

2018 – 2019 Blue Solutions® Plan Comparison – In-Network Benefits

Red text indicates cost-share change in 2019 vs. 2018 existing plan.

This chart compares member cost-sharing for select benefits from 2019 plans (in blue text) with the 2018 version of each plan (in black text) within the Blue Solutions portfolio.

	Medical									Rx			
	Ded	OOPM	Co-Ins	PCP	Spec	ER	IP Fac	Rad	OP Surg	Gen	Preferred	Non-Preferred	Spec
2018 Keystone HMO Platinum Preferred \$10/\$20/\$100	\$0	\$3,500	0%	\$10	\$20	\$125	\$100, 5 days	\$20/\$40	10% \$25/10% \$125 [†]	\$7	\$40	\$70	50% \$1,000 [†]
2019 Keystone HMO Platinum Preferred \$10/\$20/\$150	\$0	\$4,000	0%	\$10	\$20	\$125	\$150, 5 days	\$20/\$40	10% \$25/10% \$125 [†]	\$10	\$40	\$70	50% \$1,000 [†]
2018 Keystone HMO Platinum Preferred \$20/\$40/\$150	\$0	\$4,000	0%	\$20	\$40	\$125	\$150, 5 days	\$30/\$60	10% \$45/10% \$185 [†]	\$7	\$45	\$75	50% \$1,000 [†]
2019 Keystone HMO Platinum Preferred \$20/\$40/\$200	\$0	\$4,500	0%	\$20	\$40	\$125	\$200, 5 days	\$30/\$60	10% \$45/10% \$185 [†]	\$10	\$45	\$75	50% \$1,000 [†]
2018 Keystone HMO Platinum Preferred \$30/\$60/\$400	\$0	\$4,500	0%	\$30	\$60	\$300	\$400, 5 days	\$60/\$120	10% \$45/10% \$185 [†]	\$7	\$50	\$100	50% \$1,000 [†]
2019 Keystone HMO Platinum Preferred \$30/\$60/\$400	\$0	\$5,000	0%	\$30	\$60	\$300	\$400, 5 days	\$60/\$120	10% \$45/10% \$185 [†]	\$10	\$50	\$100	50% \$1,000 [†]
2018 Keystone HMO Gold Classic \$1,000/\$25/\$50/90%	\$1,000	\$5,500	10%	\$25	\$50	10%	10%	\$40/\$80	10%/40%	\$7	\$50	\$150	50% \$1,000 [†]
2019 Keystone HMO Gold Classic \$1,500/\$25/\$50/90%	\$1,500	\$6,000	10%	\$25	\$50	10%	10%	\$40/\$80	10%/40%	\$10	\$50	\$150	50% \$1,000 [†]
2018 Keystone HMO Gold Classic \$2,000/\$40/\$80/100%	\$2,000	\$4,000	0%	\$40	\$80	\$300	0%	\$60/\$120	\$0/30%	\$7	\$50	\$150	50% \$1,000 [†]
2019 Keystone HMO Gold Classic \$2,500/\$40/\$80/100%	\$2,500	\$4,500	0%	\$40	\$80	\$300	0%	\$60/\$120	\$0/30%	\$10	\$50	\$150	50% \$1,000 [†]
2018 Keystone HMO Gold Preferred \$30/\$60/\$650	\$0	\$7,350	0%	\$30	\$60	\$450	\$650, 5 days	\$100/\$250	30% \$400/30% \$750 [†]	\$7	\$50	\$150	50% \$1,000 [†]
2019 Keystone HMO Gold Preferred \$35/\$70/\$650	\$0	\$7,900	0%	\$35	\$70	\$450	\$650, 5 days	\$100/\$250	30% \$400/30% \$750 [†]	\$10	\$50	\$150	50% \$1,000 [†]
2018 Keystone HMO Gold Proactive – Tier 1	\$0	\$7,350	0%	\$15	\$40	\$400	\$350, 5 days	\$60/\$120	\$150	\$15	50% \$200 [†]	50% \$300 [†]	50% \$1,000 [†]
