

Cost Sharing	3667 Predictable Cost Plan	3462 Predictable Cost Plan	3457 Predictable Cost Plan	3465 Predictable Cost Plan
Physician Office Services In-Network Family Physician In-Network Specialist In-Network e-Office Visit In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) Out-of-Network Provider	\$15 Copayment \$35 Copayment \$10 Copayment \$100 Copayment \$35 FP/\$50 Specialist	\$15 Copayment \$35 Copayment \$10 Copayment \$100 Copayment CYD + Coinsurance	\$15 Copayment \$35 Copayment \$10 Copayment \$100 Copayment CYD + Coinsurance	\$25 Copayment \$60 Copayment \$10 Copayment \$175 Copayment CYD + Coinsurance
Emergency Room Facility Services In-Network (per visit; copayment waived if admitted) Out-of-Network	\$100 Copayment \$200 Copayment	\$100 Copayment \$200 Copayment	\$100 Copayment \$200 Copayment	\$200 Copayment CYD + Coinsurance
Independent Diagnostic Testing Facility (Fac./Phy. Charges billed as one bill) In-Network In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) Out-of-Network	\$50 Copayment \$100 Copayment CYD + Coinsurance	\$50 Copayment \$100 Copayment CYD + Coinsurance	\$50 Copayment \$100 Copayment CYD + Coinsurance	\$50 Copayment \$175 Copayment CYD + Coinsurance
Independent Clinical Lab In-Network Out-of-Network	\$0 CYD + Coinsurance	\$0 CYD + Coinsurance	\$0 CYD + Coinsurance	\$0 CYD + Coinsurance
Provider Services at Hospital and ER In-Network and Out-of-Network	\$0	\$0	CYD + In-Network Coins	\$50 Copayment
Provider Services at Locations other than Office, Hospital and Emergency Room In-Network Family Physician In-Network Specialist Out-of-Network Provider	\$15 Copayment \$35 Copayment \$35 FP/\$50 Specialist	\$15 Copayment \$35 Copayment CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance
Ambulatory Surgical Center Facility In-Network Out-of-Network	\$100 Copayment CYD + Coinsurance	\$100 Copayment CYD + Coinsurance	\$100 Copayment CYD + Coinsurance	\$200 Copayment CYD + Coinsurance
Inpatient Hospital Facility Services In-Network (per admission) Out-of-Network	Option 1 - \$500 Option 2 - \$750 \$1,200	Option 1 - \$600 Option 2 - \$1,000 CYD + Coinsurance	Option 1 - \$500 Option 2 - \$750 CYD + Coinsurance	Option 1 - \$900 Option 2 - \$1,800 CYD + Coinsurance
Outpatient Hospital Facility Services (per visit) In-Network - Therapy Services In-Network - All Other Services Out-of-Network	Option 1 - \$45 Option 2 - \$60 Option 1 - \$150 Option 2 - \$250 CYD + Coinsurance	Option 1 - \$45 Option 2 - \$60 Option 1 - \$250 Option 2 - \$350 CYD + Coinsurance	Option 1 - \$45 Option 2 - \$60 Option 1 - \$150 Option 2 - \$250 CYD + Coinsurance	Option 1 - \$45 Option 2 - \$60 Option 1 - \$300 Option 2 - \$600 CYD + Coinsurance
Deductible (per Person / Family Aggregate) In-Network Out-of-Network	\$0 / \$0 \$500 / \$1,000	\$500 / \$1,500 \$1,000 / \$3,000	\$250 / \$750 \$500 / \$1,000	\$750 / \$2,250 \$1,000 / \$3,000
Coinsurance (amount member pays) In-Network Out-of-Network	20% 40%	20% 50%	10% 40%	20% 50%
Out-of-Pocket Maximum (per Person / Family Aggregate) In-Network Out-of-Network	Includes CYD, Coins, & Copays; excludes Rx \$2,500 / \$5,000 Combined w/ In-Network	Includes CYD, Coins, & Copays; ex- cludes Rx \$2,500 / \$5,000 \$5,000 / \$10,000	Includes CYD, Coins, & Copays; excludes Rx \$2,500 / \$5,000 \$4,000 / \$8,000	Includes CYD, Coins, & Copays; excludes Rx \$3,500 / \$7,000 \$5,000 / \$10,000
Prescription Drug Program	\$15/\$30/\$50	\$15/\$35/\$55/20%	\$15/\$35/\$55/20%	\$15/\$35/\$55/20%

