

	Blue Options Plan 5302 (PPO)	Blue Options Plan 5773 (PPO)
IN NETWORK		
Calendar Year Deductible (CYD)	\$5,000 / \$10,000	\$2,500 / \$7,500
Coinsurance (% Member Responsibility)	30%	20%
Maximum Out of Pocket	\$6,350 / \$12,700	\$6,350 / \$12,700
Deductible included in Out of Pocket Max	Yes	Yes
Embedded/Aggregate Family Deductible	Embedded	Embedded
OFFICE SERVICES		
Primary Care Office Visit	\$30	\$35
PCP Required?	No	No
Specialist Office Visit	\$55	\$85
Telemedicine	MD Live	MD Live
PREVENTIVE SERVICES		
Well Woman Visit, Well Child, Mammogram, Colonoscopy (Primary/Specialist)	Covered 100% CYD Waived	Covered 100% CYD Waived
HOSPITAL SERVICES		
Inpatient Hospital Visit	CYD + 30%	\$300 PAD + CYD + 20%
Outpatient Hospital Visit	CYD + 30%	CYD + 20%
Physician Services at Hospital or ER	CYD + 30%	CYD + 20%
EMERGENCY SERVICES		
Emergency Room Visit	\$300	\$350
Ambulance Services	CYD + 30%	CYD + 20%
Urgent Care Visit	\$60	\$100
OTHER SERVICES		
Independent Diagnostic Testing (X-rays)	CYD + 30%	\$50
Independent Diagnostic Testing (Advanced Imaging)	CYD + 30%	\$350
Independent Clinical Lab	\$0	\$0
Mental Health / Substance Dependency	\$0	\$0
PHARMACY SERVICES		
Generic Mandatory	Yes	Yes
Pre-Authorization on Brand	No	Yes
Prescription Plan Deductible	No	No
Prescription Card (generic/brand/non-preferred)	Generic: \$10 Select Brand Rx: Greater of 20% or \$50, up to \$200 max Non Pref: Not Covered	\$10 / \$50 / \$80
Specialty Rx	Generic: \$10 Select Brand Rx Greater of 20% or \$50, up to \$200 max Non Pref: Not Covered	\$10 / \$50 / \$80
Prescription Mail Order - 90 day supply	Generic: \$25 Select Brand Rx Greater of 20% or \$125, up to \$500 max Non Pref: Not Covered	\$25 / 125 / \$200
OUT OF NETWORK		
Calendar Year Deductible (CYD)	\$10,000 / \$30,000	\$5,000 / \$15,000
Coinsurance (% Member Responsibility)	50%	50%
Maximum Out of Pocket	\$20,000 / \$40,000	\$13,000 / \$26,000
Deductible included in Out of Pocket Max	Yes	Yes
PAY PERIOD DEDUCTIONS		
Employee Only	\$15.56	\$66.40
Employee + Spouse	\$159.26	\$310.73
Employee + Child(ren)	\$102.12	\$215.12
Family	\$237.56	\$441.75