2019 Keystone HMO Gold Proactive – Tier 1	\$0	\$7,900	0%	\$15	\$40	\$400	\$350, 5 days	\$60/\$120	\$150	\$15	50% \$200 [†]	50% \$300 [†]	50% \$1,000 [†]
2018 Keystone HMO Silver Classic \$4,000/\$25/\$50/70%	\$4,000	\$7,350	30%	\$25	\$50	30%	30%	\$100/\$250	30%/50%	\$7	50% \$125 [†]	50% \$250 [†]	50% \$1,000 [†]
2019 Keystone HMO Silver Classic \$4,250/\$25/\$50/70%	\$4,250	\$7,900	30%	\$25	\$50	30%	30%	\$120/\$250	30%/50%	\$10	50% \$125 [†]	50% \$250 [†]	50% \$1,000 [†]
2018 Keystone HMO Silver Classic \$3,250/\$30/\$60/50%	\$3,250	\$7,350	50%	\$30	\$60	50%	50%	\$60/\$250	50%	\$7	50% \$125 [†]	50% \$250 [†]	50% \$1,000 [†]
2019 Keystone HMO Silver Classic \$3,250/\$30/\$60/50%	\$3,250	\$7,900	50%	\$30	\$60	50%	50%	\$120/\$250	50%	\$10	50% \$125 [†]	50% \$250 [†]	50% \$1,000 [†]
2018 Keystone HMO Silver Classic \$4,250/\$40/\$80/100%	\$4,250	\$7,350	0%	\$40	\$80	\$300 AD	0%	\$100/\$250	\$0/30%	\$7	50% \$125 [†]	50% \$250 [†]	50% \$1,000 [†]
2019 Keystone HMO Silver Classic \$4,500/\$40/\$80/100%	\$4,500	\$7,900	0%	\$40	\$80	\$300 AD	0%	\$120/\$250	\$0/30%	\$10	50% \$125 [†]	50% \$250 [†]	50% \$1,000 [†]
2018 Keystone HMO Silver Secure \$4,500/\$40/\$80/\$600	\$4,500	\$7,350	0%	\$40	\$80	\$300 AD	\$600 AD, 5 days [‡]	\$100/\$250	30% \$600 AD [†]	\$7	\$60	\$150	50% \$1,000 [†]
2019 Keystone HMO Silver Secure \$5,000/\$40/\$80/\$600	\$5,000	\$7,900	0%	\$40	\$80	\$300 AD	\$600 AD, 5 days [‡]	\$120/\$250	30% \$600 AD [†]	\$10	\$60	\$150	50% \$1,000 [†]
2018 Keystone HMO Silver Proactive – Tier 1	\$0	\$7,350	0%	\$40	\$80	\$550	\$500, 5 days	\$120/\$250	\$250	\$15	50% \$400 [†]	50% \$500 [†]	50% \$1,000 [†]
2019 Keystone HMO Silver Proactive – Tier 1	\$0	\$7,900	0%	\$40	\$80	\$550	\$500, 5 days	\$120/\$250	\$250	\$15	50% \$400 [†]	50% \$500 [†]	50% \$1,000 [†]
2018 Keystone HMO Bronze Essential \$6,850/\$50/\$100/\$700	\$6,850	\$7,350	50%	\$50	\$100	\$500 AD	\$700 AD, 5 days [‡]	\$100/\$250	30% \$750 AD [†]	\$15 AD	50% \$500 [†] AD	50% \$500 [†] AD	50% \$1,000 [†] AD
2019 Keystone HMO Bronze Essential \$6,850/\$50/\$100/\$700	\$6,850	\$7,900	50%	\$50	\$100	\$500 AD	\$700 AD, 5 days [‡]	\$100/\$250	30% \$750 AD [†]	\$15 AD	50% \$500 [†] AD	50% \$500 [†] AD	50% \$1,000 [†] AD

2018 – 2019 Blue Solutions® Plan Comparison — In-Network Benefits

Red text indicates cost-share change in 2019 vs. 2018 existing plan.

