

# BCBS Rates effective 01/01/2020

## SELECT COVERAGE

	<b>In-Network Deductible Individual</b>	<b>\$1,000</b>
<b>Deductible Family</b>	<b>\$2,000</b>	

### Out-of-Network

**\$2,000**

**\$4,000**

#### Legacy/Hired Prior to 1-1-06

	<b>New Rates</b>
Employee Only	\$20.00
Spouse:	\$490.00
Spouse & Child (ren):	\$706.00
Child:	\$185.00
Children:	\$351.00

#### Horizon/Hired After 1-1-06

	<b>New Rates</b>
Employee Only	\$40.00
Spouse:	\$510.00
Spouse & Child (ren):	\$726.00
Child:	\$205.00
Children:	\$371.00

## BASE COVERAGE

	<b>In-Network &amp; Out-of-Network</b>
<b>Deductible Individual</b>	<b>\$1,800</b>
<b>Deductible Family</b>	<b>\$3,000</b>

#### Legacy and Horizon

	<b>New Rates</b>
Employee Only	\$0
Spouse:	\$413.00
Spouse & Child (ren):	\$629.00
Child:	\$107.00
Children :	\$274.00