

**Prince Avenue Baptist Church and Christian School**  
**Health Insurance Comparison 2023-2024**  
**In-Network Benefits Plan Comparison**

<b>Benefit Description</b>		<b>Guidestone/Highmark Blue Cross Blue Shield PPO TH IN-NETWORK</b>		<b>Guidestone/Highmark Blue Cross Blue Shield PPO HC Plus IN-NETWORK</b>	
<b>Annual Deductible (single/family)</b>		\$0/\$0		\$2,000/\$4,000	
<b>Coinsurance</b>		80%		100%	
<b>Out-of-Pocket Maximum (single/family) (includes deductible)</b>		\$3,750/\$7,000		\$5,750/\$11,500	
<b>Maximum Benefit</b>		Unlimited		Unlimited	
<b>Office Visits: Preventive Care</b>					
Primary Care Physician Office Visit		Plan pays 100%		Plan pays 100%	
Specialist Physician Office Visit		Plan pays 100%		Plan pays 100%	
Well Child Care		Plan pays 100%		Plan pays 100%	
<b>Office Visits: Illness or Injury</b>					
Primary Care Physician (PCP) office visit		\$25 Copay		\$25 Copay	
Specialty Care Physician office visit		\$45 Copay		\$45 Copay	
<b>Emergency Room Services</b>					
Life-threatening illness, serious accidental injury		Plan pays 80% after \$250 Copay		\$250 Copay	
Urgent Care		\$50 Copay		\$50 Copay	
<b>Hospital Services - Inpatient</b>					
Facility/ Hospital Charges		Plan pays 80%		Plan pays 100% after deductible	
Physician Fees for Surgical and Medical Services		Plan pays 80%		Plan pays 100% after deductible	
<b>Outpatient Services</b>					
Surgery facility/ hospital charges		Plan pays 80%		Plan pays 100% after deductible	
Diagnostic Lab services		Plan pays 80%		Plan pays 100% after deductible	
Diagnostic X-Ray		Plan pays 80%		Plan pays 100% after deductible	
Major Diagnostics, Lab and X-Ray (CT, PET, MRI, MRA, and nuclear medicine)		Plan pays 80%		Plan pays 100% after deductible	
Physician Fees for Surgical and Medical Services		Plan pays 80%		Plan pays 100% after deductible	
<b>Prescription Drugs</b>					
Tier 1		\$15 Copay		\$15 Copay	
Tier 2		\$50 Copay		\$50 Copay	
Tier 3		\$75 Copay		\$75 Copay	
Tier 4		N/A		N/A	
Specialty drugs		\$100 Copay		\$100 Copay	
<b>Employee Tier</b>	<b># of Employees</b>	<b>Rates</b>	<b>School EE Cost</b>	<b>Rates</b>	<b>School EE Cost</b>
Employee only		\$720.17	\$40.00	\$680.39	\$0.00
Employee Spouse		\$1,512.36	\$832.00	\$1,428.82	\$730.00
Employee Child(ren)		\$1,368.32	\$688.00	\$1,292.74	\$600.00
Family		\$2,160.51	\$1,480.00	\$2,041.17	\$1,335.00
<b>Monthly Total</b>					