

MEDICAL INSURANCE PLAN INFORMATION

General
Employ

Blue Options 0578

Blue Health Plan

BlueCare 48

BlueCare 65

BlueOptions 0578

EPO

HMO

HMO HDHP

EPO

In-Network Coverage

DEDUCTIBLE				
OUT-OF-POCKET MAXIMUM				
MEDICAL	\$1,500 single; \$3,000 family	\$2,500 per person	\$500	
PHARMACY	\$1,000			
Preventive Care	100% covered	100%		
PRIMARY DOCTOR VISIT				
SPECIALIST VISIT	\$30	\$35		\$40
X-RAYS	\$30	\$30	DED then 30%	\$35
IMAGING: MRI/CT/PET	\$100	\$300	DED then 30%	\$300
URGENT CARE CENTER	\$25	\$30	25	\$35
EMERGENCY ROOM	DED then 20%	\$300 then 30%	DED then 30%	\$300 then 30%
INPATIENT HOSPITAL	DED then 20%	DED then 30%	DED	
OUTPATIENT SURGERY	DED then 20%	DED then 30%		

Out-of-Network Coverage (plus balance billing)

DEDUCTIBLE				
COINSURANCE	No coverage	No coverage	No coverage	50% per person; \$2,000 family
OUT-OF-POCKET MAXIMUM	No coverage	No coverage	No coverage	\$9,000 per person; \$18,000 family

Retail Prescriptions (up to 30 days)

GENERIC	\$10	\$20	\$10	\$10	\$20	\$10	\$20
PREFERRED BRAND	\$40	\$80	\$40	\$80	\$40	\$80	\$80
NON-PREFERRED	\$75	\$150	\$75	\$150	\$75	\$150	\$150