

MARIETTA COUNTY						
Plan Highlights	CURRENT PLAN	OPTION #1	OPTION #2	OPTION #3	OPTION #4	OPTION #5
	Central States	BCBS HMO	BIG PPO	BIG PPO	SMALLER PPO	SMALLER PPO
PLAN NUMBER		P502PSN	\$506PPO	P502PPO	G511BCE	G510BCE
Deductible	Single	NONE	\$2,250.00	\$2,600.00	\$1,000.00	\$1,500.00
	Single plus one	NONE	\$4,500.00	\$5,200.00	\$2,000.00	\$3,000.00
	Family	NONE		\$5,200.00	\$3,000.00	\$4,500.00
Coinsurance	80% after ded.	100%	70%	100%	80%	80%
Max OOP	Single	\$2,700.00	\$1,500.00	\$6,850.00	\$2,600.00	\$3,000.00
	Single plus one	\$5,400.00	\$3,000.00	\$13,700.00	\$5,200.00	\$6,000.00
	Family	\$5,500.00	\$3,000.00	\$13,700.00	\$5,200.00	\$7,000.00
Office Visit Copay		\$20.00	\$25.00	\$40.00	DED FIRST	\$35.00
Specialist Copay		\$20.00	\$45.00	\$60.00	DED FIRST	\$60.00
ER Copay		80%	\$300	\$500	DED FIRST	\$400
IP Surgery Copay		80%	\$150	\$250	DED FIRST	\$200
OP Surgery Copay		80%	\$100	\$200	DED FIRST	\$150
Wellness		20	100%	100%	100%	100%
Chiropractic		50%	\$45	\$60	DED FIRST	\$60
Hospital		80%	100%	70%	DED FIRST	80%
X-ray, Lab		80%	100%	70%	DED FIRST	80%
Prescriptions	Retail	75% after ded.	\$0/\$10/\$35/\$75/\$150	\$0/\$10/\$35/\$75/\$150	DED FIRST	\$0/\$10/\$35/\$75/\$150
	Mail Order	80% after ded.	\$0/\$20/\$70/\$130/\$300	\$0/\$20/\$70/\$150/\$300	DED FIRST	\$0/\$20/\$70/\$150/\$300
		\$100 per week	\$100 per week	\$100 per week	\$100 per week	\$100 per week
		Zero	\$50.00	\$50.00	\$50.00	\$50.00
	Annual Max	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
	Preventative	100%	100%	100%	100%	100%
	Diagnostic	85%	80%	80%	80%	80%
	Restorative	85%	80%	80%	80%	80%
	Crown/Bridge	70%	50%	50%	50%	50%
	Dentures	70%	50%	50%	50%	50%
	Orthodontic	50% (\$1000 L/M)	50% (\$1500 L/M)	50% (\$1500 L/M)	50% (\$1500 L/M)	50% (\$1500 L/M)
	Vision	Per Schedule	Per Schedule	Per Schedule	Per Schedule	Per Schedule
	Short Term Insurance	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000
	PREMIUMS					
	Single	\$566.00	\$561.00	\$540.00	\$585.00	\$576.00
	Single Plus Children	???	\$827.00	\$796.00	\$861.00	\$848.00