




**2018  
Benefits**

|   |   |  |           |
|---|---|--|-----------|
|  | <b>PPO BlueOptions<br/>03769</b>                | <b>HMO BlueCare</b>                          | <b>58</b> |
| <b>Cost Sharing - Member's Responsibility</b>                                     |   |  |           |
| <b>Deductible (DED) (Per Person/Family Aggregate)</b>                             |   |  |           |
| In-Network  | \$600 / \$1,800                                 | N/A  |           |
| Out-of-Network  | Combined with In-Network                        | N/A  |           |
| <b>Coinsurance (BCBSF pays / Member pays)</b>                                     |   |  |           |
| In-Network  | 80% / 20%                                       | 20%  |           |
| Out-of-Network  | 60% / 40%                                       | Not covered                                  |           |
| <b>Out of Pocket Maximum (Per Person/Family Aggregate)</b>                        |   |  |           |
| In-Network  | \$6,000/\$12,000                                | \$6,000/\$12,000                             |           |
| Out-of-Network  | Combined with In-Network                        | Not covered                                  |           |
| <b>Medical / Surgical Care by a Physician</b>                                     |   |  |           |
| <b>Office Services</b>  |   |  |           |
| In-Network Family Physician   | \$30 Copayment                                  | \$30 Copayment                               |           |
| In-Network Specialist   | \$50 Copayment                                  | \$50 Copayment                               |           |
| Out-of-Network  | DED + 40%                                       | Not covered                                  |           |
| <b>Hospital Location (Inpatient/Outpatient/ER)</b>                                |   |  |           |
| In-Network Specialist   | DED + 20%                                       | \$0  |           |
| Out-of-Network  | Same as In-Network                              | Not covered                                  |           |
| <b>Medical / Surgical Care at a Facility</b>                                      |   |  |           |
| <b>Inpatient Hospital Facility (per admit)</b>                                    |   |  |           |
| In-Network Option 1   | \$1000 Copayment                                | \$300 per day/\$1,500 max                    |           |
| In-Network Option 2   | \$2000 Copayment                                | \$300 per day/\$1,500 max                    |           |
| Out-of-Network  | DED + 40%                                       | Not covered                                  |           |
| <b>Outpatient Hospital Facility (per visit)</b>                                   |   |  |           |
| In-Network Option 1   | DED + 20%                                       | \$100 Therapy<br>\$500 all other             |           |
| In-Network Option 2   | DED + 20%                                       | \$100 Therapy<br>\$500 all other             |           |
| Out-of-Network  | DED + 40%                                       | Not covered                                  |           |
| <b>Emergency Room Facility (per visit)</b>  |   |  |           |
| In-Network  | DED + 20%                                       | 20%  |           |
| Out-of-Network  | Same as In-Network                              | 20%  |           |
| Urgent Care In-Network  | \$65 Copay                                      | \$80 Copay                                   |           |
| <b>Other Special Services</b>   |   |  |           |
| <b>TeleMedicine Services with Teladoc</b>   |   |  |           |
| Wellness  | no member cost share                            | No Member Cost Share                         |           |
| Ambulance   | In-Network DED + 20%                            | DED + 20%                                    |           |
| Gastric Bypass  | covered 1 per lifetime                          | covered 1 per lifetime                       |           |
| Women's Wellness  | no member cost share                            | no member cost share                         |           |
| RX  | \$15/\$45/\$65/\$250<br>Mail \$30/\$90/\$130    | \$15/\$45/\$65/\$250<br>Mail \$30/\$90/\$130 |           |
| Note  | *\$250 Monthly Member Out of Pocket Maximum per |  |           |