

**Rochester Community Schools
Blue Cross Blue Shield of Michigan - PPO
2020 Calendar Year**

Group		REA PPO	REA CDHP	RAA & SMC	Clerical (RSPSA)	Executive	Para Hired Pre 8/1/2011	Para Hired After 8/1/2011	CMGT; Children's Program
Office Visit Co-Pay		\$20	n/a	\$20	\$20	\$20	\$20	\$20	\$20
Emergency Room Copay		\$150	n/a	\$75	\$250	\$75	\$250	\$250	\$250
Prescriptions			After Deductible						
	Generic	\$5	\$10	\$5	\$5	\$5	\$5	\$5	\$5
	Preferred	\$35	\$40	\$35	\$35	\$35	\$35	\$35	\$35
	Non-Preferred	\$50	\$80	n/a	\$50	n/a	\$50	\$50	\$50
Annual Deductible (per calendar year)									
	Individual	\$500	\$1,400	\$500	\$500	\$250	\$500	\$1,000	\$1,000
	Family	\$1,000	\$2,800	\$1,000	\$1,000	\$500	\$1,000	\$2,000	\$2,000
Co-insurance Employee Responsibility		10%	0%	10%	10%	10%	10%	10%	10%
Co-Insurance Limit (per calendar year)									
	Individual	\$1,000	n/a	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500
	Family	\$2,000	n/a	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$3,000
Out-of-Pocket Limit (per calendar year)									
	Individual	\$4,000	\$2,250	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350
	Family	\$8,000	\$4,500	\$12,700	\$12,700	\$12,700	\$12,700	\$12,700	\$12,700
HSA Funding (Annual)									
	Individual		\$700						
	Two Person		\$1,400						
	Family		\$1,400						
Employee Payroll Deduction (Monthly)									
	Individual	\$124.54	\$111.24	\$126.18	\$124.60	\$133.70	\$123.85	\$118.38	\$118.05
	Two Person	\$298.90	\$262.31	\$302.84	\$299.03	\$320.87	\$297.24	\$284.10	\$283.31
	Family	\$373.63	\$322.05	\$378.55	\$373.79	\$401.09	\$371.55	\$355.13	\$354.14

Updated 11/28/2019