

Medical Benefits Options

BlueChoice Triple Option Plan—Open Access—3 Health Care Plans in 1		
BlueChoice Triple Option Open Access		
Level 1 No Referrals Required	Level 2 No Referrals Required	Level 3 No Referrals Required
BLUECHOICE	PREFERRED PROVIDER (PPO BLUE CARD)	PARTICIPATING/ NON-PARTICIPATING
\$10 PCP/\$10 Specialist	\$15 PCP/\$15 Specialist	N/A
None	\$200	\$300
None	\$400	\$600
\$2,000 Ind. / \$6,000 Family	\$2,000 Ind. / \$6,000 Family	\$2,000 Ind. / \$6,000 Family
\$6,350 Ind. / \$12,700 Family	\$6,350 Ind. / \$12,700 Family	\$6,350 Ind. / \$12,700 Family
Unlimited except on fertility services		
No charge	No charge	80% AB, no deductible
No charge	No charge	80% AB, no deductible
No charge	No charge	80% AB, no deductible
No charge	No charge	80% AB, no deductible
No charge	No charge	80% AB after deductible
No charge	No charge	80% AB after deductible
No charge	No charge	80% AB after deductible
No charge	No charge	80% AB after deductible
\$10 copay	\$15 copay	80% AB after deductible
\$10 copay	\$15 copay	80% AB after deductible
No copay (LabCorp)	\$15 copay	80% AB after deductible
\$10 copay	\$15 copay	80% AB after deductible
\$10 copay	\$15 copay	80% AB after deductible
\$10 copay (limited to 30 visits combined per condition per year)	\$15 copay (limited to 100 visits per year, combined between Level 2 and 3)	80% AB after deductible (limited to 100 visits per year, combined between Level 2 and 3)
\$10 copay (limited to 20 visits per year)	\$15 copay (unlimited visits)	80% AB after deductible (unlimited visits)
\$10 copay	\$15 copay	80% AB after deductible
\$10 copay	\$15 copay	80% AB after deductible
\$85 copay (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.
100% of Allowed Benefit	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.

AB=Allowed Benefit

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No charge	90% AB after deductible	80% AB after deductible
No charge	90% AB after deductible	80% AB after deductible
No charge	90% AB after deductible	80% AB after deductible
\$10 copay	\$15 copay	80% AB after deductible
No charge	100% AB	100% AB
No charge	100% AB	100% AB
No charge	90% AB after deductible	80% AB after deductible
No charge	No charge	80% AB after deductible
No charge	90% AB after deductible	80% AB after deductible
No charge	90% AB after deductible	80% AB after deductible
Not covered under Level 1	90% AB after deductible (OP Facility) \$15 copay (OP Facility Practitioner or Office)	80% AB after deductible
Not covered under Level 1	90% AB after deductible (OP Facility) \$15 copay (OP Facility Practitioner or Office)	80% AB after deductible
BLUECHOICE NETWORK	PREFERRED PROVIDER NETWORK	PARTICIPATING/ NON-PARTICIPATING
No charge	90% AB after deductible	80% AB after deductible
No charge	90% AB after deductible	80% AB after deductible
\$10 copay	\$10 copay	80% AB after deductible
No charge	100% AB	80% AB after deductible
\$10 copay	\$10 copay	80% AB after deductible
No charge	90% AB after deductible	80% AB after deductible
Covered under Prescription Drug plan		
\$10 copay (limited to 24 visits/benefit period)	\$15 copay	80% AB after deductible
100% AB per aid/per ear; member may be balanced billed up to the total charge		
\$10 copay	\$15 copay	80% AB after deductible
\$10 copay	\$15 copay	80% AB after deductible
No charge	\$15 copay	80% AB after deductible
No charge	100% AB	80% AB after deductible
To age 26, end of month	To age 26, end of month	To age 26, end of month