

SEPTEMBER 1, 2026 - AUGUST 31, 2027				
BCBS COMMUNITY BLUE PPO	Plan Choice #7 (BCBS HSA) HSA Compatible		Plan Choice #8 (BCBS HSA) HSA Compatible	
Plan Design	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Single/Family)	\$2,000/\$4,000	\$4,000/\$8,000	\$2,500/\$5,000	\$5,000/\$10,000
Office Visit / Urgent Care	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Emergency Room	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Preventive Care	100% (not subject to deductible)	Not Covered	100% (not subject to deductible)	Not Covered
Coinsurance	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Coinsurance Maximum (Single/Family) Not Including Deductible	N/A	N/A	N/A	N/A
Prescription Drugs (copays for HSA plans apply after deductible is met)	\$15 Generic \$50 Brand 50% (\$70 min/\$100 max) Non Preferred Brand (Mail Order x 2)	75% of approved amount; plus copays	\$15 Generic \$50 Brand 50% (\$70 min/\$100 max) Non Preferred Brand (Mail Order x 2)	75% of approved amount; plus copays
Out-of-Pocket Maximum				
In-Network includes applicable deductibles, coinsurance and copays. Out-of-Network excludes copays	\$3,000 per member/\$6,000 for 2 or more members per calendar year	\$6,000 per member/\$12,000 for 2 or more members per calendar year	\$4,000 per member/\$8,000 for 2 or more members per calendar year	\$8,000 per member/\$16,000 for 2 or more members per calendar year
	YEARLY PAYROLL DEDUCTION		YEARLY PAYROLL DEDUCTION	
Single	\$1,996.08		\$1,567.32	
2-Person	\$4,170.48		\$3,277.56	
Family	\$5,441.88		\$4,276.92	
	PER PAY DEDUCTION BEGINNING 9-10-26 (OVER 20 PAYS)		PER PAY DEDUCTION BEGINNING 9-10-26 (OVER 20 PAYS)	
Single	\$99.81		\$78.37	
2-Person	\$208.53		\$163.88	
Family	\$272.10		\$213.85	