MEDICAL

	BCBS		BCBS		BCBS	
	MTBEE614		MTBEE628		MTBCP301H	
DESIGN						
Network	Blue Essentials HMO	Out-of-Network	Blue Essentials HMO	Out-of-Network	BlueChoice PPO	Out-of-Network
Deductible (ind / fam)	$1500 / $4500	not covered	$3000 / $9000	not covered	$7500 / $15,000	$15,000 / $30,000
Coinsurance	20%	nc	20%	nc	0%	30%
Out-of-Pocket Max (ind/fam)	$6000 / $18,000	not covered	$9000 / $18,000	not covered	$7500 / $15,000	unlimited
MEDICAL (in-network)						
Telehealth / Virtual Visits	$0 copay		$0 copay		ded	
Physician Office Visits	$40 copay		$40 copay		ded	
Specialist Office Visits	$80 copay		$80 copay		ded	
Lab / X-Ray at OV	ded + 20%		ded + 20%		ded	
Complex Imaging	ded + 20%		ded + 20%		ded	
Urgent Care Center	$75 copay		$75 copay		ded	
ER Facility / Physician	$750 copay + ded + 20%		$750 copay + ded + 20%		ded	
Outpatient Surgery	$100 copay + ded + 20%		$100 copay + ded + 20%		ded	
Inpatient Care	ded + 20%		ded + 20%		ded	
RX (in-network)						
Retail (30-day supply)	$0/$10/$50/$100/$150/$250		$0/$10/$50/$100/$150/$250		ded	
Program Type	mandatory generic		mandatory generic		mandatory generic	
NOTES						
Plan Type	HMO		HMO		PPO	
Deductible Type	embedded		embedded		embedded	
Comments	PCP required, rx copays higher at non-preferred pharm		PCP required, rx copays higher at non-preferred pharm		HSA	