



An independent Licensee of the Blue Cross and Blue Shield Association

# Muddy Creek Charter School

Open Enrollment

July 1, 2023

	Option #1		Option #2	
Plan Options	Platinum 500 (\$500, \$20, 90/50%, \$3,000)		Gold 800 (\$800, \$30, 70/50%, \$8,550)	
<b>Insurance Carrier</b>	Regence BlueShield		Regence BlueShield	
<b>Lifetime Maximum</b>	Unlimited		Unlimited	
<b>Provider Network</b>	<b>In-Network</b>	<b>Out-of-Net.</b>	<b>In-Network</b>	<b>Out-of-Net.</b>
<b>Annual Deductible</b>	\$500 2x family	\$3,000 2x family	\$800 2x family	\$5,000 2x family
<b>Out-of-pocket Maximum</b>	\$3,000 2x family	\$10,000 2x family	\$8,550 2x family	\$10,000 2x family
<b>Benefits</b>	<b>In-Network</b>	<b>Out-of-Net.</b>	<b>In-Network</b>	<b>Out-of-Net.</b>
<b>Office Visits</b>				
Preventive / Telehealth copay	\$0 / \$10	50%	\$0 / \$10	50%
Primary / Specialist visit copay	\$20 / \$30	50%	\$30 / \$50	50%
Mental Health visit copay	\$20	50%	\$30	50%
Urgent Care visit copay	\$30	50%	\$50	50%
Chiropractic (20 visits PCY)	\$20	50%	\$30	50%
Acupuncture (12 visits PCY)	\$20	50%	\$30	50%
<b>Tests</b>	<b>Ded. Waived</b>		<b>Ded. Waived</b>	
Preventive Tests	\$0	50%	\$0	50%
	<b>Ded. Waived</b>		<b>Ded. Waived</b>	
Lab, X-ray and Basic Imaging	90%	50%	70%	50%
CT, MRI, PET Scans	90%	50%	70%	50%
<b>Maternity Care</b>				
Labor and delivery	90%	50%	70%	50%
<b>Inpatient Hospitalization</b>	90%	50%	70%	50%
<b>Emergency Room Care</b>	90%	50%	70%	50%
<b>Prescription Drugs (2x Mail)</b>				
<b>Generic:</b> Pref./Non-Pref.	\$8 / \$35		\$10 / \$35	
<b>Brand:</b> Pref./Non-Pref.	\$30 / 50%		\$50 / 50%	
<b>Specialty:</b> Pref./Non-Pref.	20% / 50%		20% / 50%	
<b>Adult Choice Vision</b>	1 exam / year - \$200 Hardware		1 exam / year - \$200 Hardware	
<b>Family Status</b>	<b>Monthly Cost</b>		<b>Monthly Cost</b>	
Employee Only	114.85		0.00	
Employee & Spouse	806.49		691.64	
Employee & Children	685.51		587.89	
Employee & Family	1,492.00		1,279.53	

Delta Dental Premier (\$50 Ded, \$1500 Max, 100/80/50)	
Family Status	Monthly Cost
Employee Only	0.00
Employee & Spouse	56.97
Employee & Children	73.85
Employee & Family	136.10

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Policy Type	Monthly Costs
Short Term Disability	Discontinued effective 6/30/2023
Long Term Disability	0.00

**NOTE: This is a very limited summary for illustrative purposes only. Actual contract language takes priority over any of the above statements. Please see all contract details for specifics. Any errors or omissions are purely unintentional.**