This chart compares member cost-sharing for select benefits from 2019 plans (in blue text) with the 2018 version of each plan (in black text) within the Blue Solutions portfolio.

	Medical									Rx			
	Ded	OOPM	Co-Ins	PCP	Spec	ER	IP Fac	Rad	OP Surg	Gen	Preferred	Non-Preferred	Spec
2018 Personal Choice PPO Platinum Preferred \$10/\$20/\$150	\$0	\$3,500	0%	\$10	\$20	\$125	\$150, 5 days	\$70/\$100 /\$175/\$215	10% \$35/10% \$155 [†]	\$7	\$40	\$70	50% \$1,000 [†]
2019 Personal Choice PPO Platinum Preferred \$10/\$20/\$150	\$0	\$4,000	0%	\$10	\$20	\$125	\$150, 5 days	\$70/\$100 /\$175/\$215	10% \$35/10% \$155 [†]	\$10	\$40	\$70	50% \$1,000 [†]
2018 Personal Choice PPO Platinum Preferred \$20/\$40/\$150	\$0	\$3,000	0%	\$20	\$40	\$125	\$150, 5 days	\$70/\$100/\$175/\$215	10% \$45/10% \$185 [†]	\$7	\$45	\$75	50% \$1,000 [†]
2019 Personal Choice PPO Platinum Preferred \$20/\$40/\$150	\$0	\$3,500	0%	\$20	\$40	\$125	\$150, 5 days	\$70/\$100/\$175/\$215	10% \$45/10% \$185 [†]	\$10	\$45	\$75	50% \$1,000 [†]
2018 Personal Choice PPO Gold Classic \$1,000/\$15/\$30/80%	\$1,000	\$5,500	20%	\$15	\$30	20%	20%	20%/40%	20%/50%	\$7	\$50	\$150	50% \$1,000 [†]
2019 Personal Choice PPO Gold Classic \$1,500/\$15/\$30/80%	\$1,500	\$6,000	20%	\$15	\$30	20%	20%	20%/40%	20%/50%	\$10	\$50	\$150	50% \$1,000 [†]
2018 Personal Choice PPO Gold Preferred \$35/\$70/\$600	\$0	\$7,350	0%	\$35	\$70	\$450	\$600, 5 days	\$100/\$130/\$250/\$290	30% \$300/30% \$700 [†]	\$7	\$50	\$150	50% \$1,000 [†]
2019 Personal Choice PPO Gold Preferred \$35/\$70/\$600	\$0	\$7,900	0%	\$35	\$70	\$450	\$600, 5 days	\$100/\$130/\$250/\$290	30% \$300/30% \$700 [†]	\$10	\$50	\$150	50% \$1,000 [†]
2018 Personal Choice PPO Gold Classic \$2,000/\$40/\$80/100%	\$2,000	\$4,000	0%	\$40	\$80	\$300	0%	\$70/\$100/\$175/\$215	0%/30%	\$7	\$50	\$150	50% \$1,000 [†]
2019 Personal Choice PPO Gold Classic \$2,500/\$40/\$80/100%	\$2,500	\$4,500	0%	\$40	\$80	\$300	0%	\$70/\$100/\$175/\$215	0%/30%	\$10	\$50	\$150	50% \$1,000 [†]
2018 Personal Choice PPO Silver Classic \$3,000/\$30/\$60/70%	\$3,000	\$7,350	30%	\$30	\$60	30%	30%	30%/50%	30%/50%	\$7	50% \$125 [†]	50% \$250 [†]	50% \$1,000 [†]
2019 Personal Choice PPO Silver Classic \$3,250/\$30/\$60/70%	\$3,250	\$7,900	30%	\$30	\$60	30%	30%	30%/50%	30%/50%	\$10	50% \$125 [†]	50% \$250 [†]	50% \$1,000 [†]
2018 Personal Choice PPO Silver Secure \$4,250/\$30/\$60/\$600	\$4,250	\$7,350	0%	\$30	\$60	\$450 AD	\$600 AD, 5 days [*]	\$70 AD/\$100 AD/\$175 AD/\$215 AD	40% \$600 AD [†]	\$7	\$60	\$150	50% \$1,000 [†]
2019 Personal Choice PPO Silver Secure \$4,500/\$35/\$70/\$600	\$4,500	\$7,900	0%	\$35	\$75	\$450 AD	\$600 AD, 5 days [*]	\$70 AD/\$100 AD/\$175 AD/\$215 AD	40% \$600 AD [†]	\$10	\$60	\$150	50% \$1,000 [†]
2018 Personal Choice PPO Silver Classic \$4,750/\$50/\$100/90%	\$4,750	\$7,350	10%	\$50	\$100	\$300 AD	10%	\$100/\$130/\$250/\$290	10%/30%	\$7	\$60	\$150	50% \$1,000 [†]
2019 Personal Choice PPO Silver Classic \$4,750/\$50/\$100/90%	\$4,750	\$7,900	10%	\$50	\$100	\$300 AD	10%	\$100/\$130/\$250/\$290	10%/30%	\$10	\$60	\$150	50% \$1,000 [†]

