JANUARY 1, 2027 - DECEMBER 31, 2027		
BCBS COMMUNITY BLUE PPO	**Plan Choice #6A FSA Compatible**	
Plan Design	**In-Network**	**Out-of-Network**
Deductible (Single/Family)	**$2,000/$4,000**	**$4,000/$8,000**
Office Visit / Urgent Care	**$30 Office Visit/$60 Urgent Care (After Deductible)**	**60% after deductible**
Emergency Room	**$250 copay after deductible (waived if injury or if admitted)**	**$250 copay (waived if injury or if admitted)**
Preventive Care	**$0**	**Preventive Care**
Coinsurance	**80% after deductible**	**60% after deductible**
Coinsurance Maximum (Single/Family) Not Including Deductible	**$1,500/$3,000**	**$3,000/$6,000**
Prescription Drugs (copays in network 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**
Out-of-Pocket Maximum **In-Network includes applicable deductibles, coinsurance and copays. Out-of-Network excludes copays**	**$6,350 per member/$12,700 for 2 or more members per calendar year**	**$12,700 per member/$25,400 for 2 or more members per calendar year**
	YEARLY PAYROLL DEDUCTION	
Single	**$1,592.64**	
2-Person	**$3,330.72**	
Family	**$4,341.12**	
	PER PAY DEDUCTION BEGINNING 1-10-27 (OVER 20 PAYS)	
Single	**$79.64**	
2-Person	**$166.54**	
Family	**$217.06**	

Plan 6 vs 6A

With Plan 6 you pay copays for office visits, ER visits, Urgent care visits and prescriptions. All other services go toward the individual deductible and then the individual coinsurance up to the individual coinsurance maximum. Preventive services are 100% covered. GLP-1 drugs are covered under plan 6.

With Plan 6A you have to meet the individual deductible first then you begin paying copays for office visits, ER visits, Urgent care visits and prescriptions and 20% for everything else up to the individual coinsurance maximum. Preventive services are 100% covered. GLP-1 drugs are not covered in plan 6A.