

Benefit	Blue Cross HDHP/HSA In/Out Of-Network	Blue Cross EPO In-Network Only	Blue Cross PPO In/Out Of-Network
Deductible			
Single	\$2,000 ³ /\$2,000	\$800 (applies only to inpatient hospitalization and emergency room services)	\$250/\$2,250
Family	\$4,000 ³ /\$4,000	\$1,600 (applies only to inpatient hospitalization and emergency room services)	\$500/\$4,500 (In-Network deductible applies only to inpatient hospitalization and emergency room services)
Co-Insurance	100%/60%	N/A	100%/80%
Out-of-Pocket Max	Includes ded. & co-ins.		Includes ded. & co-ins.
Single	\$4,000/\$4,000	\$5,000	\$4,250/\$4,250
Family	\$8,000/\$8,000	\$10,000	\$8,500/\$8,500
Office Visits			
Primary Care Physician	\$20, after deductible ¹ /60% ¹	\$25 copay	\$25 copay/80% ¹
Specialist	\$25, after deductible ¹ /60% ¹	\$35 copay	\$30 copay/80% ¹
Preventive Care²	100%	100%	100%
Other Services			
Chiropractic Care	\$25, after deductible ¹ /60% ¹	\$35 copay	\$30 copay/80% ¹
Emergency Room	\$50 after deductible ¹ / \$50 after deductible ¹ waived if admitted	\$150 copay, after deductible waived if admitted	\$100 copay after deductible/\$100 copay waived if admitted
Urgent Care	\$25, after deductible ¹	\$65	\$50
Hospitalization	\$100, after deductible ¹ /60% ¹	\$500 per admission, after deductible	\$130 per day, 5 day max/80% ¹
Outpatient Surgery	\$100, after deductible ¹ /60% ¹	\$175 copay	\$130 copay/80% ¹
Radiology			
Facility Standard	\$20, after deductible ¹ / 60% ¹	\$50 copay	\$20 copay/80% ¹
Facility Advanced ⁴	\$50, after deductible ¹ / 60% ¹	\$70 copay	\$50 copay/80% ¹
Professional Standard	\$10, after deductible ¹ / 60% ¹	\$25 copay	\$10 copay/80% ¹
Professional Advanced ⁴	\$25, after deductible ¹ / 60% ¹	\$35 copay	\$25 copay/80% ¹
Prescription Drugs			
Retail:			
Formulary Generic	\$5 copay, after deductible	\$10 copay	\$10 copay
Formulary Brand-Name	\$20 copay, after deductible	\$30 copay	\$25 copay
Non-Formulary Brand-Name	\$45 copay, after deductible	\$45 copay	\$45 copay
Mail Order:			
Formulary Generic	\$10 copay, after deductible	\$20 copay	\$20 copay
Formulary Brand-Name	\$40 copay, after deductible	\$60 copay	\$50 copay
Non-Formulary Brand-Name	\$90 copay, after deductible	\$90 copay	\$90 copay
Dependent Children Age Limit	To age 26	To age 26	To age 26

1 After deductible.

2 For further information including a complete list of preventive services, please go to DLLbenefits.com

3 DLL will contribute \$750 if you are enrolled as employee only and \$1,500 if you are enrolled in any other tier, into your Health Savings Account.

4 Advanced Radiology includes MRI, CAT Scan, PET Scan, etc.

Blue Distinction Centers and Blue Distinction Centers Plus Enhanced Benefit

If a member chooses to use one of these centers for one of these five services that will have the following cost share compared to using a non-qualifying facility for the specific services.

	HDHP Plan	EPO Plan	PPO Plan
Bariatric SurgeryCenters	100% after deductible Out of Network: No Coverage	100%, Out of Network: No Coverage	100%, Out of Network (OON): OON Level
Cardiac Care	BDC/BDC+ Providers: 100% after deductible	BDC/BDC+ Providers: 100% Coverage	BDC/BDC+ Providers: 100% Coverage
Knee/Hip Replacement	Non BDC Providers: \$100 copay, after deductible	Non BDC Providers: \$500 per admission	Non BDC Providers: \$130 Per day, 5 day max
Spine Surgery	Out of Network (OON): OON Level	Out of Network (OON): No Coverage	Out of Network (OON): OON Level
Transplant	100% after deductible Out of Network: No Coverage	100%, Out of Network: No Coverage	100%, Out of Network (OON): OON Level