

BBB BENEFIT PLAN

12 PLANS TO CHOOSE FROM (chart 1 of 2)

Plan	Platinum 100	Platinum 100	Platinum 101	Platinum 101	Platinum 102	Platinum 102
Benefits	In Network	Non Network	In Network	Non Network	In Network	Non Network
Deductible	\$250/\$500	\$500/\$1,000	\$1,250/\$2,500	\$2,500/\$5,000	\$0/\$0	\$1,000/\$2,000
Co-Insurance	20%	50%	0%	50%	0%	50%
Out of Pocket Maximum	\$1,250/\$2,500	\$3,750/\$7,500	\$1,250/\$2,500	\$3,750/\$7,500	\$1,250/\$2,500	\$3,750/\$7,500
Preventive	100% Covered	N/A	100% Covered	N/A	100% Covered	N/A
Office Visit PCP	\$25 Copay	50% After Ded.	\$25 Copay	50% After Ded.	\$25 Copay	50% After Ded.
Office Visit Specialist	\$45 Copay	50% After Ded.	\$45 Copay	50% After Ded.	\$45 Copay	50% After Ded.
Telemedicine	\$0 Copay	N/A	\$0 Copay	N/A	\$0 Copay	N/A
Urgent Care	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay
Emergency Room	20% After Ded.	50% After Ded.	\$300 Copay	50% After Ded.	\$300 Copay	50% After Ded.
Lab and Xray	20% After Ded.	50% After Ded.	0% After Ded.	50% After Ded.	50%	50% After Ded.
In Patient Services	20% After Ded.	50% After Ded.	0% After Ded.	50% After Ded.	50%	50% After Ded.
Out Patient Services	20% After Ded.	50% After Ded.	0% After Ded.	50% After Ded.	50%	50% After Ded.
Out Patient Surgery	20% After Ded.	50% After Ded.	0% After Ded.	50% After Ded.	50%	50% After Ded.
Generic Rx	\$0 Copay	N/A	\$0 Copay	N/A	\$0 Copay	N/A
Preferred Rx*	\$35 Copay or 25%	N/A	\$35 Copay or 25%	N/A	\$35 Copay or 25%	N/A
Non-Preferred Rx*	\$75 Copay or 45%	N/A	\$75 Copay or 45%	N/A	\$75 Copay or 45%	N/A
Specialty Rx*	\$200 Copay or 30%	N/A	\$200 Copay or 30%	N/A	\$200 Copay or 30%	N/A
* Whichever Is greater						

Plan	Gold 200	Gold 200	Gold 201 (HSA)	Gold 201 (HSA)	Gold 202	Gold 202
Benefits	In Network	Non Network	In Network	Non Network	In Network	Non Network
Deductible	\$1,000/\$2,000	\$2,500/\$5,000	\$3,200/\$6,400	\$4,500/\$9,000	\$3,250/\$6,500	\$6,500/\$13,000
Co-Insurance	20%	50%	0%	50%	0%	0%
Out of Pocket Maximum	\$3,500/\$7,000	\$7,000/\$14,000	\$3,200/\$6,400	\$6,000/\$12,000	\$3,250/\$6,500	\$13,000/\$26,000
Preventive	100% Covered	N/A	100% Covered	N/A	100% Covered	N/A
Office Visit PCP	\$15 Copay	50% After Ded.	0% After Ded.	50% After Ded.	\$30 Copay	0% After Ded.
Office Visit Specialist	\$40 Copay	50% After Ded.	0% After Ded.	50% After Ded.	\$50 Copay	50% After Ded.
Telemedicine	\$0 Copay	N/A	0% After Ded.	N/A	\$0 Copay	N/A
Urgent Care	\$40 Copay	\$40 Copay	0% After Ded.	0% After Ded.	\$50 Copay	\$50 Copay
Emergency Room	\$300 Copay	50% After Ded.	0% After Ded.	50% After Ded.	\$400 Copay	0% After Ded.
Lab and Xray	20% After Ded.	50% After Ded.	0% After Ded.	50% After Ded.	0% After Ded.	0% After Ded.
In Patient Services	20% After Ded.	50% After Ded.	0% After Ded.	50% After Ded.	0% After Ded.	0% After Ded.
Out Patient Services	20% After Ded.	50% After Ded.	0% After Ded.	50% After Ded.	0% After Ded.	0% After Ded.
Out Patient Surgery	20% After Ded.	50% After Ded.	0% After Ded.	50% After Ded.	0% After Ded.	0% After Ded.
Generic Rx	\$0 Copay	N/A	0% After Ded.	N/A	\$0 Copay	N/A
Preferred Rx*	\$35 Copay or 25%	N/A	0% After Ded.	N/A	\$35 Copay or 25%	N/A
Non-Preferred Rx*	\$75 Copay or 45%	N/A	0% After Ded.	N/A	\$75 Copay or 45%	N/A
Specialty Rx*	\$200 Copay or 30%	N/A	0% After Ded.	N/A	\$200 Copay or 30%	N/A

