



Boys & Girls Club Workers Association Medical Plan Options

	Select PPO		Choice PPO		Advantage		Value		Super Saver	
Your Benefits	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>
Primary Physician	\$25 Copay	Ded & Coins	\$30 Copay	Ded & Coins	Ded & Coin	Ded & Coins	Ded & Coin	Ded & Coins	\$35 Copay	Ded & Coins
Specialist	\$50 Copay	Ded & Coins	\$60 Copay	Ded & Coins	Ded & Coin	Ded & Coins	Ded & Coin	Ded & Coins	\$70 Copay	Ded & Coins
Basic Lab and X-Ray	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Nuclear Imaging	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Inpatient Facility / Hospitalization	Ded & Coins	Ded & Coins	\$500 Copay per admission	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	\$500 Copay per admission	Ded & Coins
Outpatient Facility	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Emergency Room	Deductible and Coinsurance		Deductible and Coinsurance		Deductible and Coinsurance		Deductible and Coinsurance		Deductible and Coinsurance	
Preventive Care Services	100% of Allowed	Ded & Coins	100% of Allowed	Ded & Coins	100% of Allowed	Ded & Coins	100% of Allowed	Ded & Coins	100% of Allowed	Ded & Coins
Deductibles and Coinsurance	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>
Employee Deductible	\$500	\$750	\$750	\$1,000	\$1,250	\$1,500	\$1,500	\$1,750	\$5,000	\$10,000
Family Deductible	\$1,000	\$1,500	\$1,500	\$2,000	\$2,500	\$3,000	\$3,000	\$3,500	\$10,000	\$20,000
Coinsurance	85% / 15%	65% / 35%	80% / 20%	60% / 40%	75% / 25%	55% / 45%	75% / 25%	55% / 45%	75% / 25%	55% / 45%
Employee Maximum Out of Pocket	\$3,000	\$7,000	\$5,000	\$7,000	\$5,000	\$7,000	\$5,000	\$7,000	\$6,600	\$13,200
Family Maximum Out of Pocket	\$6,000	\$14,000	\$7,500	\$14,000	\$7,500	\$14,000	\$7,500	\$14,000	\$13,200	\$26,400
What's included in your Maximum out of Pocket	Your Deductibles, Coinsurance, Copays, and Pharmacy Copays		Your Deductibles, Coinsurance, Copays, and Pharmacy Copays		Your Deductibles, Coinsurance, Copays, and Pharmacy Copays		Your Deductibles, Coinsurance, Copays, and Pharmacy Copays		Your Deductibles, Coinsurance, Copays, and Pharmacy Copays	
Your Pharmacy Benefits	Pharmacy Benefits		Pharmacy Benefits		Pharmacy Benefits		Pharmacy Benefits		Pharmacy Benefits	
Pharmacy Deductible	No Deductible		No Deductible		No Deductible		\$100 per person		\$200 Deductible	
Retail Pharmacy 30 day supply										
Generic	10% coinsurance, minimum of \$8, maximum of \$16		20% coinsurance, minimum of \$10, maximum of \$20		20% coinsurance, minimum of \$10, maximum of \$20		\$10 Copay		\$15 Copay	
Brand	20% coinsurance, minimum of \$20, maximum of \$40		30% coinsurance, minimum of \$30, maximum of \$60		30% coinsurance, minimum of \$30, maximum of \$60		\$50 Copay		\$60 Copay	
Non-Preferred Brand	30% coinsurance, minimum of \$30, maximum of \$60		40% coinsurance, minimum of \$40, maximum of \$80		40% coinsurance, minimum of \$40, maximum of \$80		\$75 Copay		\$80 Copay	
Mail Order 90 day supply										
Generic	10% coinsurance, to a maximum of \$20		20% coinsurance, to a maximum of \$30		20% coinsurance, to a maximum of \$30		\$20 Copay		\$30 Copay	
Brand	20% coinsurance, to a maximum of \$50		20% coinsurance, to a maximum of \$60		20% coinsurance, to a maximum of \$60		\$100 Copay		\$120 Copay	
Non-Preferred Brand	30% coinsurance, to a maximum of \$100		30% coinsurance, to a maximum of \$120		30% coinsurance, to a maximum of \$120		\$150 Copay		\$160 Copay	
Specialty Pharmacy	20% Coinsurance to a Maximum of \$250		20% Coinsurance to a Maximum of \$350		20% Coinsurance to a Maximum of \$350		30% Coinsurance to a Maximum of \$350		30% Coinsurance to a Maximum of \$500	