2018 – 2019 Blue Solutions® Plan Comparison — In-Network Benefits

Red text indicates cost-share change in 2019 vs. 2018 existing plan.

This chart compares member cost-sharing for select benefits from 2019 plans (in blue text) with the 2018 version of each plan (in black text) within the Blue Solutions portfolio.

	Medical										Rx			
	Ded	OOPM	Co-Ins	PCP	Spec	ER	IP Fac	Rad	OP Surg	Gen	Preferred	Non-Preferred	Spec	
2018 Personal Choice PPO Platinum HSA-50 \$1,600/100%**	\$1,600	\$6,650	0%	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$7 AD	\$50 AD	\$100 AD	50% \$1,000 [†] AD
2019 Personal Choice PPO Platinum HSA-50 \$1,600/100%**	\$1,600	\$6,750	0%	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$10 AD	\$50 AD	\$100 AD	50% \$1,000 [†] AD
2018 Personal Choice PPO Gold HSA-0 \$1,900/100%	\$1,900	\$6,650	0%	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$7 AD	\$50 AD	\$100 AD	50% \$1,000 [†] AD
2019 Personal Choice PPO Gold HSA-0 \$1,900/100%	\$1,900	\$6,750	0%	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$10 AD	\$50 AD	\$100 AD	50% \$1,000 [†] AD
2018 Personal Choice PPO Gold HSA-25 \$2,400/90%*	\$2,400	\$6,650	10%	10%	10%	10%	10%	10%	10%	10%	\$7 AD	\$50 AD	\$100 AD	50% \$1,000 [†] AD
2019 Personal Choice PPO Gold HSA-25 \$2,400/90%*	\$2,400	\$6,750	10%	10%	10%	10%	10%	10%	10%	10%	\$10 AD	\$50 AD	\$100 AD	50% \$1,000 [†] AD
2018 Personal Choice PPO Gold HSA-50 \$2,650/60%**	\$2,650	\$6,650	40%	40%	40%	40%	40%	40%	40%	40%	\$7 AD	\$50 AD	\$100 AD	50% \$1,000 [†] AD
2019 Personal Choice PPO Gold HSA-25 \$2,600/80%*	\$2,600	\$6,750	20%	20%	20%	20%	20%	20%	20%	20%	\$10 AD	\$50 AD	\$100 AD	50% \$1,000 [†] AD
2018 Personal Choice Gold HRA-25 \$2,900/100%‡	\$2,900	\$6,650	0%	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$7 AD	\$50 AD	\$100 AD	50% \$1,000 [†] AD
2019 Personal Choice Gold HRA-25 \$3,200/100%‡	\$3,200	\$6,750	0%	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$10 AD	\$50 AD	\$100 AD	50% \$1,000 [†] AD
