



Choose a Health Plan THAT'S ALL ABOUT YOU

Looking for a health plan that's all about you?

The Capital BlueCross family of companies offers a variety of plans to meet your needs and budget. And all of them come with the security of a name trusted for over 75 years – and a card accepted in all 50 states.

Here's what you need to know to compare plans and select coverage that's right for you.

Choose a Plan in Three Easy Steps

1. Decide if you will buy on or off the Health Insurance Marketplace

The difference? You may be eligible for financial help from the government to help pay the cost of your premiums if you purchase coverage on the Marketplace. We offer the same plans and premiums on and off the Marketplace*.

2. Choose your cost-sharing

Metal level designations enable you to compare similar plans. You'll find deductible levels starting at \$0 and a range of copayment options to suit your needs and budget.

3. Select a network

Most plans are available as a PPO or HMO.

Every Plan Covers All the Essentials

- Preventive and wellness services
- Hospitalization and outpatient services
- Maternity and newborn care
- Laboratory services
- Rehabilitative services and devices
- Emergency services
- Mental health and substance use disorder services
- Prescription drugs
- Chronic disease management
- Pediatric vision care



For assistance or to get a quote:
Call us at **800.451.1181**
Visit us at **ChooseCapitalBlue.com**

Capital **BLUE** 

Choosing a Health Plan Metal Level

There are five categories or “metal levels” of coverage available, each offering a different balance of monthly premiums and out-of-pocket costs for health care services.

Which metal level is best for you?

Bronze and Silver plans generally have lower monthly premiums, but pay less of your costs when you need care. Gold and Platinum plans generally have higher monthly premiums, but pay more of your costs when you need care. Low-cost Catastrophic plans provide protection in the event of sudden or substantial medical expenses.

Within these metal levels is a plan that suits you best based on your budget and your expected health care needs.

Catastrophic Plans	Bronze Plans	Silver Plans	Gold Plans	Platinum Plans
For those under age 30 or who meet income criteria. Lowest monthly premium.	Low monthly premium and higher out-of-pocket costs.	A balance between monthly premium and out-of-pocket costs.	Higher monthly premium and lower out-of-pocket costs.	Highest monthly premium and lowest out-of-pocket costs.
MONTHLY PREMIUM OUT-OF-POCKET	MONTHLY PREMIUM OUT-OF-POCKET	MONTHLY PREMIUM OUT-OF-POCKET	MONTHLY PREMIUM OUT-OF-POCKET	MONTHLY PREMIUM OUT-OF-POCKET
Starting at [†] \$62.30 per month	Starting at [†] \$111.50 per month	Starting at [†] \$134.60 per month	Starting at [†] \$159.98 per month	Starting at [†] \$187.79 per month

[†]Starting average monthly premium up to age 20. Monthly premium rate increases as age increases.

Choosing an HMO or a PPO

Two main types of plans are available, each with their own advantages: Health Maintenance Organization (HMO) plans and Preferred Provider Organization (PPO) plans.

With an HMO plan:

- You select a primary care physician (PCP) who will deliver your primary care and refer you to other physicians and facilities for specialty care
- Eligible services are covered when your care is coordinated by your PCP and delivered by participating providers
- Services provided by out-of-network providers may not be covered
- Note: If you enroll in an HMO plan on the federal Health Insurance Marketplace, and reside in Berks, Cumberland, Dauphin, Lancaster, Lebanon, Lehigh, Northampton, or Perry counties, your network will be our Value HMO network, which consists of participating providers only in these eight counties

With a PPO plan:

- You have the flexibility to visit physicians and facilities of your choice without referrals
- Your out-of-pocket costs are lower when you choose participating providers

For all plans

- The annual Out-of-Pocket Maximum (single/family) is \$6,350/\$12,700[‡]
- In-network Adult and Pediatric Preventive Benefits are covered in full
- Mental Health Benefits and Substance Use Benefits are included



[‡]For the Platinum plan, the annual Out-of-Pocket Maximum (single/family) is \$2,000/\$4,000.



You May Qualify for Financial Help

You may qualify for financial help from the government to pay for your health plan. Contact us at **800.451.1181** or visit **ChooseCapitalBlue.com** to learn more.