Benefit Maximums for Plans 3667, 3462, 3457 and 3465

Lifetime Maximum	\$5,000,000
Adult Wellness (Per Calendar Year - PCY)	No Maximum
Out-of-Network Benefit Maximum for Routine Adult Physical Exams and Immunizations	\$150 PCY
Mental Health	30 IP / 20 OP
Substance Dependency	\$2,500 LTM
Home Health Care	\$2,500 PCY
Skilled Nursing Facility	60 PCY
Outpatient Therapy & Spinal Manipulations	\$2,500 PCY
Ambulance (Ground/ Air & Water per day max) (CYD + In-Network Coinsurance)	\$5,000 combined Ground & Air/Water
Hospice	No Maximum

Cost Sharing		3463 Predictable Cost Plan	3461 Predictable Cost Plan	3262 Predictable Cost Plan	3464 Predictable Cost Plan	3466 Predictable Cost Plan
Physician Office Services	In-Network Family Physician In-Network Specialist In-Network e-Office Visit In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) Out-of-Network Provider	\$25 Copayment \$50 Copayment \$10 Copayment CYD CYD + Coinsurance	\$20 Copayment \$40 Copayment \$10 Copayment \$150 Copayment CYD + Coinsurance	\$20 Copayment CYD + Coinsurance \$10 Copayment \$125 Copayment CYD + Coinsurance	\$25 Copayment \$50 Copayment \$10 Copayment CYD CYD + Coinsurance	\$25 Copayment \$50 Copayment \$10 Copayment CYD + Coinsurance CYD + Coinsurance
Emergency Room Facility Services (per visit; copayment waived if admitted)	In-Network Out-of-Network	\$150 Copayment \$250 Copayment	\$200 Copayment \$300 Copayment	\$200 Copayment \$300 Copayment	\$200 Copayment \$300 Copayment	\$200 Copayment \$300 Copayment
Independent Diagnostic Testing Facility (Fac./Phy. Charges billed as one bill)	In-Network In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) Out-of-Network	CYD CYD CYD + Coinsurance	\$50 Copayment \$150 Copayment CYD + Coinsurance	\$50 Copayment \$125 Copayment CYD + Coinsurance	CYD CYD CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance
Independent Clinical Lab	In-Network Out-of-Network	\$0 CYD + Coinsurance	\$0 CYD + Coinsurance	\$0 CYD + Coinsurance	\$0 CYD + Coinsurance	\$0 CYD + Coinsurance
Provider Services at Hospital and ER	In-Network and Out-of-Network	CYD	CYD + In-Network Coinsurance	\$0	CYD	CYD + In-Network Coinsurance
Provider Services at Locations other than Office, Hospital and Emergency Room	In-Network Family Physician In-Network Specialist Out-of-Network Provider	CYD CYD CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance	CYD CYD CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance
Ambulatory Surgical Center Facility	In-Network Out-of-Network	CYD CYD + Coinsurance	\$100 Copayment CYD + Coinsurance	\$100 Copayment CYD + Coinsurance	CYD CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance
Inpatient Hospital Facility Services (per admission)	In-Network Out-of-Network	Option 1 - CYD Option 2 - CYD CYD + Coinsurance	Option 1 - \$750 Option 2 - \$1,200 CYD + Coinsurance	Option 1 - \$600 Option 2 - \$1,000 CYD + Coinsurance	Option 1 - CYD Option 2 - CYD CYD + Coinsurance	Option 1 - CYD + Coins Option 2 - CYD + Coins CYD + Coinsurance
Outpatient Hospital Facility Services (per visit)	In-Network - Therapy Services In-Network - All Other Services Out-of-Network	Option 1 - \$45 Option 2 - \$60 Option 1 - CYD Option 2 - CYD CYD + Coinsurance	Option 1 - \$45 Option 2 - \$60 Option 1 - \$200 Option 2 - \$300 CYD + Coinsurance	Option 1 - \$45 Option 2 - \$60 Option 1 - \$200 Option 2 - \$300 CYD + Coinsurance	Option 1 - \$45 Option 2 - \$60 Option 1 - CYD Option 2 - CYD CYD + Coinsurance	Option 1 - \$45 Option 2 - \$60 Option 1 - CYD + Coins Option 2 - CYD + Coins CYD + Coinsurance
Deductible (per Person / Family Aggregate)	In-Network Out-of-Network	\$1,250 / \$3,750 \$2,500 / \$7,000	\$1,000 / \$3,000 \$1,500 / \$4,500	\$500 / \$1,500 \$1,000 / \$3,000	\$2,000 / \$6,000 \$4,000 / \$12,000	\$2,000 / \$6,000 \$4,000 / \$12,000
Coinsurance (amount member pays)	In-Network Out-of-Network	0% 40%	20% 40%	20% 50%	0% 40%	20% 40%
Out-of-Pocket Maximum (per Person / Family Aggregate)	In-Network Out-of-Network	Includes CYD, Coins, & Copays; excludes Rx \$1,250 / \$3,750 \$3,750 / \$7,500	Includes CYD, Coins, & Copays; excludes Rx \$3,000 / \$6,000 \$5,000 / \$10,000	Includes CYD, Coins, & Copays; excludes Rx \$2,500 / \$5,000 \$5,000 / \$10,000	Includes CYD, Coins, & Copays; excludes Rx \$2,000 / \$6,000 \$6,000 / \$12,000	Includes CYD, Coins, & Copays; excludes Rx \$4,000 / \$8,000 \$8,000 / \$16,000
Prescription Drug Program		\$15/\$35/\$55/20%	\$15/\$50/\$80	\$15/\$50/\$80	\$15/\$35/\$55/20%	\$15 / \$35 / \$55 / 20%

