



Prepared for: City of Terrytown
Broker: JUSTIN MOERER
Valid for Eff. Date: January 1, 2023
Zip Code: 69341
Employee Count: 2-50

Medical Quotes Summary

Option	Individual Deductible	Individual Out Of Pocket Maximum	Premium
BluePride GHA23 Gold HSA - NEtwork BLUE	\$1,800	\$3,375	\$5,625.13
BluePride GHB23 Gold HSA - NEtwork BLUE	\$2,700	\$2,700	\$5,559.99
BluePride GPA23 Gold - NEtwork BLUE	\$1,000	\$4,600	\$5,268.74
BluePride GPB23 Gold - NEtwork BLUE	\$2,000	\$6,000	\$5,052.03
BluePride GPC23 Gold - NEtwork BLUE	\$2,500	\$6,550	\$4,921.14
BluePride SHB23 Silver HSA - NEtwork BLUE	\$4,800	\$4,800	\$4,827.18

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NEBRASKA
BCBS NE
PPO OPTION 1
EMBEDDED
NETWORK BLUE
UNLIMITED



NEBRASKA
BCBS NE
PPO OPTION 2
EMBEDDED
NETWORK BLUE
UNLIMITED

CARRIER	BCBS NE PPO OPTION 1 EMBEDDED NETWORK BLUE UNLIMITED		BCBS NE PPO OPTION 2 EMBEDDED NETWORK BLUE UNLIMITED	
PLAN NAME	PPO	NON-PPO	PPO	NON-PPO
PLAN TYPE				
LIFE TIME MAXIMUM DEDUCTIBLE				
INDIVIDUAL	\$1,000	\$2,000	\$2,000	\$4,000
FAMILY	\$2,000	\$4,000	\$4,000	\$8,000
COINSURANCE	80%	60%	80%	60%
OUT OF POCKET MAXIMUM				
INDIVIDUAL	\$2,000	\$4,000	\$4,000	\$8,000
FAMILY	\$4,000	\$8,000	\$8,000	\$16,000
DR. OFFICE VISIT - PCP	\$30 COPAY	DED & CO	\$25 COPAY	DED & CO
DR. OFFICE VISIT - SPEC.	\$45 COPAY	DED & CO	\$50 COPAY	DED & CO
MATERNITY	SAME AS ILLNESS		SAME AS ILLNESS	
HOSPITAL COPAY	DED & CO	DED & CO	DED & CO	DED & CO
OUT PATIENT COPAY	DED & CO	DED & CO	DED & CO	DED & CO
URGENT CARE COPAY	\$60 COPAY	DED & CO	\$75 COPAY	DED & CO
EMERGENCY ROOM COPAY	DED & CO		DED & CO	
PRESCRIPTION COPAY				
Generic	\$10 COPAY	DED & 50%	\$10 COPAY	DED & 50%
Formulary	\$30 COPAY	DED & 50%	\$30 COPAY	DED & 50%
Non-Formulary	\$50 COPAY	DED & 50%	\$50 COPAY	DED & 50%
Specialty	\$100 COPAY	NOT COVERED	\$100 COPAY	NOT COVERED
TOTAL HEALTH	4	\$7,492.32	\$6,767.28	