

Plans	Plan Example	Premium	Coinsurance Following Deductible
LCSC	\$1200 Deductible	Single \$600.50/Family \$1503.50	No

BCBS--eliminated-only one plan available

PIEP

\$1500 Deductible

Single \$541.90/Family \$1446.86

Yes

Matching Current network pharmacies	Primary Care Clinic Assignment required	Referrals Required for Specialists	Rate Contingencies
Yes	No	No	No

No

Yes

Yes

Firm pending no significant changes