

COMPARISON FOR 2019 MOBILE BAR ASSOCIATION \$500 BENEFIT PLANS

v/s

2019 SMALL GROUP AND INDIVIDUAL BLUE PLANS

Category- In Network	MBAR \$500 Plan	Blue Access Gold	Ind Blue Value Gold
Deductible	\$500 / \$1000	\$600 / \$1,200	\$750 / \$1,500
Out Of Pocket Max	\$5,000 / \$10,000	\$6,000 / \$12,000	\$6,000 / \$12,000
Hospital Copay	\$200 days 1-5	\$250 days 1-5	\$300 days 1-5
Outpatient Copay	\$200.00	\$250.00	\$300.00
Emergency Room Copay Medical	\$200.00	\$250.00	\$300.00
ER Copay Accident	\$200.00	\$250.00	\$300.00

The Plan DEDUCTIBLE DOES NOT APPLY TO MD OFFICE VISIT CONSULT, ANNUAL WELLNESS VISIT OR PHARMACY

Physician Office Visit	\$35 / \$50	\$30 / \$50	\$40 / \$60
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Annual Wellness Office Visit	Covered at 100%	Covered at 100%	Covered at 100%
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Rx Copays	NO DEDUCTIBLE	NO DEDUCTIBLE	Deductible for Specialty Rx
Tier 1	\$15.00	\$10.00	\$10.00
Tier 2	\$40.00	\$20.00	\$25.00
Tier 3	\$60.00	\$40.00	\$45.00
Tier 4 / Preferred Specialty	\$100.00	\$80.00	highest of \$90 or 40%
Tier 5 / Preferred Specialty	\$100.00	\$125.00	\$175.00
Tier 6 / Non Preferred Specialty	\$100.00	\$125.00	highest of \$250 or 20%

	Premium per month
Member Only	\$584.26
Member + Spouse	\$1,213.75
Member + one or more children	\$984.84
Member + Family	\$1,728.78

COMPARISON FOR 2019 MOBILE BAR ASSOCIATION \$3,000 BENEFIT PLANS

v/s

2019 SMALL GROUP AND INDIVIDUAL BLUE PLANS

Category- In Network	MBAR \$3,000 Plan	Blue Secure Silver	Ind Blue Select Silver	Blue Saver Bronze
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Deductible	\$3,000/ \$6,000	\$3,250 / \$6,500	\$2,800 / \$5,600	\$7,150/ \$14,300
Out Of Pocket Max	\$6,000 / \$12,000	\$7,900 / \$15,800	\$7,900 / \$15,800	\$7,150/ \$14,300

Hospital Coinsurance	80% after ded	\$400 Days 1-5	20% after deductible	100% after deductible
Outpatient Surgery Coinsurance	80% after ded	\$400.00	\$600.00	100% after deductible
Emergency Room Copay Medical	\$400.00	\$400.00	\$600.00	100% after deductible
ER Copay Accident	\$400.00	\$400.00	\$600.00	100% after deductible

The Plan DEDUCTIBLE DOES NOT APPLY TO MD OFFICE VISIT CONSULT, ANNUAL WELLNESS VISIT OR PHARMACY

Physician Office Visit	\$30 /\$60	\$40 / \$65	\$40 / \$65	40 for 3 visits, then subject to ded
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Annual Wellness Office Visit	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
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Rx Copays	NO DEDUCTIBLE	Deductible For Tier 6	Decuctible for Tier 4 & 6	Deductible for Tier 3, 4, 5, 6
Tier 1	\$15.00	\$15.00	\$20.00	\$20.00
Tier 2	\$50.00	\$30.00	\$30.00	\$35.00
Tier 3	\$70.00	\$75.00	\$85.00	100% after deductible
Tier 4 / Preferred Specialty	\$395.00	\$100.00	higher of \$150 or 50%	100% after deductible
Tier 5 / Preferred Specialty	\$395.00	\$250.00	\$250.00	100% after deductible
Tier 6 / Non Preferred Specialty	\$395.00	60% after deductible	higher of 300 or 30%	100% after deductible

	Premium per month
Member Only	\$452.47
Member + Spouse	\$936.99
Member + one or more children	\$760.81
Member + Family	\$1,333.14

Dental Plan	MBAR	MBAR	Small Group Dental
Deductible	\$50, 3 per family max	\$50, 3 per family max	\$25, 3 per family max
Maximum	\$1500 per family member	\$1500 per family member	\$1500 per family member
Diagnostic and Preventive	100% no ded	100% no ded	100% no ded
Restorative	100% after ded	100% after ded	100% after ded
Supplemental	100% after ded	100% after ded	75% after ded
Prosthetic	50% after ded	50% after ded	75% after ded
Periodontic	80% after ded	80% after ded	75% after ded
Orthodontic	\$1500 lifetime max	N/A	\$1500 lifetime max
	Premium per month	Premium per month	Premium per month
Member Only	\$25.11	\$21.00	\$32
Member + Spouse	\$47.23	\$39.00	\$66 - two person rate
Member + one or more children	\$58.25	\$48.00	
Member + Family	\$74.87	\$61.50	\$123