

HealthChoice Basic vs. Blue Cross Blue Shield Gold & Silver Plans

| | Current Plan | | New Blue Cross Plans | | | Monthly Savings | | |
|---------------------------|--------------------|---------------------------|----------------------|-----------------|------------------|-----------------|----------------|------------------|
| | HealthChoice Basic | | New BCBS Gold | New BCBS Silver | BCBS Silver High | Gold Savings | Silver Savings | BCBS Silver High |
| 25 Year Old Spouse | \$502 | 25 Year Old Spouse | \$260 | \$201 | \$195 | \$242 | \$301 | \$307 |
| + 1 Child: | \$718 | + 1 Child: | \$425 | \$328 | \$318 | \$293 | \$390 | \$400 |
| + 2 Children: | \$844 | + 2 Children: | \$590 | \$455 | \$441 | \$254 | \$389 | \$403 |
| + 3 or More Children: | \$844 | + 3 or More Children: | \$755 | \$582 | \$564 | \$89 | \$262 | \$280 |
| | | | | | | | | |
| 35 Year Old Spouse | \$502 | 35 Year Old Spouse | \$317 | \$245 | \$237 | \$185 | \$257 | \$265 |
| + 1 Child: | \$718 | + 1 Child: | \$482 | \$372 | \$360 | \$236 | \$346 | \$358 |
| + 2 Children: | \$844 | + 2 Children: | \$647 | \$499 | \$483 | \$197 | \$345 | \$361 |
| + 3 or More Children: | \$844 | + 3 or More Children: | \$812 | \$626 | \$606 | \$32 | \$218 | \$238 |
| | | | | | | | | |
| 45 Year Old Spouse | \$502 | 45 Year Old Spouse | \$375 | \$289 | \$280 | \$127 | \$213 | \$222 |
| + 1 Child: | \$718 | + 1 Child: | \$540 | \$416 | \$403 | \$178 | \$302 | \$315 |
| + 2 Children: | \$844 | + 2 Children: | \$705 | \$543 | \$526 | \$139 | \$301 | \$318 |
| + 3 or More Children: | \$844 | + 3 or More Children: | \$870 | \$670 | \$649 | (\$26) | \$174 | \$195 |
| | | | | | | | | |
| 55 Year Old Spouse | \$502 | 55 Year Old Spouse | \$579 | \$447 | \$433 | (\$77) | \$55 | \$69 |
| + 1 Child: | \$718 | + 1 Child: | \$744 | \$574 | \$556 | (\$26) | \$144 | \$162 |

Below is a coverage comparison

| | HealthChoice Basic | BCBS Gold | BCBS Silver | BCBS Silver High |
|-------------------------------|--------------------|-----------|-------------|------------------|
| Individual Deductible: | \$1,000.00 | \$750 | \$3,000 | \$5,000 |
| Out of Pocket Max: | \$4,000.00 | \$3,500 | \$5,000 | \$6,350 |
| | | | | |
| Office Visit: | coinsurance | \$25 | \$40 | \$35 |
| Specialist Visit: | coinsurance | \$50 | \$60 | \$55 |
| | | | | |
| Generic Rx: | Up to \$10 | \$12 | \$12 | \$10 |
| Name Brand Rx: | Up to \$45 | \$25 | \$25 | \$35 |

**Coverage Comparison
Provided by:**



**These rate comparisons are for 2015.*