

The Gateway Companies

2021 Rates				
Plan Name	Blue Cross Blue Shield Base		Blue Cross Blue Shield Buy-up	
	MOBPF013		MOBPF007	
Blue Preferred PPO	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual	\$3,000	\$6,000	\$1,500	\$3,000
Family	\$9,000	\$18,000	\$4,500	\$9,000
Coinsurance	70%	60%	50%	50%
Out of Pocket Max				
Individual	\$7,000	\$21,000	\$6,000	\$18,000
Family	\$14,000	\$42,000	\$13,000	\$39,000
Hospitalization	\$750 co-pay + ded. + 30%	\$750 co-pay + ded. + 40%	\$500 co-pay + ded. + 50%	\$500 co-pay + ded. + 50%
Emergency Room	\$300 co-pay +Ded + 30%	\$300 co-pay + Ded + 30%	\$300 co-pay +Ded + 50%	\$300 co-pay + Ded + 50%
Urgent Care	Ded. + 30%	ded. + 40%	Ded. + 50%	ded. + 50%
Office Visit	\$30 Primary/ \$50 Specialist	ded. + 30%	\$30 Primary/ \$50 Specialist	ded. + 30%
Preventative Care	100%	Ded. + 30%	100%	ded. + 30%
Prescription Drugs				
RX Deductible	\$0	\$0	\$0	\$0
Generic	\$0/\$10/\$20	\$10/\$20 + 50%	\$0/\$10/\$20	\$10/\$20 + 50%
Preferred Brand	\$50	\$70 + 50%	\$50	\$70 + 50%
Non-Preferred Brand	\$100	\$120 + 50%	\$100	\$120 + 50%
Specialty	\$150/\$250	\$150/\$250 + 50%	\$150/\$250	\$150/\$250 + 50%
Weekly Premiums				
Employee		\$26.79		\$31.22
Employee/Spouse		\$155.38		\$165.13
Employee/Child(ren)		\$117.87		\$126.06
Employee/Family		\$262.56		\$276.73