**Capital Blue Cross Low Income Subsidy (LI**

2024 MA IA PLAN PREMIUM AMOUNTS

| Plan | PBP | Plan Premium | Total Plan Premium with 100% LIS |
|---|---|---|---|
| BlueJourney Prime PPO | 017 | $177.00 | $136.80 |
| BlueJourney Classic PPO | 013 | $60.00 | $19.80 |
| Capital Blue Cross Select PPO | 028 | $0.00 | $0.00 |
| Capital Blue Cross \| Wellspan Health AdvantagePlus PPO | 030 | $22.00 | $10.60 |
| Capital Blue Cross \| Wellspan Health Advantage PPO | 029 | $0.00 | $0.00 |
| Capital Blue Cross \| Wellspan Health Value PPO | 031 | $0.00 | $0.00 |
| Capital Blue Cross Value PPO - All Regions | 032/033 | $0.00 | $0.00 |
| Capital Blue Cross Enhanced PPO - All Regions | 034/035 | $22.00 | $0.00 |
| BlueJourney Premier HMO | 001 | $117.00 | $76.80 |
| BlueJourney Value HMO | 004 | $65.00 | $24.80 |
| BlueJourney Essential HMO | 007 | $0.00 | $0.00 |
| Capital Blue Cross \| Wellspan Health Inspire HMO | 021 | $0.00 | $0.00 |

| Copay Level |
|---|
| Level 1 |
| Level 2 |
| Level 3 |

**IS) Amounts**

2024 LIS COPAY AMOUNTS - All Plans

| Deductible | Generic/preferred multi-source drugs | All other drugs |
|---|---|---|
| $0.00 | $4.50 | $11.20 |
| $0.00 | $1.55 | $4.60 |
| $0.00 | $0.00 | $0.00 |