2018 Personal Choice PPO Silver HSA-0 \$3,200/100%	\$3,200	\$6,650	0%	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$7 AD	\$50 AD	\$100 AD	50% \$1,000 [†] AD
2019 Personal Choice PPO Silver HSA-0 \$3,200/100%	\$3,200	\$6,750	0%	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$10 AD	\$50 AD	\$100 AD	50% \$1,000 [†] AD
2018 Personal Choice PPO Silver HSA-0 \$2,700/90%	\$2,700	\$6,650	10%	10%	10%	10%	10%	10%	10%	10%	\$7 AD	\$50 AD	\$100 AD	50% \$1,000 [†] AD
2019 Personal Choice PPO Silver HSA-0 \$2,700/90%	\$2,700	\$6,750	10%	10%	10%	10%	10%	10%	10%	10%	\$10 AD	\$50 AD	\$100 AD	50% \$1,000 [†] AD
2018 Personal Choice PPO Silver HSA-0 \$2,100/70%	\$2,100	\$6,650	30%	30%	30%	30%	30%	30%	30%	30%	\$7 AD	\$50 AD	\$100 AD	50% \$1,000 [†] AD
2019 Personal Choice PPO Silver HSA-0 \$2,100/70%	\$2,100	\$6,750	30%	30%	30%	30%	30%	30%	30%	30%	\$10 AD	\$50 AD	\$100 AD	50% \$1,000 [†] AD
2018 Personal Choice EPO Silver HSA-0 \$3,000/80%	\$3,000	\$6,650	20%	20%	20%	20%	20%	20%	20%	20%	\$7 AD	\$50 AD	\$100 AD	50% \$1,000 AD
2019 Personal Choice EPO Silver HSA-0 \$3,000/80%	\$3,000	\$6,750	20%	20%	20%	20%	20%	20%	20%	20%	\$10 AD	\$50 AD	\$100 AD	50% \$1,000 AD
2018 Personal Choice PPO Bronze HSA-0 \$6,650/100%	\$6,650	\$6,650	0%	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD
2019 Personal Choice PPO Bronze HSA-0 \$6,750/100%	\$6,750	\$6,750	0%	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD	\$0 AD
2018 Personal Choice PPO Bronze HSA-0 \$5,200/50%	\$5,200	\$6,650	50%	50%	50%	50%	50%	50%	50%	50%	\$7 AD	\$50 AD	\$100 AD	50% \$1,000 [†] AD
2019 Personal Choice PPO Bronze HSA-0 \$5,200/50%	\$5,200	\$6,750	50%	50%	50%	50%	50%	50%	50%	50%	\$10 AD	\$50 AD	\$100 AD	50% \$1,000 [†] AD

2018 – 2019 Blue Solutions® Plan Comparison — In-Network Benefits

Red text indicates cost-share change in 2019 vs. 2018 existing plan.

This chart compares member cost-sharing for select benefits from 2019 plans (in blue text) with the 2018 version of each plan (in black text) within the Blue Solutions portfolio.

