

MEDICAL INSURANCE

The medical plan provider is Blue Cross Blue Shield of MS. To find individualized information on your benefit coverage, check the status of claims, and search for physicians and hospitals go to www.bcbsms.com and sign up for myblue.

Health Plan Options	Your Responsibility	
	Network	Out of Network
Calendar Year Deductibles (CYD)	Your Responsibility	
Individual	\$750	\$750
Family	\$2,250	\$2,250
Coinsurance Limits		
Individual	\$2,000	Unlimited
Family	\$6,000	Unlimited
Coinsurance	20%	40%
Maximum Out-of-Pocket Limit – Includes Deductible, Coinsurance & all Copays. Prior to this year, there has been no limit on copays		
Individual	\$7,150	Unlimited
Family	\$14,300	Unlimited
Physician Office Visits		
Preventive Care	Covered at 100%	Not Covered
Primary Care Physicians (PCP)	\$25 Co-pay	40% after CYD
Specialists Office Visits and Urgent Care	\$40 Co-Pay	40% after CYD
Other Services Performed at Doctor's Office	20%	40% after CYD
Diagnostic Services		
Independent Lab/X-Ray	20% after CYD	40% after CYD
MRI, CT Scans, PET Scans	20% after CYD	40% after CYD
Hospital/Facility Services		
Emergency Room Visit	20% after CYD	20% after CYD
Inpatient Hospital	20% after CYD	40% after CYD plus \$100 per admission ded
Outpatient Hospital/Surgical Facility	20% after CYD	40% after CYD
Pharmacy Services		
Tier 1 / Tier 2 / Tier 3 / Tier 4 Co-Pays	\$10 / \$25 / \$50 / \$100	Not Covered

MEDICAL PREMIUMS

BCBSMS

Coverage Type	Employee Cost per Pay Period
Employee Only	\$0.00
Employee + Spouse	\$ 195.86
Employee + Child(ren)	\$ 151.05
Family	\$ 337.19

Coverage Type	Employee Monthly Cost
Employee Only	\$ 0.00
Employee + Spouse	\$ 391.72
Employee + Child(ren)	\$ 302.10
Family	\$ 674.38

PLEASE NOTE: To view/print your PPACA Summary Benefits of Coverage please log into MyBlue at www.bcbsms.com