

## 2019 Blue Care Network HMO Plan and Monthly Rate Grid\*

BCN HMO Network Plan	Bronze HSA	Silver Off-Mrktplc	Silver Saver	Silver	Silver Extra
Deductible	6700	2400	3300	2400	4000
Coins. % after deductible	0%	30%	30%	30%	30%
Out-of-Pocket Max	6700	7300	7300	7900	7900
PCP - Primary Care	Ded/Coins	30 BD	30 BD	30 BD	30 BD
Specialist Office Visit	Ded/Coins	50 AD	50 AD	50 AD	65 BD
Urgent Care	Ded/Coins	40 BD	40 BD	40 BD	75 BD
Rx: Generic Pref/Non-Pref	Ded/Coins	4/20 AD	4/20 AD	4/20 AD	\$15 BD
Rx: Pref. Brand-name	Ded/Coins	25%(40-100) AD	25%(40-100) AD	25%(40-100) AD	\$50 BD
Rx: Non-Pref. Brand-name	Ded/Coins	50%(80-100) AD	50%(80-100) AD	50%(80-100) AD	\$100 BD
Rx: Specialty Pref/Non-Pref	Ded/Coins	40%/50% AD	40%/50% AD	40%/50% AD	40%/45% AD

Premium					
Less ACA Tax Credit*		Not Applicable			
Net Premium					

<b>Ages 0-14</b>	<b>\$184.04</b>	<b>\$214.66</b>	<b>\$244.98</b>	<b>\$250.34</b>	<b>\$273.76</b>
15	\$200.40	\$233.74	\$266.76	\$272.59	\$298.09
16	\$206.66	\$241.04	\$275.09	\$281.10	\$307.39
17	\$212.91	\$248.33	\$283.41	\$289.61	\$316.70
18	\$219.65	\$256.19	\$292.38	\$298.77	\$326.72
19	\$226.39	\$264.04	\$301.35	\$307.93	\$336.74
20	\$233.36	\$272.18	\$310.63	\$317.42	\$347.11
<b>Ages 21-24</b>	<b>\$240.58</b>	<b>\$280.60</b>	<b>\$320.24</b>	<b>\$327.24</b>	<b>\$357.85</b>
25	\$241.54	\$281.72	\$321.52	\$328.55	\$359.28
26	\$246.35	\$287.33	\$327.93	\$335.09	\$366.44
27	\$252.13	\$294.07	\$335.61	\$342.95	\$375.03
28	\$261.51	\$305.01	\$348.10	\$355.71	\$388.98
29	\$269.21	\$313.99	\$358.35	\$366.18	\$400.43
30	\$273.06	\$318.48	\$363.47	\$371.42	\$406.16
31	\$278.83	\$325.22	\$371.16	\$379.27	\$414.75
32	\$284.61	\$331.95	\$378.84	\$387.12	\$423.34
33	\$288.21	\$336.16	\$383.65	\$392.03	\$428.70
34	\$292.06	\$340.65	\$388.77	\$397.27	\$434.43
35	\$293.99	\$342.89	\$391.33	\$399.89	\$437.29
36	\$295.91	\$345.14	\$393.90	\$402.51	\$440.16
37	\$297.84	\$347.38	\$396.46	\$405.12	\$443.02
38	\$299.76	\$349.63	\$399.02	\$407.74	\$445.88
39	\$303.61	\$354.12	\$404.14	\$412.98	\$451.61
40	\$307.46	\$358.61	\$409.27	\$418.21	\$457.33

\*See Footnotes Page 2

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<b>Deductible</b>	6700	2400	3300	2400	4000
<b>Coins. % after deductible</b>	0%	30%	30%	30%	30%
<b>Out-of-Pocket Max</b>	6700	7300	7300	7900	7900
<b>PCP - Primary Care</b>	Ded/Coins	30 BD	30 BD	30 BD	30 BD
<b>Specialist Office Visit</b>	Ded/Coins	50 AD	50 AD	50 AD	65 BD
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<b>Rx: Generic Pref/Non-Pref</b>	Ded/Coins	4/20 AD	4/20 AD	4/20 AD	\$15 BD
<b>Rx: Pref. Brand-name</b>	Ded/Coins	25%(40-100) AD	25%(40-100) AD	25%(40-100) AD	\$50 BD
<b>Rx: Non-Pref. Brand-name</b>	Ded/Coins	50%(80-100) AD	50%(80-100) AD	50%(80-100) AD	\$100 BD
<b>Rx: Specialty Pref/Non-Pref</b>	Ded/Coins	40%/50% AD	40%/50% AD	40%/50% AD	40%/45% AD

<b>Premium</b>					
<b>Less ACA Tax Credit*</b>		Not Applicable			
<b>Net Premium</b>					

41	\$313.24	\$365.34	\$416.95	\$426.07	\$465.92
42	\$318.77	\$371.80	\$424.32	\$433.59	\$474.15
43	\$326.47	\$380.77	\$434.57	\$444.06	\$485.60
44	\$336.09	\$393.00	\$447.38	\$457.15	\$499.92
45	\$347.40	\$405.19	\$462.43	\$472.53	\$516.74
46	\$360.87	\$420.90	\$480.36	\$490.86	\$536.78
47	\$376.03	\$438.58	\$500.54	\$511.48	\$559.32
48	\$393.35	\$458.78	\$523.59	\$535.04	\$585.08
49	\$410.43	\$478.70	\$546.33	\$558.27	\$610.49
50	\$429.68	\$501.15	\$571.95	\$584.45	\$639.12
51	\$448.68	\$523.32	\$597.25	\$610.30	\$667.39
52	\$469.61	\$547.73	\$625.11	\$638.77	\$698.52
53	\$490.78	\$572.42	\$653.29	\$667.57	\$730.01
54	\$513.64	\$599.08	\$683.71	\$698.66	\$764.01
55	\$536.49	\$625.74	\$714.14	\$729.75	\$798.01
56	\$561.27	\$654.64	\$747.12	\$763.42	\$834.86
57	\$586.29	\$683.82	\$780.42	\$797.48	\$972.08
58	\$613.00	\$714.97	\$815.97	\$833.81	\$911.80
59	\$626.23	\$730.40	\$833.58	\$851.81	\$931.48
60	\$652.93	\$761.55	\$869.13	\$888.13	\$971.20
61	\$676.03	\$788.49	\$899.87	\$919.54	\$1,005.56
62	\$651.19	\$806.16	\$920.05	\$940.16	\$1,028.10
63	\$710.19	\$828.33	\$945.35	\$966.01	\$1,056.37
64	\$721.74	\$841.80	\$960.72	\$981.72	\$1,073.55

\*This is intended to be used as a broad overview of plan design, rates and "in-network" benefits only. This is not a contract of insurance.

\*Deductible and Out-of-Pocket limits shown are per person. Family Max=(2x). AD=After Deductible BD=Before Deductible

\*Silver Off-Marketplace plan not eligible for ACA Tax Credit or Cost-Sharing subsidies and not available on Healthcare.gov.

\*Rates: non-tobacco, Grand Traverse County. Use this document for rating purposes only. Actual benefits by BCN policy/contract only.

\*Except for emergencies or accidental injuries, you aren't covered out-of-network.