

PPO (PPN) vs. BlueChoice Triple Option Open Access

Anne Arundel County Public Schools



ANNE ARUNDEL
COUNTY PUBLIC SCHOOLS

	PPO	BlueChoice Triple Option
Networks	PPO	BlueChoice for Level 1 PPO for Level 2 All others for Level 3
PCP Required	No	Yes for Level 1
Referrals Required	No	No
Medical Copays	\$15 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	\$0—In-network \$200 Individual/\$400 Family—Out-of-network	N/A for Level 1 \$200 Individual/\$400 Family for Level 2 \$300 Individual/\$600 Family for Level 3
Medical Out-of-Pocket Maximum	\$1,200 Individual \$2,400 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%—In-network 80%—Out-of-network	100% for Level 1 90% for Level 2 80% for Level 3
Independent Labs	PPO providers—In-network Non-PPO providers—Out-of-network	LabCorp for Level 1 All other Labs for Level 2 & 3
Emergency Room	\$25 copay; waived if admitted	\$85 copay; waived if admitted, Levels 1, 2 & 3
Inpatient Hospital	100% AB*—In-network 80% AB* after deductible—Out-of-network	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 100 combined visits between OT and PT. Speech therapy has no maximum.	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	Unlimited visits	Limited to 20 visits per year for Level 1 Unlimited visits for Levels 2 & 3
Acupuncture	\$15 copay—In-network 80% AB* after deductible—Out-of-network	Limited to 24 visits per year for Level 1 Unlimited visits for Levels 2 & 3

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

1. 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).
2. Premiums for 2020 are significantly less for the BlueChoice Triple Option vs. the PPO plan (only available to existing members). Refer to your rate information contained in your 2020 Benefits Guide.

* AB =Allowed Benefit



CareFirst BlueChoice, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.