

BlueChoice Triple Option Open Access		
LEVEL 1	LEVEL 2	LEVEL 3
\$0	\$200 Individual/\$400 Family	\$300 Individual/\$600 Family
\$2,000 Individual/ \$6,000 Family	\$2,000 Individual/ \$6,000 Family	\$2,000 Individual/ \$6,000 Family
BlueChoice Network	Preferred Provider Network (PPO BlueCard)	Participating/ Non-Participating Providers
\$0	\$0	After deductible is met, 20% of CareFirst member cost
\$0	\$0	After deductible is met, 20% of CareFirst member cost
\$10 per visit	\$15 per visit	After deductible is met, 20% of CareFirst member cost
\$10 per visit	\$15 per visit	After deductible is met, 20% of CareFirst member cost
\$10 per visit	\$10 per visit	After deductible is met, 20% of CareFirst member cost
\$10 per visit	\$15 per visit	After deductible is met, 20% of CareFirst member cost
\$85 (waived if admitted)	Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level	Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level
\$10 per visit (PCP)	\$15 per visit (PCP)	After deductible is met, 20% of CareFirst member cost
\$0 (LabCorp)	\$15	After deductible is met, 20% of CareFirst member cost
\$0	\$0	After deductible is met, 20% of CareFirst member cost
\$10 per visit (limitations apply)	\$15 per visit (limitations apply)	After deductible is met, 20% of CareFirst member cost (limitations apply)
\$10 per visit	\$15 per visit	After deductible is met, 30% of CareFirst member cost
\$0	After deductible is met, 10% of CareFirst member cost	After deductible is met, 20% of CareFirst member cost
Not covered	After deductible is met, 10% of CareFirst member cost plus \$15 (OP Facility Practitioner or Office)	After deductible is met, 20% of CareFirst member cost
\$0	After deductible is met, 10% of CareFirst member cost	After deductible is met, 20% of CareFirst member cost