

Carrier
 Website
 Underwriting

CareFirst BCBS
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 Guaranteed Issue

BENEFITS				
Plan Type Plan Number Network	Open Access HMO HSA HSA Option 1 BlueChoice (PANUM BASE)	HMO Medical Option #5 BlueChoice (PANUM OPTION 1)	Open Access POS Medical Option #1 BlueChoice (PANUM OPTION 2)	
<i>Contract Year</i>	In-Network	In-Network	In-Network	Out-of-Network
Deductible - <i>Single</i>	\$1,200	None	None	None
Deductible - <i>Family</i>	\$2,400	None	None	None
Co-Insurance	100%	100%	100%	80%
OOB Reimbursement	n/a	n/a	n/a	Plan Allowance
Out of Pocket - <i>Single</i>	\$2,400	\$3,300	\$3,300	\$3,300
Out of Pocket - <i>Family</i>	\$4,800	\$10,100	\$10,100	\$10,100
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
HOSPITAL CHARGE				
Inpatient Hospital	Ded. then \$250 Co-Pay	\$250 Co-Pay	No Charge	Co-Insurance
EMERGENCY CARE				
Emergency Room	Ded. then \$100 Co-Pay	\$100 Co-Pay	\$35 Co-Pay	\$35 Co-Pay
Urgent Care	Ded. then \$30 Co-Pay	\$40 Co-Pay	\$20 Co-Pay	\$20 Co-Pay
OFFICE SERVICES				
Doctor Visits	Ded. then \$20/\$30 Co-Pay	\$30/\$40 Co-Pay	\$10/\$20 Co-Pay	Co-Insurance
Preventive Care	\$20 Co-Pay	\$30/\$40 Co-Pay	\$10/\$20 Co-Pay	Co-Insurance
Well Child Care	\$10 Co-Pay to age 2	\$10 Co-Pay to age 2	\$10 Co-Pay	Co-Insurance
Maternity	Ded. then \$20 Co-Pay	\$30 Co-Pay	\$10/\$20 Co-Pay	Co-Insurance
PRESCRIPTION DRUGS				
Deductible	\$1,200 Single/\$2,400 Family (Combined w/Medical)	\$100	None	
Generic	\$0 Co-Pay	\$15 Co-Pay	\$10 Co-Pay	
Brand Formulary	\$25 Co-Pay	\$25 Co-Pay	\$20 Co-Pay	
Brand Non-Formulary	\$45 Co-Pay +	\$50 Co-Pay +	\$30 Co-Pay +	
Maximum Benefit	\$2,400 Single/\$4,800 Family Out of Pocket Max (Combined w/Medical)	Unlimited	Unlimited	

***RENEWAL EFFECTIVE 5/1/2010 - COMPANY COST**

	Panum Base		Panum Option 1	Panum Option 2
	HMO 1	Funding - Deductible	HMO 2	POS
Employee	\$297.00	\$100.00	\$357.00	\$537.00
Employee+Child	\$550.00	\$200.00	\$661.00	\$938.00
Employee+Spouse	\$683.00	\$200.00	\$821.00	\$1,166.70
Employee+Children	\$550.00	\$200.00	\$661.00	\$938.00
Employee+Family	\$832.00	\$200.00	\$1,000.00	\$1,420.00

***RENEWAL EFFECTIVE 5/1/2010 - EMPLOYEE COST**

	Base		Option 1	Option 2
	HMO 1	Funding - Deductible	HMO 2	POS
Employee	\$71.20	\$0.00	\$31.20	\$211.20
Employee+Child	\$324.20	\$0.00	\$235.20	\$512.20
Employee+Spouse	\$457.20	\$0.00	\$395.20	\$740.90
Employee+Children	\$324.20	\$0.00	\$235.20	\$512.20
Employee+Family	\$606.20	\$0.00	\$574.20	\$994.20

*Partners, S corp & LLC owners cannot make pre-tax contributions to an HSA.

*Does not include Carefirst Vision rider.

