

Labtopia Staffing
Medical Benefit Plan

Effective 1-1-19 to 12-31-19

Revised Based on 3 enrolling	BCBS	BCBS
	CORE PLAN S642ADT	BUY UP PLAN S663CHC
DESIGN (in-network)		
Network	Blue Advantage HMO	BlueChoice PPO
Deductible (ind / fam)	\$3500 / \$10,500	\$3000 / \$9000
Coinsurance	30%	30%
Out-of-Pocket Max (ind/fam)	\$7900 / \$15,800	\$7900 / \$15,800
MEDICAL (in-network)		
Telehealth / Virtual Visits	\$50 copay	\$40 copay
Physician Office Visits	\$50 copay	\$40 copay
Specialist Office Visits	\$80 copay	\$70 copay
Lab / X-Ray at OV	ded + 30%	ded + 30%
Complex Imaging	\$250 copay	\$200 copay + ded + 30%
Urgent Care Center	\$40 copay	\$40 copay
ER Facility / Physician	\$500 copay + ded + 30%	\$500 copay + ded + 30%
Outpatient Surgery	ded + 30%	\$200 copay + ded + 30%
Inpatient Care	ded + 30%	\$250 copay + ded + 30%
RX (in-network)		
Retail (30-day supply)	\$0/\$10/\$50/\$100/\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250
Program Type	mandatory generic	mandatory generic
NOTES		
Plan Type	HMO	PPO
Primary Care Physician Required	YES, you must name a PCP on your application at the time of enrollment	NO
Website / Network	www.bcbstx.com / BLUE ADVANTAGE HMO	www.bcbstx.com / BLUE CHOICE PPO
Comments	copays higher at non-pref pharm	copays higher at non-pref pharm
EMPLOYER IS PAYING 50% OF THE EMPLOYEE ONLY RATE BASED ON THE CORE PLAN FINAL RATES		
	ESTIMATED EMPLOYEE CONTRIBUTION PER PAY PERIOD (52) ON CORE PLAN	ESTIMATED EMPLOYEE CONTRIBUTION PER PAY PERIOD (52) ON BUY UP PLAN
EMPLOYEE ONLY	\$42.08	\$91.66
Employee + Spouse	\$126.22	\$225.39
Employee + Child(ren)	\$126.22	\$225.39
Employee + Family	\$210.37	\$359.13
RATES ARE ESTIMATED BASED ON CURRENT CENSUS OF EMPLOYEE'S OF LABTOPIA STAFFING. PLEASE BE ADVISED THAT RATES ARE SUBJECT TO CHANGE (INCREASE OR DECREASE) BASED ON FINAL ENROLLED CENSUS.		