

In- Network Blue Advantage HMO

MEDICAL BENEFITS AT A GLANCE

Blue Advantage HMO Network	P610ADT Co-pay	G664ADT Co-pay	S642ADT Co-pay
CALENDAR YEAR DEDUCTIBLE			
Individual Deductible	\$350	\$2,250	\$3,850
Family Deductible Maximum	\$1,050	\$6,750	\$11,550
MAXIMUM OUT-OF-POCKET PER CALENDAR YEAR PER PERSON			
Individual Out-of-Pocket limit In-network	\$1,600	\$6,750	\$9,100
Family Out-of-pocket limit in-network	\$4,800	\$18,400	\$18,200
WELLNESS & IMMUNIZATIONS			
Well Child Care, includes immunizations	100%	100%	100%
Well Adult	100%	100%	100%
INPATIENT			
Hospitalization (inpatient)	Deductible + 20% + \$150/visit	Deductible + 20% + \$300/visit	Deductible + 30% + \$350/visit
Inpatient Mental Health/Chemical Dependency	Deductible + 20% + \$150/visit	Deductible + 20% + \$300/visit	Deductible + 30% + \$350/visit
OUTPATIENT			
Physician Office Visit (illness or injury, except surgery)	\$35 co-pay PCP \$70 co-pay SP Office Visit Only	\$35 co-pay PCP \$70 co-pay SP Office Visit Only	\$55 co-pay PCP \$100 co-pay SP Office Visit Only
Outpatient Surgery (in surgical facility or doctor's office)	Deductible + 20% + \$100/visit	Deductible + 20% + \$100/visit	Deductible + 30% + 300/visit
Diagnostic lab & x-ray	Deductible + 20%	Deductible + 20%	Deductible + 30% + \$150/X-ray
MRI, CT Scan, PETSCAN, etc.	\$250/test	\$250/test	\$300/test
Office Visit Outpatient Mental Health/Chemical Dependency	\$35/visit + 20% co-ins for other	\$35/visit + 20% co-ins for other	\$55/visit + 30% co-ins for other
Urgent Care Facility Visit	\$35/visit	\$75/visit	\$100/visit
Emergency Room Services	\$300/visit + Ded. + 20%	\$500/visit + Ded. + 20%	\$750/visit + Ded. + 30%
PRESCRIPTIONS – Retail Pharmacy			
Preferred Generic	\$0/participating \$10/non-part.	\$0/participating \$10/non-part.	\$0/participating \$10/non-part.
Non-Preferred Generic	\$10/participating \$20/non-part.	\$10/participating \$20/non-part.	\$10/participating \$20/non-part.
Preferred Brand	\$35/participating \$55/non-part.	\$50/participating \$70/non-part.	\$50/participating \$70/non-part.
Non-Preferred Brand	\$75/participating \$95/ non-part.	\$100/participating \$120/ non-part.	\$100/participating \$120/ non-part.
Preferred Specialty	\$150	\$150	\$150
Non-Preferred Specialty	\$250	\$250	\$250