540.74	\$474.67	\$437.84

Medical Insurance Continued

<u>Benefits</u>	BlueSelect Plus EPO	Blue-Care HMO	BlueSelect Plus PPO	Preferred-Care Blue PPO	BlueSaver Preferred Care Blue	Blue Saver BlueSelect Plus
Network	BlueSelect Plus	Blue-Care	BlueSelect Plus	Preferred-Care Blue	Preferred-Care Blue	BlueSelect Plus
In Network Deductible	N/A	N/A	\$1,500 indiv \$3,000 fam	\$1,500 indiv \$3,000 fam	\$3,000 indiv \$6,000 fam	\$3,000 indiv \$6,000 fam
Out of Network Deductible	N/A	N/A	\$3,000 indiv \$6,000 fam	N/A	\$3,000 indiv \$6,000 fam	\$6,000 indiv \$12,000 fam
In Network Coinsurance	N/A	N/A	Your share: 20%	Your share: 20%	Your share: 20%	Your share: 20%
Out of Network Coinsurance	N/A	N/A	Your share: 50%	Your share: 50%	Your share: 40%	Your share: 50%
In Network Out of Pocket Maximum	\$4,000 indiv \$10,000 fam	\$4,000 indiv \$10,000 fam	\$4,500 indiv \$9,000 fam	\$4,500 indiv \$9,000 fam	\$4,000 indiv \$8,000 fam	\$4,000 indiv \$8,000 fam
Out of Network Out of Pocket Maximum	N/A	N/A	\$23,000 indiv \$46,000 fam	\$13,500 indiv \$27,000 fam	\$8,000 indiv \$16,000 fam	\$20,000 indiv \$40,000 fam
Office Visits	\$35 PCP/\$30 PCMH PCP \$70 Specialist copay	\$35 PCP/\$30 PCMH PCP \$70 Specialist copay	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Preventative Care	100%	100%	100%	100%	100%	100%
Urgent Care	\$70 copay	\$70 copay	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Emergency Services	\$200 copay	\$200 copay	\$150 copay then deductible then 20%	\$150 copay then deductible then 20%	Deductible then 20%	Deductible then 20%
Inpatient Hospital Services	\$400 copay per member up to \$2,000	\$400 copay per member up to \$2,000	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Scans (MRI's PET, CT etc.)	\$200 copay	\$200 copay	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Prescription Drugs	Rx Deductible \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Rx Deductible \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Rx Deductible \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Rx Deductible \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Deductible then: \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Deductible then: \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail

Retiree Dental Insurance Base Plan Rates Effective January 1, 2018 – December 31, 2018

Dental Service Type	Blue Dental PPO Providers ¹	Blue Dental Choice Providers ²	Non-Participating Providers ³
	Deductible, Coinsurance and Limitations		
Calendar Year Deductible	Combined Basic Services and Major Services: \$50 per person		
Type I-Diagnostic and Preventive Services Deductible Does Not Apply <ul style="list-style-type: none"> • Oral evaluations – 2 per calendar year • X-rays – complete mouth 1 every 3 calendar years; single tooth 12 per calendar year; bitewing 2 occurrences per calendar year • Teeth cleaning – 2 per calendar year • Fluoride treatment – 2 per calendar year age 19 and under • Sealant application on posterior tooth – 1 treatment per tooth every 3 years (age 14 and under) • Fixed and removable space maintainer (initial appliance only) • Emergency treatment – temporary pain relief 	100%	80%	80%
Type II-Basic Services Deductible Applies <ul style="list-style-type: none"> • Fillings – composite fillings on all teeth • Recementation of existing inlays, crowns and bridges • Endodontics – root canals and pulpal therapy • Periodontics – gum/tissue care and surgery • Tooth extraction (simple and surgical including wisdom teeth) • General Anesthesia – payable only if provided in connection with a covered service 	70%	50%	50%
Type III-Major Services Deductible Applies <ul style="list-style-type: none"> • Single crowns, inlays, onlays, bridges and dentures • Maintenance of Prosthodontics – adjust/ repair of dentures 	50%	40%	40%
Dependent Limiting Age	26		
Calendar Year Maximum	\$750 Combined per Covered Person <i>Preventive applies towards Calendar Year Maximum</i>		
Dental Rewards	If you have Calendar Year claims between \$1 - \$300, you will receive \$250 in Rewards to use next year and beyond. Your accumulated Rewards total is capped at \$500.		
Retiree	\$29.97		
Retiree +1	\$56.34		
Family	\$78.94		

Retiree Dental Insurance Buy-Up Plan Rates Effective January 1, 2018 – December 31, 2018

Dental Service Type	Blue Dental PPO Providers ¹	Blue Dental Choice Providers ²	Non-Participating Providers ³
	Deductible, Coinsurance and Limitations		
Calendar Year Deductible	Combined Basic Services and Major Services: \$50 per person		
Type I-Diagnostic and Preventive Services Deductible Does Not Apply <ul style="list-style-type: none"> • Oral evaluations – 2 per calendar year • X-rays – complete mouth 1 every 3 calendar years; single tooth 12 per calendar year; bitewing 2 occurrences per calendar year • Teeth cleaning – 2 per calendar year • Fluoride treatment – 2 per calendar year age 19 and under • Sealant application on posterior tooth – 1 treatment per tooth every 3 years (age 14 and under) • Fixed and removable space maintainer (initial appliance only) • Emergency treatment – temporary pain relief 	100%	70%	50%
Type II-Basic Services Deductible Applies <ul style="list-style-type: none"> • Fillings – composite fillings on all teeth • Recementation of existing inlays, crowns and bridges • Endodontics – root canals and pulpal therapy • Periodontics – gum/tissue care and surgery • Tooth extraction (simple and surgical including wisdom teeth) • General Anesthesia – payable only if provided in connection with a covered service 	80%	70%	50%
Type III-Major Services Deductible Applies <ul style="list-style-type: none"> • Single crowns, inlays, onlays, bridges and dentures • Maintenance of Prosthodontics – adjust/ repair of dentures 	50%	50%	50%
Type IV-Orthodontia Services Includes: <ul style="list-style-type: none"> • Covered Retirees Only (does not include spouses) • Covered Children to age 19 	50%	50%	50%
Dependent Limiting Age	26		
Orthodontia Lifetime Maximum	\$1,250 Combined per Covered Person <i>Dental Rewards does not apply</i>		
Calendar Year Maximum	\$1,250 Combined per Covered Person <i>Preventive applies towards Calendar Year Maximum</i>		
Dental Rewards	If you have Calendar Year claims between \$1 - \$300, you will receive \$250 in Rewards to use next year and beyond. Your accumulated Rewards total is capped at \$500.		
Retiree	\$34.88		
Retiree +1	\$76.23		
Family	\$99.45		