

BCBS PLAN SUMMARY (BROAD PPO)



Plan (Network)	2025 Broad PPO		2026 Broad PPO	
Traditional PPO Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Deductible	\$1,000	\$2,000	\$1,500	\$4,000
Family Deductible	\$3,000	\$6,000	\$4,500	\$12,000
Coinsurance	80%	60%	80%	50%
Individual OOP*	\$2,500	\$5,000	\$2,500	\$7,500
Preventive Care	Covered at 100%	Ded+Coin	Covered at 100%	Ded+Coin
Primary Care Physician Services	\$20	Ded+Coin	\$35 Copay	Ded+Coin
Specialist Services	\$40	Ded+Coin	\$60 Copay	Ded+Coin
Emergency Room	\$100 Copay		\$250 Copay	
Inpatient Hospital	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin
Outpatient Hospital	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin
Rx Copay	\$10/40/60	Copay then 25%	\$10/40/60	Copay then 25%
Rx OOP (Ind/Fam)	\$2,000 / \$6,000		\$2,000 / \$6,000	

BCBS PLAN SUMMARY (PPO BLUE CHOICE)



Plan (Network)	2025 PPO Blue Choice		2026 PPO Blue Choice	
BC Options / Traditional PPO Networks	Blue Choice Options	Traditional PPO	Blue Choice Options	Traditional PPO
Individual Deductible	\$500	\$1,500	\$1,000	\$2,500
Family Deductible	\$1,500	\$4,500	\$3,000	\$7,500
Coinsurance	90%	70%	90%	70%
Individual OOP*	\$4,000	\$5,600	\$3,000	\$6,000
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Physician Services	\$20 Copay	\$50 Copay	\$30 Copay	\$55 Copay
Specialist Services	\$40 Copay	\$100 Copay	\$60 Copay	\$110 Copay
Emergency Room	Ded+Coin, then \$400 Copay		\$400 Copay + Coin	
Inpatient Hospital	\$250 Copay	\$500 Copay	\$250 Copay	\$500 Copay
Outpatient Hospital	Ded+Coin		\$200 Copay	\$400 Copay
Rx Copay	\$0/10/35/75/150/250		\$5/15/45/85/250/350	
Rx OOP (Ind/Fam)	N/A		N/A	

BCBS PLAN SUMMARY (HMO)



Plan (Network)	2025 HMO	2026 HMO
Blue Advantage HMO Network	In-Network	In-Network
Individual Deductible	\$0	\$250
Family Deductible	\$0	\$500
Coinsurance	100%	90%
Individual OOP*	\$1,500	\$2,000
Preventive Care	Covered at 100%	Covered at 100%
Primary Care Physician Services	\$20 Copay	\$35 Copay
Specialist Services	\$30 Copay	\$60 Copay
Emergency Room	\$150 Copay	\$250 Copay
Inpatient Hospital	Ded+Coin	Ded+Coin
Outpatient Hospital	Ded+Coin	Ded+Coin
Rx Copay	\$10/20/35	\$10/40/60
Rx OOP (Ind/Fam)	\$5,100 / \$10,200	\$3,000 / \$9,000

BCBS PLAN SUMMARY (HDHP)



Plan (Network)	2025 HDHP		2026 HDHP	
Traditional PPO Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Deductible	\$3,300	\$5,000	\$5,000	\$9,000
Family Deductible	\$6,600	\$10,000	\$9,000	\$20,000
Coinsurance	100%	80%	90%	50%
Individual OOP*	\$3,300	\$10,000	\$7,500	\$15,000
Preventive Care	Covered at 100%	Ded+Coin	Covered at 100%	Ded+Coin
Primary Care Physician Services	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin
Specialist Services	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin
Emergency Room	Ded+Coin		Ded+Coin	
Inpatient Hospital	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin
Outpatient Hospital	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin
Rx Copay	Ded+Coin	Ded+Coin	Ded+Coin	Ded+Coin
Rx OOP (Ind/Fam)	N/A		N/A	