

Douglas Cherokee Economic Authority
Blue Cross Blue Shield of Tennessee
Effective January 1, 2017

Rates	OPTION 1				OPTION 2				OPTION 3				OPTION 4				
	Employee Portion Per Pay Period			Monthly	Employee Portion Per Pay Period			Monthly	Employee Portion Per Pay Period			Monthly	Employee Portion Per Pay Period			Monthly	
	24 Pay Periods	18 Pay Periods	Agency Portion	TOTAL COST	24 Pay Periods	18 Pay Periods	Agency Portion	TOTAL COST	24 Pay Periods	18 Pay Periods	Agency Portion	TOTAL COST	24 Pay Periods	18 Pay Periods	Agency Portion	TOTAL COST	
	PPO BCBST				PPO BCBST				PPO BCBST				PPO BCBST				
Employee Only	\$132.10	\$176.13	\$315.00	\$579.20	\$104.67	\$139.56	\$315.00	\$524.34	\$64.93	\$86.57	\$315.00	\$444.85	\$45.79	\$61.05	\$315.00	\$406.58	
Emp & Spouse	\$345.66	\$460.88	\$525.00	\$1,216.32	\$288.06	\$384.07	\$525.00	\$1,101.11	\$204.60	\$272.79	\$525.00	\$934.19	\$164.41	\$219.21	\$525.00	\$853.82	
Emp & Children	\$267.47	\$356.62	\$525.00	\$1,059.93	\$217.27	\$289.69	\$525.00	\$959.54	\$144.54	\$192.71	\$525.00	\$814.07	\$109.52	\$146.03	\$525.00	\$744.04	
Family	\$511.44	\$681.91	\$735.00	\$1,757.87	\$428.19	\$570.92	\$735.00	\$1,591.38	\$307.57	\$410.09	\$735.00	\$1,350.13	\$249.49	\$332.65	\$735.00	\$1,233.97	
				In-Network	Out-of-Network			In-Network	Out-of-Network			In-Network	Out-of-Network			In-Network	Out-of-Network
Deductible																	
Individual				\$2,000	\$4,000			\$2,000	\$4,000			\$5,000	\$15,000			\$5,000	\$15,000
Family				\$4,000	\$8,000			\$4,000	\$8,000			\$12,500	\$30,000			\$12,500	\$30,000
Coinsurance				80%	60%			80%	60%			50%	50%			50%	50%
Out of Pocket Maximum:																	
Individual				\$4,000	\$12,000			\$4,000	\$12,000			\$6,850	\$25,000			\$6,850	\$25,000
Family				\$8,000	\$24,000			\$8,000	\$24,000			\$13,700	\$50,000			\$13,700	\$50,000
Hosp.				Ded/Coin	Ded/Coin			Ded/Coin	Ded/Coin			Ded/Coin	Ded/Coin			Ded/Coin	Ded/Coin
ER				\$250 copay				\$250 copay				Ded/Coin	Ded/Coin			Ded/Coin	Ded/Coin
Office Visit				\$25	Ded/Coin			\$25	Ded/Coin			\$30	Ded/Coin			\$30	Ded/Coin
Specialist Visit				\$50	Ded/Coin			\$50	Ded/Coin			Ded/Coin	Ded/Coin			Ded/Coin	Ded/Coin
Preventive Care				100%	Ded/Coin			100%	Ded/Coin			100%	Ded/Coin			100%	Ded/Coin
Prescription Drug Brand Name Deductible				\$200 Brand				\$200 Brand				\$200 Brand				\$200 Brand	
Generic				\$15	N/A			\$15	N/A			\$15	N/A			\$15	N/A
Preferred				\$35	N/A			\$35	N/A			\$35	N/A			\$35	N/A
Non-Pref				\$60	N/A			\$60	N/A			\$75	N/A			\$75	N/A

* Out of network pharmacy claims must be filed for reimbursement by member

This proposal is not an insurance certificate or an ERISA plan document. Only the actual plan provisions will prevail. Coverage is not effective without written notification. Any existing coverage should remain in force until such written notification is received. The rates presented are valid only for the proposed effective date.