



**MEMBER  
BENEFIT  
SOLUTION**

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## MEMBER BENEFIT PLAN OPTIONS

CAPCARE OPTION	Plan Option 1	Plan Option 2	Plan Option 3	Plan Option 4	Plan Option 5
PLAN NAME	Local 426 Fund 1 Base Plan	Local 426 Health Benefit Fund Bronze Plan	Local 426 Fund 1 Blue Liberty 1500 Plan	Local 426 Fund 1 Liberty Plan	Local 426 Health Benefit Fund Gold Plan
NETWORK NAME	Blue Cross Blue Shield PPO	Blue Cross Blue Shield PPO	Blue Cross Blue Shield PPO	Blue Cross Blue Shield PPO	Blue Cross Blue Shield PPO
IN - NETWORK BENEFITS	<b>IN - NETWORK</b>	<b>IN - NETWORK</b>	<b>IN - NETWORK</b>	<b>IN - NETWORK</b>	<b>IN - NETWORK</b>
Deductible	\$3,000/\$6,000	None	\$1,500/\$3,000	None	None
Coinsurance	50% / 50%	60% / 40%	100%	100%	80% / 20%
Maximum Out of Pocket	\$5,350/\$10,700	\$7,350/\$14,700	\$5,350/\$10,700	\$5,350/\$10,700	\$7,350/\$14,700
Physician/Specialist Copay	Ded then 50% coinsurance	40% coinsurance	Ded then \$30 PCP/ \$50 Specialist copay	\$30 PCP/\$50 Specialist copay	20% coinsurance, subject to \$10 copay
Inpatient Hospital Services	Ded then 50% coinsurance	40% coinsurance	Ded. Then \$500/Day - Max \$1,000 copay then 100%	\$500/Day - Max \$1,000 copay then 100%	20% coinsurance
Outpatient Hospital Services	Ded then 50% coinsurance	40% coinsurance	Ded. Then \$150 copay then 100%	\$150 copay then 100%	20% coinsurance
Diagnostic Laboratory (Office)	Ded then 50% coinsurance	40% coinsurance	Ded. Then \$75 copay then 100%	\$75 copay	20% coinsurance
Diagnostic X-ray (Office)	Ded then 50% coinsurance	40% coinsurance	Ded. Then \$75 copay then 100%	\$75 copay	20% coinsurance
Emergency Room (Accident & Illness)	Ded then 50% coinsurance	40% coinsurance	Ded. Then \$150 copay then 100%	\$150 copay then 100%	20% coinsurance, subject to \$35 copay
Urgent Care	Ded then 50% coinsurance	40% coinsurance	Ded. Then \$30 copay then 100%	\$30 copay then 100%	20% coinsurance, subject to \$10 copay
OUT - OF - NETWORK BENEFITS	<b>OUT - OF - NETWORK</b>	<b>OUT - OF - NETWORK</b>	<b>OUT - OF - NETWORK</b>	<b>OUT - OF - NETWORK</b>	<b>OUT - OF - NETWORK</b>
Deductible	Not Covered	Not Covered	Not Covered	Not Covered	\$200/\$500
Coinsurance	Not Covered	Not Covered	Not Covered	Not Covered	60% / 40%
Maximum Out of Pocket	Not Covered	Not Covered	Not Covered	Not Covered	Not Applicable
PRESCRIPTION BENEFITS	<b>PRESCRIPTION BENEFITS</b>	<b>PRESCRIPTION BENEFITS</b>	<b>PRESCRIPTION BENEFITS</b>	<b>PRESCRIPTION BENEFITS</b>	<b>PRESCRIPTION BENEFITS</b>
Deductible	None	None	\$100/\$300	\$100/\$300	None
Retail (Broadreach Medical Resources)	\$10/\$35/\$70 (Max 30 days)	40% coinsurance (30 days)	\$15/\$35/\$75 (Max 30 days)	\$15/\$35/\$75 (Max 30 days)	\$10/\$20/\$20 (30 days)
Mail Order (Affordable Pharmacy)	\$25/\$87.50/\$175 (Max 60 Days)	40% coinsurance (31 to 90 Days)	\$30/\$70/\$150 (Max 60 Days)	\$30/\$70/\$150 (Max 60 Days)	\$10/\$20/\$20 (31 to 90 Days)
Specialty Medications (Payer Matrix)	Not Covered (1)	Not Covered (1)	Not Covered (1)	Not Covered (1)	Not Covered (1)
Maximum Out of Pocket	\$1,000/\$2000	\$3,000/\$6,000 (2)	\$1,000/\$2000	\$1,000/\$2000	\$3,000/\$6,000 (2)

To receive additional benefit and rate information:

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