

The Gateway Companies

		2023 Rates			
Plan Name		Blue Cross Blue Shield Base		Blue Cross Blue Shield Buy-up	
PROVIDER NETWORK		MOBAP0102		**MOBAP0022**	
		Blue Advantage		Blue Advantage	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible					
Individual		\$3,000	\$6,000	\$1,500	\$2,500
Family		\$9,000	\$18,000	\$4,500	\$7,500
Coinsurance		70%	60%	80%	60%
Out of Pocket Max					
Individual		\$7,000	\$21,000	\$5,000	\$15,000
Family		\$14,000	\$42,000	\$10,000	\$30,000
Hospitalization		\$200 co-pay + ded. + 30%	\$300 co-pay + ded. + 40%	\$750 co-pay + ded. + 20%	\$750 co-pay + ded. + 40%
Emergency Room		\$400 co-pay +Ded + 30%	\$400 co-pay + Ded + 30%	\$200 co-pay +Ded + 20%	\$200 co-pay + Ded + 20%
Urgent Care		\$50	ded. + 30%	\$50	ded. + 30%
Office Visit		\$20 Primary/ \$40 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			\$32.37		\$42.92
Employee/Spouse			\$187.69		\$210.91
Employee/Child(ren)			\$142.37		\$161.90
Employee/Family			\$317.16		\$350.93