



# Fulmont Health Trust

Empire BlueCross Health Insurance Options Effective 7/1/2022

		PPO <i>High Plan</i>	PPO <i>Low Plan</i>	EPO	EPO H.S.A.
<b>In-Network</b>					
Deductible	Individual	\$0	\$0	\$0	\$1,500
	Family	\$0	\$0	\$0	\$3,000
Embedded/Aggregate		N/A	N/A	N/A	Embedded
Coinsurance		N/A	N/A	N/A	N/A
Out-of-Pocket Maximum	Individual	\$6,350	\$6,350	\$6,350	\$6,350
	Family	\$12,700	\$12,700	\$12,700	\$12,700
Primary Office Visit		\$20	\$20	\$20	\$20 Copay After Deductible
Specialist Office Visit		\$20	\$20	\$20	\$20 Copay After Deductible
Preventive Care		Covered in Full	Covered in Full	Covered in Full	Covered in Full
Inpatient Hospital		\$0	\$0	\$0	\$0 After Deductible
Outpatient Surgery		\$0	\$0	\$0	\$0 After Deductible
MRA/MRI/Cat/Pet/Nuc Copay		Covered in Full	Covered in Full	Covered in Full	\$20 Copay After Deductible
Emergency Room		\$200	\$200	\$200	\$200 Copay After Deductible
Urgent Care		\$25	\$25	\$25	\$25 Copay After Deductible
Ambulance		\$0	\$0	\$0	\$0 After Deductible
Wellness		Be Active Rewards	Be Active Rewards	Be Active Rewards	Be Active Rewards
Prescription Drug Deductible		N/A	N/A	N/A	N/A
Prescription Drug Copays	Generic	\$5	\$10	\$10	\$10 Copay After Deductible
	Preferred Brand	\$15	\$25	\$25	\$25 Copay After Deductible
	Non-Preferred Brand	\$30	\$40	\$40	\$40 Copay After Deductible
<b>Out-of-Network</b>					
Out-of-Network Deductible	Individual	\$750	\$750	N/A	N/A
	Family	\$1,500	\$1,500		
Embedded/Aggregate		Embedded	Embedded	N/A	N/A
Out of Network Coinsurance		30%	30%	N/A	N/A
Out-of-Pocket Maximum	Individual	\$2,500	\$2,500	N/A	N/A
	Family	\$5,000	\$5,000		

While every effort has been made to ensure the accuracy of this information, we cannot guarantee accuracy and are not liable for errors or omissions. This is not intended to be a complete comparison of all contract provisions.