



Independent Insurance  
Agents of **Kentucky**



2023-2024 Rate Plan Options

### Blue Access® PPO Cost Share Options

Network												Non-Network				
Options	Office Visit PCP	Office Visit SCP	Deductible Single	Deductible Family	Inpatient Facility	Outpatient Surgery: Hosp/ Alt. Care Facility	Out patient Other	Out of Pocket Limit Single	Out of Pocket Limit Family	Urgent Care	Emergency Room Services	Deductible Single	Deductible Family	Covered Services Co-Insurance	Out-of-Pocket Limit Single	Out-of-Pocket Limit Family
3	\$20	\$50	\$750	\$2250	20%	20%	20%	\$3000	\$6000	\$20	\$300/20%	\$2250	\$4500	50%	\$9000	\$18000
4	\$20	\$50	\$500	\$1500	20%	20%	20%	\$4000	\$8000	\$20	\$300/20%	\$1500	\$3000	50%	\$12000	\$24000
6	\$20	\$50	\$500	\$1500	20%	20%	20%	\$5500	\$11000	\$20	\$300/20%	\$1500	\$3000	50%	\$16500	\$33000
8	\$20	\$50	\$2500	\$5000	0%	0%	0%	\$6500	\$13000	\$20	\$300/20%	\$7500	\$15000	50%	\$19500	\$39000
9	\$20	\$50	\$1000	\$3000	30%	30%	30%	\$4500	\$9000	\$20	\$300/30%	\$3000	\$6000	50%	\$13500	\$27000
7	\$20	\$50	\$1000	\$3000	20%	20%	20%	\$4500	\$9000	\$20	\$300/20%	\$3000	\$6000	50%	\$13500	\$27000
11	\$20	\$50	\$1500	\$3000	20%	20%	20%	\$5000	\$10000	\$20	\$300/20%	\$4500	\$9000	50%	\$15000	\$30000
15	\$20	\$50	\$2000	\$4000	30%	30%	30%	\$5500	\$11000	\$20	\$300/20%	\$6000	\$12000	50%	\$16500	\$33000
21	\$20	\$50	\$3000	\$6000	30%	30%	30%	\$7000	\$14000	\$20	\$300/20%	\$9000	\$18000	50%	\$21000	\$42000
20	\$20	\$50	\$3000	\$6000	20%	20%	20%	\$7000	\$14000	\$20	\$300/20%	\$9000	\$18000	50%	\$21000	\$42000
24	\$30	\$75	\$5000	\$10000	20%	20%	20%	\$7000	\$14000	\$30	\$300/20%	\$15000	\$30000	50%	\$21000	\$42000

### Prescription Drug Plans

Options	Network Pharmacy	Home Delivery
Level 1	\$15/\$40/\$80/25% up to \$350 Per Script	\$38/\$120/\$240/25% up to \$350 Per Script
Level 2	\$25/\$50/\$90/25% up to \$450 Per Script	\$38/\$120/\$240/25% up to \$350 Per Script

## Health Savings Account – Network: Blue Access®

Network									Non-Network					
Options	Office Visit	Specialist	Deductible Single	Deductible Family	Inpatient/ Outpatient Services	Network Out of Pocket Max Single	Network Out of Pocket Max Family	Emergency Room Services	Deductible Single	Deductible Family	Covered Services Co-Insurance	Out of Pocket Limit Single	Out of Pocket Limit Family	Prescription Drug Network / Rx Option
E03	Deductible then 20%	Deductible then 20%	\$3000	\$6000	20%	\$5000	\$10000	Deductible then 20%	\$9000	\$18000	50%	\$15000	\$30000	Ded/20%
E04	Deductible then 30%	Deductible then 30%	\$3000	\$6000	30%	\$5000	\$10000	Deductible then 30%	\$9000	\$18000	50%	\$15000	\$30000	Ded/30%

## Prescription Drug Plans

Options	Network Pharmacy	Home Delivery	Deductible
Ded/20%/30% Tiered	Level 1: 20% Level 2: 30%	20%	Tiers 1-4: Medical Deductible Applies
Ded/30%/40% Tiered	Level 1: 30% Level 2: 40%	30%	Tiers 1-4: Medical Deductible Applies

## Health Savings Account (with copays) Network: Blue Access®

Network										Non-Network					
Options	Office Visit	Specialist Office Visit	Deductible Single	Deductible Family	Inpatient/ Outpatient Services	Network Out of Pocket Max Single	Network Out of Pocket Max Family	Urgent Care	Emergency Room Services	Deductible Single	Deductible Family	Covered Services Co-Insurance	Out of Pocket Limit Single	Out of Pocket Limit Family	Prescription Drug Network
E01	\$20	\$50	\$3000	\$6000	0%	\$3500	\$7000	Deductible then \$20	Deductible then \$300	\$9000	\$18000	30%	\$10500	\$21000	T5
E02	\$20	\$50	\$3000	\$6000	0%	\$4000	\$8000	Deductible then \$20	Deductible then \$300	\$9000	\$18000	30%	\$12000	\$24000	T5
E04	\$30	\$75	\$5000	\$10000	0%	\$6400	\$12800	Deductible then \$30	Deductible then \$300	\$15000	\$30000	30%	\$19200	\$38400	T5

## Prescription Drug Plans

Options	Network Pharmacy	Home Delivery	Deductible
Level 1	\$10/\$35/\$75/25% up to \$350 Per Script	\$25/\$105/\$225/25% up to \$350 Per Script	Tiers 1-4: Medical Deductible Applies
Level 2	\$20/\$45/\$85/25% up to \$450 Per Script	\$25/\$105/\$225/25% up to \$350 Per Script	Tiers 1-4: Medical Deductible Applies