

**Cherokee CSD**  
**July 1, 2019 to June 30, 2020**  
**Wellmark**  
**Blue Cross Blue Shield**

**Employee Plan**

	In Network	Out of Network	In Network	Out of Network
<b>Deductible</b>				
Single	\$2,700	\$2,700	\$500	\$500
Family	\$5,400	\$5,400	\$1,000	\$1,000
<b>Coinsurance (Major Med)</b>				
Single	20%	40%	10%	20%
Family	20%	40%	10%	20%
<b>Coinsurance (D/A, M/N)</b>				
Single	20%	40%	10%	20%
Family	20%	40%	10%	20%
<b>Maximum Out of Pocket</b>				
Single	\$5,400	\$5,400	\$900	\$900
Family	\$10,800	\$10,800	\$1,400	\$1,400
<b>Office Visit Copays</b>				
	\$25	Deductible and co-insurance	\$15	Deductible and co-insurance
<b>Preventative Care Office Visits</b>				
	\$25 with limitations; if provided by hospital, see hospital	Deductible and co-insurance	\$15 with limitations; if provided by hospital, see hospital	Deductible and co-insurance
<b>ER</b>				
	Deductible and co-insurance	Deductible and co-insurance	Deductible and co-insurance	Deductible and co-insurance
<b>Hospital</b>				
	Deductible and co-insurance	Deductible and co-insurance	Deductible and co-insurance	Deductible and co-insurance
<b>Prescription</b>				
	\$15/\$25/\$40	N/A	\$10/15-OR-\$10/25	N/A

*Note: Always refer to policy for exact benefits*  
*Comments: Definitions: I/P=Inpatient O/P= Outpatient*  
*Co-pay=Employee's share of the cost*  
*Co-pays do not count toward maximum out of pocket*  
*D/A=Drug and Alcohol M/N= Mental and Nervous*