

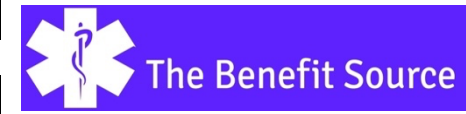
Eff 1/1/2023

# Example Company



Carrier Plan Type Plan Name Network Name Network Size Metallic Plan	Blue Cross ACA Plan PPO G530 PPO Blue PPO Large Gold In/Out	Blue Cross ACA Plan PPO G530 BCE Blue Choice Pref Small Gold In/Out	Blue Cross ACA Plan HMO P506 HMO Blue Precision HMO Network Platinum In
Individual Ded.	\$4,000/\$8,000	\$4,000/\$8,000	\$0
Family Ded.	\$12,000/\$24,000	\$12,000/\$24,000	\$0
Coinsurance	100%/100%	100%/100%	100%
Individual Out-of-Pocket	\$4,000/\$8,000	\$4,000/\$8,000	\$1,500
Family Out-of-Pocket	\$12,000/\$24,000	\$12,000/\$24,000	\$4,500
Office Visit Copay	\$35	\$35	\$10
Specialist Visit Copay	\$55	\$55	\$45
Rx card	\$0/10/35/75/150/250	\$0/10/35/75/150/250	\$0/10/50/100/150
Inpatient Hospital	\$200/\$300	\$200/\$300	\$150
Outpatient Surgery	\$150/\$250	\$150/\$250	\$100
Urgent Care	\$75	\$75	\$45
ER	\$400	\$400	\$300
<b>Monthly Rates</b>			
Employee Only	\$889.18	\$667.45	\$682.32
Employee + Spouse	\$1,778.36	\$1,334.90	\$1,364.64
Employee + Child(ren)	\$1,644.98	\$1,234.78	\$1,262.29
Family	\$2,534.16	\$1,902.23	\$1,944.61
<b>Cost Per Paycheck</b>			
Employee Only	\$112.89	\$61.72	\$65.15
Employee + Spouse	\$318.08	\$215.75	\$222.61
Employee + Child(ren)	\$287.30	\$192.64	\$198.99
Family	\$492.50	\$346.67	\$356.45

1



27 N Bennett St. #414, Geneva, IL 60124  
630-738-1224,  
www.thebenefitsourceinc.com

NOTE; THIS IS A BENEFIT SUMMARY; FOR MORE DETAILS AND SEE SBC AND POLICY