

# In- Network Blue Advantage HMO

## MEDICAL BENEFITS AT A GLANCE

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