Your Benefits	Basic H.S.A.		Premium H.S.A.		Select EPO		Choice EPO	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Primary Physician	Ded & Coin	Ded & Coins	Ded & Coins	Ded & Coins	\$25 Copay	No Coverage	\$30 Copay	No Coverage
Specialist	Ded & Coin	Ded & Coins	Ded & Coins	Ded & Coins	\$50 Copay	No Coverage	\$60 Copay	No Coverage
Basic Lab and X-Ray	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	No Coverage	Ded & Coins	No Coverage
Nuclear Imaging	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	No Coverage	Ded & Coins	No Coverage
Inpatient Facility / Hospitalization	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	No Coverage	Ded & Coins	No Coverage
Outpatient Facility	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	No Coverage	Ded & Coins	No Coverage
Emergency Room	Deductible and Coinsurance		Deductible and Coinsurance		Deductible and Coinsurance		Deductible and Coinsurance	
Preventive Care Services	100% of Allowed	Ded & Coins	100% of Allowed	Ded & Coins	100% of Allowed	Ded & Coins	100% of Allowed	No Coverage
Deductibles and Coinsurance	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Employee Deductible	\$3,000	\$6,000	\$1,500	\$3,000	\$500	No Coverage	\$750	No Coverage
Family Deductible	\$6,000	\$12,000	\$3,000	\$6,000	\$1,000	No Coverage	\$1,500	No Coverage
Coinsurance	75% / 25%	55% / 45%	80% / 20%	60% / 40%	85%/15%	No Coverage	80% / 20%	No Coverage
Employee Maximum Out of Pocket	\$6,000	\$12,000	\$3,400	\$6,800	\$3,000	No Coverage	\$5,000	No Coverage
Family Maximum Out of Pocket	\$12,000	\$24,000	\$6,800	\$13,600	\$6,000	No Coverage	\$7,500	No Coverage
What's included in your Maximum out of Pocket	Your Deductibles, Coinsurance, Copays, and Pharmacy Copays		Your Deductibles, Coinsurance, Copays, and Pharmacy Copays		Your Deductibles, Coinsurance, Copays, and Pharmacy Copays		Your Deductibles, Coinsurance, Copays, and Pharmacy Copays	
Your Pharmacy Benefits	Pharmacy Benefits		Pharmacy Benefits		Pharmacy Benefits		Pharmacy Benefits	
Pharmacy Deductible	Ded & Coin		Ded & Coin		No Deductible		No Deductible	
Retail Pharmacy 30 day supply								
Generic	Ded & Coin		Ded & Coin		\$16 Copay		\$20 Copay	
Brand	Ded & Coin		Ded & Coin		\$40 Copay		\$40 Copay	
Non-Preferred Brand	Ded & Coin		Ded & Coin		\$60 Copay		\$80 Copay	
Mail Order 90 day supply								
Generic	Ded & Coin		Ded & Coin		\$20 Copay		\$40 Copay	
Brand	Ded & Coin		Ded & Coin		\$50 Copay		\$80 Copay	
Non-Preferred Brand	Ded & Coin		Ded & Coin		\$100 Copay		\$160 Copay	
Specialty Pharmacy	Ded & Coin		Ded & Coin		\$250 Copay		\$350 Copay	