

BlueChoice HMO Open Access vs. BlueChoice Triple Option Open Access

Anne Arundel County Public Schools



ANNE ARUNDEL
COUNTY PUBLIC SCHOOLS

	BlueChoice HMO	BlueChoice Triple Option
Networks	BlueChoice	BlueChoice for Level 1 PPO for Level 2 All others for Level 3
PCP Required	Yes	Yes for Level 1
Referrals Required	No	No
Medical Copays	\$10 PCP/\$15 Specialist	\$10 PCP/Specialist for Level 1 \$15 PCP/Specialist for Level 2 80% for Level 3
Prescription Drug Copays (Units 1-4)	Retail: \$5 Generic; \$20 Preferred Brand; \$35 Non-preferred Brand; 50% up to a max of \$75 Preferred Specialty; 50% up to a max of \$75 Non-preferred Specialty. Mail Order or CVS Retail Maintenance Choice: \$10 Generic; \$40 Preferred Brand; \$70 Non-preferred Brand; 50% up to a max of \$150 Preferred Specialty; 50% up to a max of \$150 Non-preferred Specialty	
Prescription Drug Copays (Units 5 & 6)	Retail: \$5 Generic; \$20 Preferred Brand; ; \$35 Non-preferred Brand; \$75 Preferred Specialty; \$75 Non-preferred Specialty. Mail Order or CVS Retail Maintenance Choice: \$10 Generic; \$40 Preferred Brand; \$70 Non-preferred Brand; \$150 Preferred Specialty; \$150 Non-preferred Specialty	
Deductibles	N/A	N/A for Level 1 \$200 Individual/\$400 Family for Level 2 \$300 Individual/\$600 Family for Level 3
Medical Out-of-Pocket Maximum	\$2,000 Individual \$6,000 Family	\$2,000 Individual/\$6,000 Family for Level 1 \$2,000 Individual/\$6,000 Family for Level 2 \$2,000 Individual/\$6,000 Family for Level 3
Combined Medical and Prescription Out-of-Pocket Maximum	\$6,350 Individual \$12,700 Family	\$6,350 Individual \$12,700 Family
Coinsurance	100% coverage with the exception of AI/IVF services which are covered at 50% AB*	100% for Level 1 90% for Level 2 80% for Level 3
Independent Labs	LabCorp	LabCorp for Level 1 All other Labs for Level 2 & 3
Emergency Room	\$85 copay; waived if admitted	\$85 copay; waived if admitted, Levels 1, 2 & 3
Inpatient Hospital	No charge when approved	100% AB* for Level 1 90% AB* after deductible for Level 2 80% AB* after deductible for Level 3
Occupational, Physical, Speech Therapy	Limited to a combined 30 visits per condition per year	Limited to a combined 30 visits per condition per year for Level 1 Limited to 100 visits combined for Levels 2 & 3 combined
Chiropractic Care	Limited to 20 visits per year	Limited to 20 visits per year for Level 1 Unlimited visits for Levels 2 & 3
Acupuncture	Limited to 24 visits per year	Limited to 24 visits per year for Level 1 Unlimited visits for Levels 2 & 3

The main differences between the BlueChoice HMO Open Access plan and the BlueChoice Triple Option Open Access plan are:

1. With the BlueChoice plan you must stay within the BlueChoice network of providers.
2. The BlueChoice Triple Option plan gives you the freedom to move between the BlueChoice network (Level 1), the PPO network (Level 2) and the Par/Non-par providers (Level 3).

* AB =Allowed Benefit



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