Benefit Maximums for Plans 3463, 3461, 3262, 3464 and 3466

Lifetime Maximum	\$5,000,000
Adult Wellness (Per Calendar Year - PCY)	No Maximum
Out-of-Network Benefit Maximum for Routine Adult Physical Exams and Immunizations	\$150 PCY
Mental Health	30 IP / 20 OP
Substance Dependency	\$2,500 LTM
Home Health Care	\$2,500 PCY
Skilled Nursing Facility	60 PCY
Outpatient Therapy & Spinal Manipulations	\$2,500 PCY
Ambulance (Ground/ Air & Water per day max) (CYD + In-Network Coinsurance)	\$5,000 combined Ground & Air/ Water
Hospice	No Maximum

Cost Sharing	3260 Lower Cost Plan	3261 Lower Cost Plan
Physician Office Services In-Network Family Physician In-Network Specialist In-Network e-Office Visit In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) Out-of-Network Provider	\$25 Copayment CYD + Coinsurance \$10 Copayment CYD + Coinsurance CYD + Coinsurance	\$35 Copayment CYD + Coinsurance \$10 Copayment CYD + Coinsurance CYD + Coinsurance
Emergency Room Facility Services (per visit; copayment waived if admitted) In-Network Out-of-Network	CYD + Coinsurance CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance
Independent Diagnostic Testing Facility (Fac./Phy. Charges billed as one bill) In-Network In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) Out-of-Network	CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance
Independent Clinical Lab In-Network Out-of-Network	\$0 CYD + Coinsurance	\$0 CYD + Coinsurance
Provider Services at Hospital and ER In-Network and Out-of-Network	CYD + In-Network Coins	CYD + In-Network Coins
Provider Services at Locations other than Office, Hospital and Emergency Room In-Network Family Physician In-Network Specialist Out-of-Network Provider	CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance
Ambulatory Surgical Center Facility In-Network Out-of-Network	CYD + Coinsurance CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance
Inpatient Hospital Facility Services (per admission) In-Network Out-of-Network	Option 1 - CYD + Coins Option 2 - CYD + Coins CYD + Coinsurance	Option 1 - CYD + Coins Option 2 - CYD + Coins CYD + Coinsurance
Outpatient Hospital Facility Services (per visit) In-Network - Therapy Services In-Network - All Other Services Out-of-Network	Option 1 - \$45 Option 2 - \$60 Option 1 - CYD + Coins Option 2 - CYD + Coins CYD + Coinsurance	Option 1 - \$45 Option 2 - \$60 Option 1 - CYD + Coins Option 2 - CYD + Coins CYD + Coinsurance
Deductible (per Person / Family Aggregate) In-Network Out-of-Network	\$1,500 / \$4,500 \$3,000/\$6,000	\$5,000 / \$15,000 \$10,000/\$20,000
Coinsurance (amount member pays) In-Network Out-of-Network	20% 40%	30% 50%
Out-of-Pocket Maximum (per Person / Family Aggregate) In-Network Out-of-Network	Includes CYD, Coins, & Copays; excludes Rx \$4,000 / \$8,000 \$5,000 / \$10,000	Includes CYD, Coins, & Copays; excludes Rx \$7,500 / \$15,000 \$10,000 / \$20,000
Prescription Drug Program	\$100 CYD + \$15/\$35/\$55/20%	\$100 CYD + \$15/\$35/\$55/20%

