

Coverage and Rate Details

Medical Coverage | BCBS of TN; Network S

	HSA-Eligible Plan	Base PPO	Buy-Up PPO
Calendar Year Deductible			
Individual	\$3,500	\$2,500	\$1,000
Family	\$7,000	\$6,500	\$3,000
Coinsurance	20%	20%	20%
Out-of-Pocket Maximum			
Individual	\$6,000	\$6,000	\$5,000
Family	\$12,000	\$11,500	\$9,000
Office Visits			
Primary / Behavioral	Deductible then 20%	\$30 Copay	\$25 Copay
Specialist / Urgent Care	Deductible then 20%	\$50 Copay	\$45 Copay
Preventive	Covered at 100%	Covered at 100%	Covered at 100%
In- / Out-patient Services	Deductible then 20%	Deductible then 20%	Deductible then 20%
Emergency Room Services	Deductible then 20%	\$250 Copay	\$150 Copay
Telehealth	Covered at 100%	\$10 Copay	\$10 Copay

Prescription Coverage | MedImpact

	HSA-Eligible Plan	Base PPO (30/90-day)	Buy-Up PPO (30/90-day)
Tier 1—Generic	Deductible then 20%*	\$15 / \$30 Copay	\$15 / \$30 Copay
Tier 2—Preferred Brand	Deductible then 20%*	\$50 / \$100 Copay	\$40 / \$80 Copay
Tier 3—Non-Preferred Brand	Deductible then 20%	\$75 / \$150 Copay	\$65 / \$130 Copay
Tier 4—Specialty	Deductible then 20%	\$150 Copay / N/A	\$130 Copay / N/A

*Some maintenance medications covered at 100%

Dental Coverage | Delta Dental of TN

	Base	Buy-Up
Calendar Year Deductible (Ind / Fam)	\$50 / \$150	\$50 / \$150
Preventive Services	Covered 100%	Covered 100%
Annual Max Benefit	\$1,000	\$2,000

Vision Coverage | Delta Vision of TN

	Base
Exam	\$10
Lenses	Covered 100% after Exam Copay
Frame	\$130 - \$150 Allowance