

2021 Blue Care Network HMO Plan and Monthly Rate Grid*

BCN HMO Network Plan	Bronze HSA	Silver Off-Mrktplc	Silver Saver	Silver	Silver Extra
Deductible	6950	2800	4000	3000	4800
Coins. % after deductible	0%	30%	30%	30%	20%
Out-of-Pocket Max	6950	7700	7500	8500	8500
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	\$100 AD	\$100 AD	\$100 AD	\$100 BD
Rx: Non-Pref. Brand-name	Ded/Coins	\$150 AD	\$150 AD	\$150 AD	\$150 BD
Rx: Specialty Pref/Non-Pref	Ded/Coins	40%/45% AD	40%/45% AD	40%/45% AD	40%/45% AD

Premium					
Less ACA Tax Credit*		Not Applicable			
Net Premium					
Ages 0-14	\$180.25	\$225.24	\$255.10	\$265.13	\$277.29
15	\$196.27	\$245.26	\$277.78	\$288.69	\$301.94
16	\$202.40	\$252.92	\$286.45	\$297.70	\$311.36
17	\$208.52	\$260.57	\$295.12	\$306.71	\$320.79
18	\$215.12	\$268.81	\$304.46	\$316.42	\$330.94
19	\$221.72	\$277.06	\$313.80	\$326.12	\$341.08
20	\$228.55	\$285.60	\$323.47	\$336.17	\$351.60
Ages 21-24	\$235.62	\$294.43	\$333.47	\$346.57	\$362.47
25	\$236.56	\$295.61	\$334.80	\$347.96	\$363.92
26	\$241.27	\$301.50	\$341.47	\$354.89	\$371.17
27	\$246.93	\$308.56	\$349.48	\$363.21	\$379.87
28	\$256.12	\$320.05	\$362.48	\$376.72	\$394.00
29	\$263.66	\$329.47	\$373.15	\$387.81	\$405.60
30	\$267.43	\$334.18	\$378.49	\$393.36	\$411.40
31	\$273.08	\$341.24	\$386.49	\$401.67	\$420.10
32	\$278.74	\$348.31	\$394.50	\$409.99	\$428.80
33	\$282.27	\$352.73	\$399.50	\$415.19	\$434.24
34	\$286.04	\$357.44	\$404.83	\$420.74	\$440.04
35	\$287.93	\$359.79	\$407.50	\$423.51	\$442.94
36	\$289.81	\$362.15	\$410.17	\$426.28	\$445.84
37	\$291.70	\$364.50	\$412.84	\$429.05	\$448.74
38	\$293.58	\$366.86	\$415.50	\$431.83	\$451.64
39	\$297.35	\$371.57	\$420.84	\$437.37	\$457.44
40	\$301.12	\$376.28	\$426.17	\$442.92	\$463.24
41	\$306.78	\$383.35	\$434.18	\$451.23	\$471.94
*See Footnotes Page 2					

2021 Blue Care Network HMO Plan and Monthly Rate Grid*

BCN HMO Network Plan	Bronze HSA	Silver Off-Mrktplc	Silver Saver	Silver	Silver Extra
Deductible	6950	2800	4000	3000	4800
Coins. % after deductible	0%	30%	30%	30%	20%
Out-of-Pocket Max	6950	7700	7500	8500	8500
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	\$100 AD	\$100 AD	\$100 AD	\$100 BD
Rx: Non-Pref. Brand-name	Ded/Coins	\$150 AD	\$150 AD	\$150 AD	\$150 BD
Rx: Specialty Pref/Non-Pref	Ded/Coins	40%/45% AD	40%/45% AD	40%/45% AD	40%/45% AD

Premium					
Less ACA Tax Credit*		Not Applicable			
Net Premium					

42	\$312.20	\$390.12	\$441.85	\$459.21	\$480.27
43	\$319.74	\$399.54	\$452.52	\$470.30	\$491.87
44	\$329.16	\$411.32	\$465.86	\$484.16	\$506.37
45	\$340.24	\$425.16	\$481.53	\$500.45	\$523.41
46	\$353.43	\$441.65	\$500.21	\$519.86	\$543.71
47	\$368.27	\$460.19	\$521.21	\$541.69	\$566.64
48	\$385.24	\$481.39	\$545.22	\$566.64	\$592.64
49	\$401.97	\$502.30	\$568.90	\$591.25	\$618.37
50	\$420.82	\$525.85	\$595.58	\$618.97	\$647.37
51	\$439.43	\$549.11	\$621.92	\$646.35	\$676.01
52	\$459.93	\$574.73	\$650.93	\$676.50	\$707.54
53	\$480.66	\$600.64	\$680.28	\$707.00	\$739.44
54	\$503.05	\$628.61	\$711.96	\$739.93	\$773.87
55	\$525.43	\$656.58	\$743.64	\$772.85	\$808.31
56	\$549.70	\$686.91	\$777.99	\$808.55	\$845.64
57	\$574.21	\$717.53	\$812.67	\$844.59	\$883.34
58	\$600.36	\$750.21	\$849.68	\$883.06	\$923.57
59	\$613.32	\$766.40	\$868.02	\$902.12	\$943.51
60	\$639.47	\$799.08	\$905.04	\$940.59	\$983.74
61	\$662.09	\$827.35	\$937.05	\$973.86	\$1,018.54
62	\$676.94	\$845.90	\$958.06	\$995.70	\$1,041.38
63	\$695.55	\$869.16	\$984.40	\$1,023.07	\$1,070.01
64	\$706.86	\$883.29	\$1,000.41	\$1,039.71	\$1,087.41

*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=2. 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.

2021 Blue Care Network HMO Plan and Monthly Rate Grid*

2021 Blue Care Network HMO Plan and Monthly Rate Grid*

ce.