

2020 Blue Care Network (BCN) HMO Selected Plans and Monthly Rate Grid*

BCN HMO Network Plan	Bronze Saver HSA	Silver Off-Mrktplc	Silver Saver	Silver	Silver Extra
Deductible	6850	2600	3700	2800	4700
Coins. % after deductible	0%	30%	30%	30%	20%
Out-of-Pocket Max	6850	7500	7500	8150	8150
PCP - Primary Care Visit	\$0 AD	30 BD	30 BD	30 BD	30 BD
Specialist Office Visit	\$0 AD	50 AD	50 AD	50 AD	65 BD
Urgent Care	\$0 AD	40 BD	40 BD	40 BD	75 BD
Rx: Tier 1A/1B Generic	\$0 AD	4/20 AD	4/20 AD	4/20 AD	\$15 BD
Rx: Tier 2 Pref. Brand	\$0 AD	25%(40-100) AD	25%(40-100) AD	25%(40-100) AD	\$50 BD
Rx: Tier 3 Non-Pref. Brand	\$0 AD	50%(80-150) AD	50%(80-150) AD	50%(80-150) AD	\$150 BD
Rx: Specialty Pref/Non-Pref	\$0 AD	40%/45% AD	40%/45% AD	40%/45% AD	40%/45% AD
Premium					
Less ACA Tax Credit*		Not Applicable			
Net Premium					

Ages 0-14	\$177.07	\$217.18	\$244.95	\$254.00	\$268.66
15	\$192.81	\$236.49	\$266.73	\$276.58	\$292.54
16	\$198.83	\$243.87	\$275.05	\$285.21	\$301.67
17	\$204.85	\$251.25	\$283.38	\$293.85	\$310.80
18	\$211.33	\$259.20	\$292.34	\$303.14	\$320.64
19	\$217.81	\$267.15	\$301.31	\$312.44	\$330.47
20	\$224.53	\$275.38	\$310.59	\$322.07	\$340.65
Ages 21-24	\$231.47	\$283.90	\$320.20	\$332.03	\$351.19
25	\$232.40	\$285.04	\$321.48	\$333.36	\$352.59
26	\$237.03	\$290.71	\$327.88	\$340.00	\$359.62
27	\$242.58	\$297.53	\$335.57	\$347.97	\$368.05
28	\$251.61	\$308.60	\$348.06	\$360.92	\$381.74
29	\$259.01	\$317.68	\$358.30	\$371.54	\$392.98
30	\$262.72	\$322.23	\$363.43	\$376.85	\$398.60
31	\$268.27	\$329.04	\$371.11	\$384.82	\$407.03
32	\$273.83	\$335.85	\$378.80	\$392.79	\$415.46
33	\$277.30	\$340.11	\$383.60	\$397.77	\$420.73
34	\$281.00	\$344.65	\$388.72	\$403.08	\$426.34
35	\$282.86	\$346.93	\$391.28	\$405.74	\$429.15
36	\$284.71	\$349.20	\$393.85	\$408.40	\$431.96
37	\$286.56	\$351.47	\$396.41	\$411.05	\$434.77
38	\$288.41	\$353.74	\$398.97	\$413.71	\$437.58
39	\$292.12	\$358.28	\$404.09	\$419.02	\$443.20
40	\$295.82	\$362.82	\$409.22	\$424.33	\$448.82
41	\$301.37	\$369.64	\$416.90	\$432.30	\$457.25
42	\$306.70	\$376.17	\$424.27	\$439.94	\$465.33
43	\$314.10	\$385.25	\$434.51	\$450.56	\$476.56
44	\$323.36	\$396.61	\$447.32	\$463.85	\$490.61

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Net Premium					

45	\$334.24	\$409.95	\$462.37	\$479.45	\$507.12
46	\$347.21	\$425.85	\$480.30	\$498.05	\$526.79
47	\$361.79	\$443.74	\$500.47	\$518.96	\$548.91
48	\$378.45	\$464.18	\$523.53	\$542.87	\$574.20
49	\$394.89	\$484.33	\$546.26	\$566.44	\$599.13
50	\$413.41	\$507.05	\$571.88	\$593.01	\$627.23
51	\$431.69	\$529.47	\$597.17	\$619.24	\$654.97
52	\$451.83	\$554.17	\$625.03	\$648.12	\$685.82
53	\$472.20	\$579.16	\$653.21	\$677.34	\$716.43
54	\$494.19	\$606.13	\$683.63	\$708.88	\$749.79
55	\$516.18	\$633.10	\$714.05	\$740.43	\$783.15
56	\$540.02	\$622.34	\$747.03	\$774.63	\$819.33
57	\$564.09	\$691.86	\$780.33	\$809.16	\$855.85
58	\$589.79	\$723.38	\$815.87	\$846.01	\$894.84
59	\$602.52	\$738.99	\$833.48	\$864.27	\$914.15
60	\$628.21	\$770.50	\$869.02	\$901.13	\$953.13
61	\$650.43	\$797.76	\$899.76	\$933.00	\$986.84
62	\$665.01	\$815.64	\$919.93	\$953.92	\$1,008.97
63	\$683.30	\$383.07	\$945.23	\$980.15	\$1,036.71
64	\$694.41	\$851.70	\$960.60	\$996.09	\$1,053.57

*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.

* Actual benefits may be different than this grid (ex. Bariatric Surgery). Only rely on the Certificate of Coverage for actual plan benefits.

*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.

*HMO Plans are "In-Network" only plans. Except for emergencies or accidental injuries, you are not covered out-of-network.

*Included on grid are pre-selected plans. BCN has other plans: (Value, Bronze Basic, Gold Basic and Gold 70/30)

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