

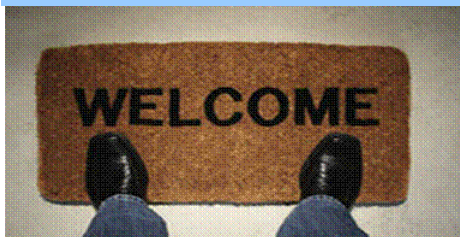
A Group Insurance From  
**CareFirst BlueCross BlueShield**  
 Designed Especially For The  
**Anglican Church in North  
 America**

The Solomon Benefits Group  
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## Health Benefits Analysis

CareFirst is a Blue Cross/ Blue Shield National Provider

	N.VA/DC/MD Region	NATIONAL	NATIONAL
	CareFirst/HMO Open Access Option A	CareFirst/PPO15 Bluepreferred Option 15	CareFirst/PPO21 Bluepreferred Option 21
<b>IN-NETWORK</b>			
Doctor Co-Pay (PCP/ Specialist)	10/20	20	10
Deductible (Individual/Family)	500/1000	1000/3500	500/1500
Coinsurance (Insurance/Member)	100/0	90/10	90/10
Inpatient Hospitalization	0 copay	Ded. + co-ins	Ded. + co-ins.
Out-of-Pocket Maximum (Ind)	0/0	\$3500	\$1500
<b>OUT-OF-NETWORK</b>			
Deductible (Individual/Family)	N/A	2000/7000	1000/3000
Coinsurance (Insurance/Member)	N/A	70/30	70/30
Inpatient Hospitalization	N/A	Ded. + co-ins.	Ded. + co-ins.
Out-of-Pocket Maximum (Ind)	N/A	\$7000	\$3000
<b>EMERGENCY SERVICES</b>			
Emergency Room	100 copay	100 copay	100 copay
<b>LIFETIME MAXIMUM BENEFIT</b>			
Maximum Benefit (IN/OUT)	Unlimited	Unlimited	Unlimited
<b>PRESCRIPTIONS</b>			
Deductible	0	0	0
Retail (Generic/ Brand/ Non Formulary)	\$10/\$25/\$45	\$10/\$25/\$45	\$10/\$25/\$45
Mail-Order (Generic/ Brand/ Non Form.)	\$20/\$50/\$90	\$20/\$50/\$90	\$20/\$50/\$90
Maximum Benefit Per Year	Unlimited	Unlimited	Unlimited
<b>RATES</b>			
Employee	\$428.60	\$453.08	\$538.53
Employee & Spouse	\$1,007.21	\$1,064.72	\$1,265.55
Employee & Child	\$814.33	\$860.83	\$1,023.20
Employee & Children	\$814.33	\$860.83	\$1,023.20
Family	\$1,178.65	\$1,245.95	\$1,480.96



**Healing health care. Together.™**  
 Simpler process, smarter solutions, better results for you.