Choose the Plan that Meets Your Needs and Budget

Metal Level	Plan Name Healthy Benefits	Deductible Single/Family	PCP/Specialist Visit	Coinsurance	ER	Urgent Care	Rx Deductible	Retail Rx	Mail Order Rx
Platinum	PPO or HMO 0.0/10	\$0	\$10/\$25	N/A	\$100	\$50	\$0	\$6/\$42/\$67	\$15/\$105/\$168
Gold	PPO or HMO 500.0	\$500/\$1,000	\$30/\$50	N/A	\$200	\$75	\$50/\$100	\$20/\$57/\$100	\$50/\$150/\$250
	PPO or HMO 1000.0	\$1,000/\$2,000	\$20/\$50	N/A	\$300	\$75	\$300/\$600	\$20/\$60/\$100	\$50/\$150/\$250
	PPO or HMO 3000.0	\$3,000/\$6,000	\$30/\$50	N/A	\$350	\$100	\$200/\$400	\$20/\$60/\$100	\$50/\$150/\$250
Silver[§]	PPO or HMO 0.50	\$0	\$50 PCP only	50%	50%	50%	\$0	50% coinsurance	
	PPO or HMO 0.0	\$0	\$50/\$70	N/A	\$400	\$100	\$0	\$20/\$65/\$110	\$50/\$175/\$275
	PPO or HMO 2000.0	\$2,000/\$4,000	\$30/\$50	N/A	\$350	\$100	Combined with Medical deductible	\$20/\$50/\$90	\$50/\$125/\$225
	PPO or HMO 2500.0	\$2,500/\$5,000	\$20/\$40	N/A	\$300	\$75	Combined with Medical deductible	\$20/\$50/\$90	\$50/\$125/\$225
	PPO or HMO 3500.0	\$3,500/\$7,000	\$50 PCP only	N/A	Deductible applies		Combined with Medical deductible	Deductible applies	
	PPO or HMO 4500.0	\$4,500/\$9,000	\$10/\$20	N/A	\$150	\$75	Combined with Medical deductible	\$5/\$25/\$60	\$13/\$63/\$150
Bronze	PPO or HMO 5500.50	\$5,500/\$11,000	\$40/\$75	50%	50%	50%	Combined with Medical deductible	50% coinsurance after deductible	

Other Plan Options for Which You May Qualify

Our Catastrophic plan, available only for individuals under age 30 or who meet certain income requirements, provides protection in the event of sudden or substantial medical expenses.

Metal Level	Plan Name Healthy Benefits	Deductible Single/Family	PCP/Specialist Visit	Coinsurance	ER	Urgent Care	Rx Deductible	Retail Rx	Mail Order Rx
Catastrophic	HMO 6350.0	\$6,350/\$12,700	\$50 PCP only	N/A	Deductible applies		Combined with Medical deductible	Deductible applies	

For individuals who live in Cumberland, Dauphin, or Perry counties, we offer CareConnect[¶], which connects you with the physicians and facilities of PinnacleHealth System. With CareConnect, you select a PinnacleHealth primary care physician to deliver your care and refer you to specialists when needed.

Metal Level	Plan Name Healthy Benefits	Deductible Single/Family	PCP/Specialist Visit	Coinsurance	ER	Urgent Care	Rx Deductible	Retail Rx	Mail Order Rx
Silver[§]	CareConnect 3000.0	\$3,000/\$6,000	\$25/\$50 PCP-directed care	N/A	\$200	\$100	Combined with Medical deductible	\$4/\$40/\$65	\$8/\$100/\$163
			50% self-referred care						

[§]If you enroll in a Silver plan, you may qualify for lower out-of-pocket costs based on your household size and income. Contact us to learn more.

[¶]CareConnect is a gatekeeper PPO, which means you must select a primary care physician and abide by referral processes for specialists to receive the highest level of coverage.

Get Coverage for Teeth and Eyes, Too!

BlueCross DentalSM

- Wide range of plan options
- One of the largest national and regional dental networks
- Options for children only or both adults and children
- Orthodontia coverage available

BlueCross VisionSM

- Available to customers with individual medical and/or dental plans
- Nationwide network of more than 46,000 eye care providers
- Coverage for routine eye exam, frames/lenses, and contact lenses
- Discounts on LASIK, a second pair of glasses and lens options

What Do These Terms Mean?

Coinsurance – Percentage of cost you pay for covered health care services after the deductible is met

Copayments – Fixed amount you pay at the time of service for covered health care services

Deductible – The amount you pay for covered health care services before your plan begins to pay

Out-of-pocket costs – Costs you pay (versus what your plan pays) for health care services

Premium – Amount you pay monthly for your insurance coverage



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For assistance or to get a quote:

Call us at **800.451.1181**

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On behalf of Capital BlueCross, Dominion Dental Services, Inc. assists in the administration of the BlueCross Dental benefits. Dominion Dental is an independent company. National Vision Administrators, LLC (NVA[®]) provides the network and assists in the administration of network management services for the BlueCross Vision benefits program. NVA is an independent company.

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