## Fire
**July 1, 2018**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Blue Choice Option 1 FIRE</th>
<th>Blue Choice Option 2 FIRE</th>
<th>Blue Access FIRE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$250</td>
<td>$500</td>
<td>$0</td>
</tr>
<tr>
<td>Family</td>
<td>$500</td>
<td>$1,000</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>Level 1 &amp; 2 (In-Network) 10%</td>
<td>Level 1 &amp; 2 (In-Network) 10%</td>
<td>Level 3 (Out-of-Network) 30%</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$750</td>
<td>$1,000</td>
<td>$500</td>
</tr>
<tr>
<td>Family</td>
<td>$1,500</td>
<td>$2,000</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Lifetime Maximum Benefit</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

### Covered Services

- **Office Visit Services**
  - Level 1 & 2 $10 Copay
  - Level 1 & 2 $25 Copay
  - Level 1 $10 Copay
  - Copay Waived (except for routine vision exams)
- **Services Not Subject to Copay**
  - Physician services related to level 1 maternity care
  - Preventive Care (Routine vision exams excluded)
  - Mammography and interpretation $10
  - Mammography and interpretation $10
- **Preventive Office Services**
  - Level 1 $10
  - Copay Waived (except for routine vision exams)
- **Other Copay**
  - Mammography and interpretation $10
  - Mammography and interpretation $10
- **Eye Exams - One per benefit period**
  - Office Level 2 Copay- $10
  - Office Level 2 Copay- $25
- **Routine Hearing Exams**
  - Not Covered
  - Not Covered
- **Inpatient Physician Services**
  - coinsurance after deductible
  - coinsurance after deductible
  - coinsurance after deductible
  - Covered at 100%
- **Inpatient Hospital Facility Services**
  - Covered at 100%
  - Covered at 100%
- **Outpatient Hospital Charges**
  - coinsurance after deductible
  - coinsurance after deductible
  - coinsurance after deductible
  - Covered at 100%
- **Outpatient Physician Services**
  - coinsurance after deductible
  - coinsurance after deductible
  - coinsurance after deductible
  - Covered at 100%
- **Emergency Room**
  - $50 Copay
  - $50 Copay
  - $25 Copay
- **Skilled Nursing (limited to 90 days per benefit Period)**
  - coinsurance after deductible
  - coinsurance after deductible
  - Covered at 100%
- **Hospice Care (limited to 15 days inpatient/ 15 days outpatient)**
  - 20 % coinsurance after deductible
  - 20 % coinsurance after deductible
  - 20 % coinsurance after deductible
  - Covered at 100%
- **Morbid Obesity (surgical and non surgical)**
  - coinsurance after deductible
  - coinsurance after deductible
  - Covered at 100%
- **Inpatient Mental Health & Substance Abuse**
  - Covered at 100% in Network
  - Covered at 100%
  - Covered at 100%
- **Outpatient Mental Health & Substance Abuse**
  - coinsurance after deductible
  - coinsurance after deductible
  - coinsurance after deductible
  - Covered at 100%
- **Office Mental Health & Substance Abuse**
  - $10 Copay
  - $25 Copay
  - $5 Copay
- **Prescription Drugs**
  - $5 /$15
  - $5 /$25 /$50
  - $5 or 25% whichever is greater

Immunizations/ Diagnostic xrays and Laboratory Services/ Emergency Care out of Area/ Maternity Care

Outpatient Copay $20 applies to Authorized prosthetic devices and DME

$5 copay for ophthalmologist/ copay waived for optometrist

One Per Benefit Period/ Office $5

Covered at 100%
### Blue Choice Option 1 Rates

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Premium</td>
<td>$603.35</td>
<td>$1,508.43</td>
</tr>
<tr>
<td>Employee Contribution Amount</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Employee Monthly Contribution</td>
<td>$48.27</td>
<td>$120.67</td>
</tr>
<tr>
<td>Employee Bi-weekly Contribution</td>
<td>$22.28</td>
<td>$55.70</td>
</tr>
<tr>
<td>Bi-weekly Wellness Incentive</td>
<td>$2.78</td>
<td>$6.96</td>
</tr>
</tbody>
</table>

### Blue Choice Option 2 Rates

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Premium</td>
<td>$562.13</td>
<td>$1,405.38</td>
</tr>
<tr>
<td>Employee Contribution Amount</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Employee Monthly Contribution</td>
<td>$44.97</td>
<td>$112.43</td>
</tr>
<tr>
<td>Employee Bi-weekly Contribution</td>
<td>$20.76</td>
<td>$51.89</td>
</tr>
<tr>
<td>Bi-weekly Wellness Incentive</td>
<td>$5.19</td>
<td>$12.97</td>
</tr>
</tbody>
</table>

### Blue Access Rates

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Premium</td>
<td>$624.70</td>
<td>$1,561.77</td>
</tr>
<tr>
<td>Employee Contribution Amount</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Employee Monthly Contribution</td>
<td>$68.72</td>
<td>$171.79</td>
</tr>
<tr>
<td>Employee Bi-weekly Contribution</td>
<td>$31.72</td>
<td>$79.29</td>
</tr>
<tr>
<td>Bi-weekly Wellness Incentive</td>
<td>$2.88</td>
<td>$7.21</td>
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