

	Freedom Blue Standard		Bronze 5500	
ANNUAL COSTS	WHAT YOU PAY IN NETWORK	WHAT YOU PAY OUT OF NETWORK	WHAT YOU PAY IN NETWORK	WHAT YOU PAY OUT OF NETWORK
Medical Deductible	\$4,000 individual \$8,000 family	\$50,000 individual \$100,000 family	\$5,500 individual \$11,000 family	\$50,000 individual \$100,000 family
Coinsurance	30%	80%	35%	80%
Medical Annual Out-of-Pocket Maximum	\$12,000 individual \$24,000 family	\$75,000 individual \$150,000 family	\$7,350 individual \$14,700 family	\$75,000 individual \$150,000 family
Prescription Drug Annual Out-of-Pocket Maximum	\$6,500 per person		No separate maximum	
Annual Benefit Maximum	\$1 million per person		No maximum	
SERVICES				
Primary Care Provider (PCP) Office Visit <i>(Includes Urgent Care)</i>	\$30	80% after deductible	\$40	80% after deductible
Specialist Office Visit with a Referral	\$50	80% after deductible	\$80	80% after deductible
Immunizations	\$0		\$0	
Preventive Care	\$0	80% after deductible	\$0	80% after deductible
Emergency Care	\$350 copay after deductible	\$350 copay after deductible	\$350 copay after deductible	\$350 copay after deductible
Outpatient & Inpatient Hospital Services, Lab/X-Rays, Mental Health & Substance Abuse Services	30% after deductible	80% after deductible	35% after deductible	80% after deductible
Diabetes Education	\$0		\$20	80% after deductible
	\$400 per person benefit max		No benefit max	
Outpatient Rehabilitation & Habilitation Services <i>(Includes Physical, Occupational & Speech Therapies)</i>	30% after deductible	80% after deductible	35% after deductible	80% after deductible
	\$1,400 per person benefit max		20 visit per person benefit max	
Maternity Services <i>(Includes Prenatal Care, Delivery, & Postnatal Care)</i>	30% after deductible	80% after deductible	35% after deductible	80% after deductible
Chiropractic Services	30% after deductible	80% after deductible	35% after deductible	80% after deductible
	\$750 per person benefit max		18 visit per person benefit max	
Advanced Imaging Services <i>(MRI, CT Scan, PET Scan, etc.)</i>	\$350 copay, then deductible and 30%	\$350 copay, then deductible and 80%	\$500 copay, then deductible and 35%	\$500 copay, then deductible and 80%
PRESCRIPTION DRUGS				
Generic	\$10 for preferred generics \$25 for non-preferred generics		\$10 for preferred and non-preferred generics	
Brand-Name	20% for preferred brand-name or 30% for non-preferred brand-name after \$4,000 per person prescription drug deductible		\$30 after deductible for preferred brand-name or \$50 after deductible for non-preferred brand name	
Specialty	40% for preferred brand-name or 50% for non-preferred brand-name after \$4,000 per person prescription drug deductible		30% after deductible for preferred brand-name or 50% after deductible for non-preferred brand-name	

Freedom Blue comes to Idahoans

With Blue Cross of Idaho's 9 current plans and 5 new state plans, Idahoans have more choice and affordability than ever before.

All of our individual plans leverage our strong relationships with Idaho's providers to bring our members the best coordinated care.

With the addition of our new state plans, we now offer more choices to Idaho than any other carrier in the state.

(over)

MONTHLY PREMIUM PRELIMINARY RATES		Freedom Blue Standard			Bronze 5500
AGE		BEST RATE	AVERAGE RATE	MAXIMUM RATE	
21		\$89.91	\$118.15	\$242.79	\$237.60
45		\$194.67	\$255.81	\$525.69	\$343.09
65		\$359.67	\$472.63	\$971.25	\$712.80
Family of 4 Ages 39, 30, 12, 8		\$435.58	\$572.39	\$1,176.24	\$933.05

Best, Average, and Maximum rates based on rating levels of 3, 11, and 32, respectively. The rates for Freedom Blue Standard have been submitted to the Idaho Department of Insurance for review.

