



## 2019 Benefits Comparison



**PPO BlueOptions 03769**

**HMO BlueCare 58**

Cost Sharing - Member's Responsibility		
Deductible (DED) (Per Person/Family Aggregate)		
In-Network	\$600 / \$1,800	N/A
Out-of-Network	Combined with In-Network	N/A
Coinsurance (BCBSF pays / Member pays)		
In-Network	80% / 20%	20%
Out-of-Network	60% / 40%	Not covered
Out of Pocket Maximum (Per Person/Family Aggregate)		
In-Network	\$6,000/\$12,000	\$6,000/\$12,000
Out-of-Network	Combined with In-Network	Not covered
Medical / Surgical Care by a Physician		
Office Services		
In-Network Family Physician	\$30 Copayment	\$30 Copayment
In-Network Specialist	\$50 Copayment	\$50 Copayment
Out-of-Network	DED + 40%	Not covered
Hospital Location (Inpatient/Outpatient/ER)		
In-Network Specialist	DED + 20%	\$0
Out-of-Network	Same as In-Network	Not covered
Medical / Surgical Care at a Facility		
Inpatient Hospital Facility (per admit)		
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
Outpatient Hospital Facility (per visit)		
In-Network Option 1	DED + 20%	\$100 Therapy \$500 all other
In-Network Option 2	DED + 20%	\$100 Therapy \$500 all other
Out-of-Network	DED + 40%	Not covered
Emergency Room Facility (per visit)		
In-Network	DED + 20%	20%
Out-of-Network	Same as In-Network	20%
Urgent Care In-Network	\$65 Copay	\$80 Copay
Other Special Services		
TeleMedicine Services with Teladoc		
Wellness	<b>\$10</b> No member cost share	<b>\$10</b> 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 Mail \$30/\$90/\$130	\$15/\$45/\$65/\$250 Mail \$30/\$90/\$130
Note	*\$250 Monthly Member Out of Pocket Maximum per specialty prescription applies	