EnhancedBlue 1500

Health Plan | Traditional Copay | Effective: December 1, 2026

Summary

	PPO
Employer Premium per month	**$10,646.64**
Deductible per year	$1,500 (Single) $3,000 (Family)
Out-of-Pocket Maximum per year	$7,000 (Single) $14,000 (Family)
Coinsurance	20%
Virtual Visits Doctor on Demand (DoD)	$30 (Doctor on Demand $0)
Designated PCP	N/A
Other PCP	$30
Non PCP	$60
Emergency Room Visits	$500

Prescription Drugs

Formulary	BlueRx Essentials
Deductible (Drug)	N/A
Tier 1	$15
Tier 2	$50
Tier 3	$100
Biosimilar	$150
Preferred Specialty Drugs	$200
Non-preferred Specialty Drugs	$500

Rates

Age	PPO
0-14	$394.38
15	$429.43
16	$442.84
17	$456.24
18	$470.67
19	$485.11
20	$500.06
21	$515.53
22	$515.53
23	$515.53
24	$515.53
25	$517.59
26	$527.90
27	$540.27
28	$560.38
29	$576.87
30	$585.12
31	$597.49
32	$609.87
33	$617.60
34	$625.85
35	$629.97
36	$634.10
37	$638.22
38	$642.35
39	$650.59
40	$658.84
41	$671.21
42	$683.07
43	$699.57
44	$720.19
45	$744.42
46	$773.29
47	$805.77
48	$842.88
49	$879.49
50	$920.73
51	$961.46
52	$1,006.31
53	$1,051.67
54	$1,100.65
55	$1,149.62
56	$1,202.72
57	$1,256.34
58	$1,313.56
59	$1,341.91
60	$1,399.14
61	$1,448.63
62	$1,481.11
63	$1,521.83
64	$1,546.58
65+	$1,546.58