

## Blue Cross Family Plans - In Network Coverage -

***\*\*Full Plan Summaries can be found on the Payroll & Benefits website\*\****

COMMON MEDICAL EVENTS	Network Blue New England HMO	Blue Care Elect PPO	Network Blue High Deductible w/HSA
Overall Deductible	\$750.00	\$750 In Network \$800 Out of Network	\$4,000.00
Services covered before you meet your deductible	In Network - Preventative Care, Prenatal Care, Prescription Drugs, Most Office Visits, Mental Health Visits, and Therapy Visits	In Network - Preventative Care, Prenatal Care, Prescription Drugs, Most Office Visits, Mental Health Visits, and Therapy Visits	Preventative Care & Prenatal Care
Are there other deductibles for specific services	NO	NO	NO
Out of Pocket Limit	\$10,000.00	\$10,000.00	\$10,000.00
What is not included in the Out of Pocket Limit	Premiums, Balance-Billing Charges, and health care this plan doesn't cover	Premiums, Balance-Billing Charges, and health care this plan doesn't cover	Premiums, Balance-Billing Charges, and health care this plan doesn't cover
Will you pay less if you use a Network Provider	Yes. Use Network Provider List	Yes. Use Network Provider List	Yes. Use Network Provider List
Do you need a referral to see a specialist	YES	NO	NO
<b><u>MEDICAL COPAYS</u></b>			
Primary care visit to treat injury or illness	\$20/Visit	\$20/Visit	No Charge
Specialist Visit	\$35/Visit	\$35/Visit	No Charge
Preventative Care/Screening/Immunization	No Charge	No Charge	No Charge
Diagnostic Test (X-Ray, Blood Work)	No Charge	No Charge	No Charge
Imaging (CT/PET scans, MRIs)	\$100 for Hospitals	\$100 for Hospitals	No Charge
Outpatient Surgery - Facility Fee	\$150 Admission	\$150 Admission	No Charge
Outpatient Surgery - Physician/Surgeon Fee	No Charge	No Charge	No Charge
Emergency Room Care	\$100/Visit	\$100/Visit	\$50/Visit
Emergency Medical Transportation	No Charge	No Charge	No Charge
Urgent Care Center	\$35/Visit	\$35/Visit	No Charge
Hospital Stay - Facility Fee	\$300-\$700/Admission	\$300-\$700/Admission	No Charge
Physician/Surgeon Fee	No Charge	No Charge	No Charge
Out Patient Mental Health	\$20/Visit	\$20/Visit	No Charge
In Patient Mental Health	\$200-\$700/Admission	\$200-\$700/Admission	No Charge
Pregnancy Office Visits	No Charge	No Charge	No Charge

<b>COMMON MEDICAL EVENTS</b>	<b>Network Blue New England HMO</b>	<b>Blue Care Elect PPO</b>	<b>Network Blue High Deductible w/HSA</b>
Childbirth/Delivery Professional Services	No Charge	No Charge	No Charge
Childbirth/Delivery Facility Services	\$300-\$700/Admission	\$300-\$700/Admission	No Charge
Home Health Care	No Charge	No Charge	No Charge
Rehabilitation Services	\$20/Visit	\$20/Visit	No Charge
Habilitation Services	\$20/Visit	\$20/Visit	No Charge
Skilled Nursing Care	No Charge	No Charge	No Charge
Durable Medical Equipment	20% Coinsurance	20% Coinsurance	No Charge
Hospice Services	No Charge	No Charge	No Charge
Children's Eye Exam	No Charge	No Charge	No Charge
Children's Glasses	NOT COVERED	NOT COVERED	NOT COVERED
Children's Dental Check-up	No Charge	NOT COVERED	No Charge
<b><u>PRESCRIPTION COPAYS</u></b>			
Generic Drugs	\$10 Retail - \$20 Mail Order	\$10 Retail - \$20 Mail Order	\$10 Retail - \$20 Mail Order
Preferred Brand Drugs	\$25 Retail - \$50 Mail Order	\$25 Retail - \$50 Mail Order	\$25 Retail - \$50 Mail Order
Non-preferred Brand Drugs	\$50 Retail - \$110 Mail Order	\$50 Retail - \$110 Mail Order	\$50 Retail - \$110 Mail Order
Specialty Drugs	Applicable Cost Share	Applicable Cost Share	Applicable Cost Share
<b><u>EMPLOYER INCENTIVES</u></b>			
HRA Deductible Reimbursement	\$375.00	\$375.00	\$0.00
HRA Hospital Admission Reimbursement	\$150-350	\$150-350	\$0.00
HRA Outpatient Surgical Reimbursement	\$75.00	\$75.00	\$0.00
Health Equity HSA Contribution Match	\$0.00	\$0.00	\$2,000.00