# MEDICAL

| | BCBS | | BCBS | | BCBS | | BCBS | |
|---|---|---|---|---|---|---|---|---|
| | MTBEE614 | | MTBEE568 | | MTBCB644 | | MTBCP628 | |
| **DESIGN** | | | | | | | | |
| Network | Blue Essentials HMO | Out-of-Network | Blue Essentials HMO | Out-of-Network | BlueChoice PPO | Out-of-Network | BlueChoice PPO | Out-of-Network |
| Deductible (ind / fam) | $1500 / $4500 | not covered | $7000 / $14,000 | not covered | $6250 / $18,400 | $12,500 / $20,000 | $3000 / $9000 | $10,000 / $20,000 |
| Coinsurance | 20% | nc | 20% | nc | 20% | 50% | 20% | 40% |
| Out-of-Pocket Max (ind/fam) | $6000 / $18,000 | not covered | $9200 / $18,400 | not covered | $8400 / $18,400 | unlimited | $9000 / $18,000 | unlimited |
| **MEDICAL (in-network)** | | | | | | | | |
| Telehealth / Virtual Visits | $0 copay | | $0 copay | | $0 copay | | $0 copay | |
| Physician Office Visits | $40 copay | | $40 copay | | $45 copay | | $40 copay | |
| Specialist Office Visits | $80 copay | | $60 copay | | $90 copay | | $80 copay | |
| Lab / X-Ray at OV | ded + 20% | | ded + 20% | | ded + 20% | | $0 copay | |
| Complex Imaging | ded + 20% | | ded + 20% | | ded + 20% | | ded + 20% | |
| Urgent Care Center | $75 copay | | $75 copay | | $75 copay | | $75 copay | |
| ER Facility / Physician | $750 copay + ded + 20% | | $750 copay + ded + 20% | | $750 copay + ded + 20% | | $750 copay + ded + 20% | |
| Outpatient Surgery | $100 copay + ded + 20% | | $100 copay + ded + 20% | | $100 copay + ded + 20% | | $100 copay + ded + 20% | |
| Inpatient Care | ded + 20% | | ded + 20% | | ded + 20% | | ded + 20% | |
| **RX (in-network)** | | | | | | | | |
| Retail (30-day supply) | $0/$10/$50/$100/$150/$250 | | $0/$10/$50/$100/$150/$250 | | $0/$10/$50/$100/$150/$250 | | $0/$10/$50/$100/$150/$250 | |
| Program Type | mandatory generic | | mandatory generic | | mandatory generic | | mandatory generic | |
| **NOTES** | | | | | | | | |
| Plan Type | HMO | | HMO | | PPO | | PPO | |
| Deductible Type | embedded | | embedded | | embedded | | embedded | |
| Comments | PCP required, rx copays higher at non-preferred pharm | | PCP required, rx copays higher at non-preferred pharm | | rx copays higher at non-preferred pharm | | rx copays higher at non-preferred pharm | |