



Arnold's Fabricating & Machine Shop

August 1, 2021

COMPOSITE SUMMARY	BCBSTN	MEDPLUS
DEDUCTIBLES & OUT OF POCKET MAXIMUM		
Calendar Year Deductible (CYD)	Single \$6100 / Family \$12200	Single \$400 / Family \$800
Coinsurance after Deductible	BCBSTN 50% / Member 50%	Medplus 100% / Member 0%
Out of Pocket Maximum (OPM) *	Single \$8550 / Family \$17100	Single \$2850 / Family \$5700
Cost after Deductible and OPM have been met	BCBSTN covers 100%	BCBSTN covers 100%
INPATIENT HOSPITAL FACILITY		
Inpatient Hospital	\$6100 CYD then 50%	MedPlus pays up to \$5700
Inpatient Hospital Physician Services	\$6100 CYD then 50%	MedPlus pays up to \$5700
OUTPATIENT FACILITY AND PHYSICIAN CHARGES		
Emergency Room + Physician	\$6100 CYD then 50%	MedPlus pays up to \$5700
Outpatient Facility & Ambulatory Centers	\$6100 CYD then 50%	MedPlus pays up to \$5700
Outpatient Physician (surgery and anesthesia)	\$6100 CYD then 50%	MedPlus pays up to \$5700
Outpatient Diagnostic	\$6100 CYD then 50%	MedPlus pays up to \$5700
Ambulance	\$6100 CYD then 50%	MedPlus pays up to \$5700
Other Covered Services - PT, Chiro, DME	\$6100 CYD then 50%	MedPlus pays up to \$5700
PHYSICIAN AND RX CO-PAYS		
Preventative/Wellness	BCBSTN covers at 100%	Covered under BCBSTN
Primary/Specialist Physician Copay	\$6100 CYD then 50%	MedPlus pays up to \$5700 **
Prescription Drug Benefits: Tier 1,2,3	\$6100 CYD then 50%	\$0 ded/\$10/\$25/\$40 **

* The Out of Pocket with Medplus does NOT include Doctor Copays or Pharmacy deductibles or Copays

** Fully insured prescription drug coverage provided through secondary PBM at matching BCBSTN formulary.

** Office visit and Pharmacy copay benefits, after Copay, are not subject to Gap deductible and continue through the BCBSTN Deductible.

MedPlus benefits will disqualify future HSA contributions. Members who desire HSA participation will need to waive MedPlus coverage