

## MEDICAL PLAN HIGHLIGHTS

Let's compare some of your in-network costs for common services with these plans.

	BlueChoice HMO Open Access Plan 1
<b>Costs to consider</b>	
In-network Deductible You'll pay the full CareFirst member cost for some services until you reach your deductible	\$0
Out-of-pocket Maximum (Medical) The most you'll pay for covered in-network services in a plan year	\$2,000 Individual/\$6,000 Family
Network	BlueChoice Network
<b>Staying healthy</b>	
Annual Physical Exam	\$0
Preventive Screenings and Immunizations	\$0
<b>Feeling under the weather?</b>	
Primary Care Doctor	\$10 per visit
Specialist (e.g. Dermatologist)	\$15 per visit
Mental Health Professional—Office	\$10 per visit
Urgent Care	\$10 PCP/\$15 Specialist
Emergency Room	\$85 (waived if admitted)
<b>Following doctor's orders?</b>	
Allergy Shots	\$10 per visit (PCP)
Labs (non-hospital facility)	\$0 (LabCorp)
X-rays (non-hospital facility)	\$0
Physical, Speech and/or Occupational Therapy Chiropractic	\$15 per visit (limitations apply)
Outpatient Surgery (surgical center)	\$10 per visit (PCP)
Inpatient Surgery (including maternity)	\$0
Artificial and Intrauterine Insemination In Vitro Fertilization Procedures	50% of CareFirst member cost
Durable Medical Equipment	\$0

Costs shown are for care received in-network and, except for emergency room, at non-hospital locations. See your Summary of Benefits for limitations and plan details.