BBB BENEFIT PLAN

12 PLANS TO CHOOSE FROM (chart 2 of 2)

Plan	Gold 203	Gold 203	Silver 302	Silver 302	Silver 303 (HSA)	Silver 303 (HSA)
Benefits	In Network	Non Network	In Network	Non Network	In Network	Non Network
Deductible	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	\$3,200/\$6,400	\$4,000/\$8,000
Co-Insurance	20%	50%	20%	50%	20%	50%
Out of Pocket Maximum	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	\$6,400/\$12,800	\$8,000/\$16,000
Preventive	100% Covered	N/A	100% Covered	N/A	100% Covered	N/A
Office Visit PCP	\$35 Copay	50% After Ded.	\$35 Copay	50% After Ded.	20% After Ded.	50% After Ded.
Office Visit Specialist	\$55 Copay	50% After Ded.	\$55 Copay	50% After Ded.	20% After Ded.	50% After Ded.
Telemedicine	\$0 Copay	N/A	\$0 Copay	N/A	20% After Ded.	N/A
Urgent Care	\$55 Copay	\$55 Copay	\$55 Copay	\$55 Copay	20% After Ded.	20% After Ded.
Emergency Room	\$500 Copay	50% After Ded.	\$500 Copay	50% After Ded.	20% After Ded.	50% After Ded.
Lab and Xray	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.
In Patient Services	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.
Out Patient Services	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.
Out Patient Surgery	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.	20% After Ded.	50% After Ded.
Generic Rx	\$0 Copay	N/A	\$0 Copay	N/A	0% After Ded.	N/A
Preferred Rx*	\$35 Copay or 25%	N/A	\$35 Copay or 25%	N/A	25% After Ded.	N/A
Non-Preferred Rx*	\$75 Copay or 45%	N/A	\$75 Copay or 45%	N/A	45% After Ded.	N/A
Specialty Rx*	\$200 Copay or 30%	N/A	\$200 Copay or 30%	N/A	30% After Ded.	N/A

* Whichever is greater

Plan	Bronze 403	Bronze 403	Bronze 404 (HSA)	Bronze 404 (HSA)	Bronze 405	Bronze 405
Benefits	In Network	Non Network	In Network	Non Network	In Network	Non Network
Deductible	\$5,000/\$10,000	\$10,000/\$20,000	\$6,000/\$12,000	\$9,000/\$18,000	\$8,000/\$16,000	\$16,000/\$32,000
Co-Insurance	30%	50%	30%	50%	30%	50%
Out of Pocket Maximum	\$8,700/\$17,400	\$17,400/\$34,800	\$7,000/\$14,000	\$14,000/\$28,000	\$8,700/\$17,400	\$17,400/\$34,800
Preventive	100% Covered	N/A	100% Covered	N/A	100% Covered	N/A
Office Visit PCP	\$40 Copay	50% After Ded.	30% After Ded.	50% After Ded.	\$50 Copay	50% After Ded.
Office Visit Specialist	\$80 Copay	50% After Ded.	30% After Ded.	50% After Ded.	\$120 Copay	50% After Ded.
Telemedicine	\$0 Copay	N/A	30% After Ded.	N/A	\$0 Copay	N/A
Urgent Care	\$60 Copay	\$60 Copay	30% After Ded.	30% After Ded.	\$100 Copay	\$100 Copay
Emergency Room	30% After Ded.	50% After Ded.	30% After Ded.	50% After Ded.	\$500 Copay + 30%	50% After Ded.
Lab and Xray	30% After Ded.	50% After Ded.	30% After Ded.	50% After Ded.	30% After Ded.	50% After Ded.
In Patient Services	30% After Ded.	50% After Ded.	30% After Ded.	50% After Ded.	30% After Ded.	50% After Ded.
Out Patient Services	30% After Ded.	50% After Ded.	30% After Ded.	50% After Ded.	30% After Ded.	50% After Ded.
Out Patient Surgery	30% After Ded.	50% After Ded.	30% After Ded.	50% After Ded.	30% After Ded.	50% After Ded.
Generic Rx	\$0 Copay	N/A	0% After Ded.	N/A	\$0 Copay	N/A
Preferred Rx*	\$35 Copay or 25%	N/A	25% After Ded.	N/A	\$35 Copay or 25%	N/A
Non-Preferred Rx*	\$75 Copay or 45%	N/A	45% After Ded.	N/A	\$75 Copay or 45%	N/A
Specialty Rx*	\$200 Copay or 30%	N/A	30% After Ded.	N/A	\$200 Copay or 30%	N/A

* Whichever is greater

1. Deductible applies to all services that indicate Coinsurance
2. \$500 Penalty applies if used for non-urgent services *whichever is greater Facility services have to be preauthorized for benefits

This is a summary overview of benefits - please refer to your Summary Benefits of Coverage (SBC) or Plan Document for a more detailed explanation of benefits. If any discrepancies exist between these documents, the Plan Document will be the controlling document.

JOINT NETWORK

Network access is provided through the FrontPath PPO network, the Ohio Health Choice (OHC) PPO network, and the Northwest Ohio Health Partnership (NWOHP).

Participating plans have access to **45,000** in-network providers and **280 hospitals** throughout the entire states of Ohio, Southeast Michigan, and Northeast Indiana.



Service Area Definition



The Joint Network configuration leverages the **broad access to care** and **strong discounts** of each individual network while providing seamless accessibility for enrollees and a streamlined claim flow for providers.

- Greater **predictability** for health plan management
- Reduced medical inflation impact
- Greater **savings** to the plan and enrollee

- Lower **out-of-pocket** costs for members
- Long-term **savings** on premiums

The Joint Network provides contracts in:

101
COUNTIES

3
STATES

280
HOSPITALS

45,000
PRIMARY CARE AND
SPECIALTY PROVIDERS

For in-network care in Northwest Ohio, Southeast Michigan, and Northeast Indiana:
FrontPath PPO (419) 891-5206

For in-network care throughout the rest of Ohio:
OHC/NWOHP 1(800) 554-0027