

High Deductible – HSA Plans

The amounts shown are what the member pays
 Scroll down to view the rates

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Plan Type – All HMO	Ambetter Essential Care 1	Ambetter Essential Care 2 HSA	BlueCross Pathway X Guided 37TC	BlueCross Pathway X Guided HSA 37TO	Kaiser HSA 6,200/40%
Plan Name	Ambetter Essential Care 1	Ambetter Essential Care 2 HSA	BlueCross 37TC	BlueCross HSA 37TO	Kaiser 6,200/40%
Metal Level	Bronze	Bronze HSA	Bronze	Bronze HSA	Bronze HSA
Preventive Care government list	100% Coverage – Member pays Nothing; List of Covered Services				
Deductible Individual / Family	\$7,900 / \$15,800	\$6550/\$13100	\$6,750 / \$13,500	\$6,700 / \$13,400	\$6,200 / \$12,40000
Coinsurance	Deductible then 0%	Deductible then 0%	Deductible then 40%	Deductible then 0%	Deductible then 40%
Maximum Out of Pocket Individual / Family	\$7,900 / \$15,800	\$6,550 / \$13,100	\$7,900 / \$15,800	\$6,700 / \$13,400	\$6,550 / \$13,100
Dr Office Copay PCP/Specialist/UrgentCare	Deductible then 0%	Deductible then 0%	Deductible then 40%	Deductible then 0%	Deductible then 40%
All Lab / X-rays & Imaging	Deductible then 0%	Deductible then 0%	Deductible then \$500 / 40%	Deductible then 0%	Deductible then 40%
Emergency Room	Deductible then 0%	Deductible then 0%	Deductible then \$500 / 40%	Deductible then 0%	Deductible then 40%
Inpatient / Outpatient Hospital & Surgery	Deductible then 0%	Deductible then 0%	Deductible then \$500 / 40%	Deductible then 0%	Deductible then 40%
Rx Deductible	Tier 1 No Ded; Tier 2,3, 4 Med Ded	Medical Deductible	Medical Deductible	Medical Deductible	Medical Deductible
Rx Copays	\$20 / Med Deductible then 0%	Medical Deductible then 0%	Med Deductible then 25%/35%/45%/45%	Medical Deductible then 0%	Medical Deductible then 50%

Benefits shown are for services at In-Network Providers. There is No Coverage for Out of Network Providers, except for Emergencies

Rates shown for Ambetter & BlueCross residents of counties: Cherokee, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, & Henry

Rates shown for Kaiser residents of counties: Clayton, Cobb, DeKalb, Fulton, Gwinnett and Henry – Other Kaiser counties are 10% higher

For rates in other counties please use the “Online Quotes” link on the 2019 Recommended Plans page

Rates shown are for non-tobacco users, within + / – \$5; regular tobacco user rates will be approx. 15% higher. Regular use = 4 or more times per week on average in the last 6 week on average in the last 6 months.

Please see plan brochure for a complete listing of benefit details, plan limitations and exclusions.

Add the rate for the age of each family member to be insured. There is no family discount.

	Ambetter Essential Care 1	Ambetter Essential Care 2 HSA	BlueCross 37TC	BlueCross HSA 37TO	Kaiser HSA 6,200/40%
Per Child Age 0-14	\$237	\$245	\$188	\$194	\$252
Age 15	\$259	\$268	\$206	\$212	\$275
Age 16	\$267	\$276	\$212	\$218	\$284
Age 17	\$275	\$284	\$218	\$225	\$292
Age 18	\$283	\$293	\$225	\$232	\$301
Age 19	\$292	\$302	\$232	\$239	\$310
Age 20	\$301	\$311	\$239	\$246	\$320
Age 21-24	\$310	\$321	\$246	\$254	\$330
Age 25	\$311	\$322	\$247	\$254	\$330
Age 26	\$317	\$328	\$252	\$260	\$337
Age 27	\$325	\$337	\$259	\$266	\$346
Age 28	\$337	\$349	\$268	\$276	\$358
Age 29	\$347	\$359	\$276	\$284	\$369
Age 30	\$353	\$365	\$280	\$289	\$375
Age 31	\$359	\$372	\$286	\$294	\$382
Age 32	\$367	\$379	\$292	\$300	\$390
Age 33	\$371	\$384	\$295	\$304	\$395
Age 34	\$377	\$390	\$299	\$308	\$400
Age 35	\$379	\$393	\$302	\$310	\$403
Age 36	\$381	\$394	\$303	\$312	\$405
Age 37	\$384	\$397	\$305	\$314	\$408
Age 38	\$387	\$400	\$307	\$316	\$411
Age 39	\$391	\$405	\$311	\$320	\$416
Age 40	\$396	\$410	\$315	\$324	\$421
Age 41	\$404	\$418	\$321	\$330	\$429
Age 42	\$411	\$425	\$327	\$336	\$437
Age 43	\$421	\$435	\$335	\$344	\$447
Age 44	\$433	\$448	\$345	\$355	\$461
Age 45	\$448	\$463	\$356	\$366	\$476
Age 46	\$465	\$481	\$370	\$380	\$494
Age 47	\$485	\$502	\$385	\$397	\$515
Age 48	\$507	\$525	\$403	\$415	\$539
Age 49	\$529	\$547	\$420	\$433	\$562
Age 50	\$554	\$573	\$441	\$453	\$589
Age 51	\$578	\$599	\$460	\$473	\$615
Age 52	\$605	\$627	\$481	\$495	\$644
Age 53	\$632	\$655	\$503	\$518	\$672
Age 54	\$662	\$685	\$527	\$542	\$704
Age 55	\$691	\$715	\$549	\$566	\$735
Age 56	\$723	\$749	\$575	\$592	\$769
Age 57	\$756	\$782	\$601	\$619	\$804
Age 58	\$790	\$818	\$628	\$647	\$840

	Ambetter Essential Care 1	Ambetter Essential Care 2 HSA	BlueCross 37TC	BlueCross HSA 37TO	Kaiser HSA 6,200/40%
Age 59	\$807	\$835	\$642	\$661	\$858
Age 60	\$841	\$871	\$669	\$689	\$895
Age 61	\$871	\$902	\$693	\$713	\$926
Age 62	\$891	\$922	\$708	\$729	\$947
Age 63	\$915	\$947	\$728	\$749	\$973
Age 64	\$930	\$962	\$739	\$761	\$989