	Medical									Rx			
	Ded	OOPM	Co-Ins	PCP	Spec	ER	IP Fac	Rad	OP Surg	Gen	Preferred	Non-Preferred	Spec
2018 Keystone DPOS Platinum Preferred \$10/\$20/\$100	\$0	\$3,500	0%	\$10	\$20	\$125	\$100, 5 days	\$20/\$40	10% \$25/10% \$125 [†]	\$7	\$40	\$70	50% \$1,000 [†]
2019 Keystone DPOS Platinum Preferred \$10/\$20/\$150	\$0	\$4,000	0%	\$10	\$20	\$125	\$150, 5 days	\$20/\$40	10% \$25/10% \$125 [†]	\$10	\$40	\$70	50% \$1,000 [†]
2018 Keystone DPOS Platinum Preferred \$20/\$40/\$150	\$0	\$4,000	0%	\$20	\$40	\$125	\$150, 5 days	\$30/\$60	10% \$45/10% \$185 [†]	\$7	\$45	\$75	50% \$1,000 [†]
2019 Keystone DPOS Platinum Preferred \$20/\$40/\$200	\$0	\$4,500	0%	\$20	\$40	\$125	\$200, 5 days	\$30/\$60	10% \$45/10% \$185 [†]	\$10	\$45	\$75	50% \$1,000 [†]
2018 Keystone DPOS Gold Classic \$1,000/\$25/\$50/90%	\$1,000	\$5,500	10%	\$25	\$50	10%	10%	\$40/\$80	10%/40%	\$7	\$50	\$150	50% \$1,000 [†]
2019 Keystone DPOS Gold Classic \$1,500/\$25/\$50/90%	\$1,500	\$6,000	10%	\$25	\$50	10%	10%	\$40/\$80	10%/40%	\$10	\$50	\$150	50% \$1,000 [†]
2018 Keystone DPOS Gold Preferred \$30/\$60/\$650	\$0	\$7,350	0%	\$30	\$60	\$450	\$650, 5 days	\$100/\$250	30% \$400/30% \$750 [†]	\$7	\$50	\$150	50% \$1,000 [†]
2019 Keystone DPOS Gold Preferred \$35/\$70/\$650	\$0	\$7,900	0%	\$35	\$70	\$450	\$650, 5 days	\$100/\$250	30% \$400/30% \$750 [†]	\$10	\$50	\$150	50% \$1,000 [†]
2018 Keystone DPOS Silver Classic \$4,000/\$25/\$50/70%	\$4,000	\$7,350	30%	\$25	\$50	30%	30%	\$100/\$250	30%/50%	\$7	50% \$125 [†]	50% \$250 [†]	50% \$1,000 [†]
2019 Keystone DPOS Silver Classic \$4,250/\$25/\$50/70%	\$4,250	\$7,900	30%	\$25	\$50	30%	30%	\$120/\$250	30%/50%	\$10	50% \$125 [†]	50% \$250 [†]	50% \$1,000 [†]
2018 Keystone DPOS Silver Classic \$3,250/\$30/\$60/50%	\$3,250	\$7,350	50%	\$30	\$60	50%	50%	\$60/\$250	50%	\$7	50% \$125 [†]	50% \$250 [†]	50% \$1,000 [†]
2019 Keystone DPOS Silver Classic \$3,250/\$30/\$60/50%	\$3,250	\$7,900	50%	\$30	\$60	50%	50%	\$120/\$250	50%	\$10	50% \$125 [†]	50% \$250 [†]	50% \$1,000 [†]
2018 Keystone DPOS Bronze Essential \$6,850/\$50/\$100/\$700	\$6,850	\$7,350	50%	\$50	\$100	\$500 AD	\$700 AD, 5 days [‡]	\$100/\$250	30% \$750 AD [†]	\$15 AD	50% \$500 [†] AD	50% \$500 [†] AD	50% \$1,000 [†] AD
2019 Keystone DPOS Bronze Essential \$6,850/\$50/\$100/\$700	\$6,850	\$7,900	50%	\$50	\$100	\$500 AD	\$700 AD, 5 days [‡]	\$100/\$250	30% \$750 AD [†]	\$15 AD	50% \$500 [†] AD	50% \$500 [†] AD	50% \$1,000 [†] AD

* HSA 25 Employer Contribution Amount is 25% of the deductible.

** HSA 50 Employer Contribution Amount is 50% of the deductible.

† Member responsible for coinsurance up to maximum shown.

‡ HRA 25 Employer Contribution Amount is 25% of the deductible.

∨ Subject to deductible.

The information in this document represents only a partial listing of benefits and exclusions of the plans.

Benefits and exclusions may be further defined by medical policy.

Coinsurances are applied after the deductible.

Rx coinsurances shown are before deductible unless otherwise noted with "AD" (after deductible).

Copayments are first-dollar coverage unless otherwise noted with "AD" (after deductible).