Benefit Maximums for Plans 3260 and 3261

Lifetime Maximum	\$5,000,000
Adult Wellness (Per Calendar Year - PCY)	No Maximum
Out-of-Network Benefit Maximum for Routine Adult Physical Exams and Immunizations	\$150 PCY
Mental Health	30 IP / 20 OP
Substance Dependency	\$2,500 LTM
Home Health Care	\$2,500 PCY
Skilled Nursing Facility	60 PCY
Outpatient Therapy & Spinal Manipulations	\$2,500 PCY
Ambulance (Ground/ Air & Water per day max) (CYD + In-Network Coins)	\$5,000 combined Ground & Air/Water
Hospice	No Maximum

Cost Sharing	3800 Lower Cost Plan	3801 Lower Cost Plan	3802 Lower Cost Plan	3803 Lower Cost Plan
Physician Office Services In-Network Family Physician In-Network Specialist In-Network e-Office Visit In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) Out-of-Network Provider	\$35 Copayment \$50 Copayment \$10 Copayment \$200 Copayment CYD + Coinsurance	\$35 Copayment CYD + Coinsurance \$10 Copayment \$200 Copayment CYD + Coinsurance	\$35 Copayment CYD + Coinsurance \$10 Copayment \$200 Copayment CYD + Coinsurance	\$35 Copayment CYD + Coinsurance \$10 Copayment \$200 Copayment CYD + Coinsurance
Emergency Room Facility Services (per visit; copayment waived if admitted) In-Network Out-of-Network	CYD + Coinsurance CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance
Independent Diagnostic Testing Facility (Fac./Phy. Charges billed as one bill) In-Network In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) Out-of-Network	CYD + Coinsurance \$200 Copayment CYD + Coinsurance	CYD + Coinsurance \$200 Copayment CYD + Coinsurance	CYD + Coinsurance \$200 Copayment CYD + Coinsurance	CYD + Coinsurance \$200 Copayment CYD + Coinsurance
Independent Clinical Lab In-Network Out-of-Network	\$0 CYD + Coinsurance	\$0 CYD + Coinsurance	\$0 CYD + Coinsurance	\$0 CYD + Coinsurance
Provider Services at Hospital and ER In-Network and Out-of-Network	CYD + In-Network Coins	CYD + In-Network Coins	CYD + In-Network Coins	CYD + In-Network Coins
Provider Services at Locations other than Office, Hospital and Emergency Room In-Network Family Physician In-Network Specialist Out-of-Network Provider	CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance
Ambulatory Surgical Center Facility In-Network Out-of-Network	CYD + Coinsurance CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance
Inpatient Hospital Facility Services (per admission) In-Network Out-of-Network	Option 1 - \$1,500 Option 2 - \$2,500 CYD + Coinsurance	Option 1 - \$2,000 Option 2 - \$3,000 CYD + Coinsurance	Option 1 - \$3,000 Option 2 - \$4,000 CYD + Coinsurance	Option 1 - \$3,000 Option 2 - \$4,000 CYD + Coinsurance
Outpatient Hospital Facility Services (per visit) In-Network - Therapy Services In-Network - All Other Services Out-of-Network	Option 1 - \$45 Option 2 - \$60 Option 1 - \$300 Option 2 - \$400 CYD + Coinsurance	Option 1 - \$45 Option 2 - \$60 Option 1 - \$300 Option 2 - \$400 CYD + Coinsurance	Option 1 - \$45 Option 2 - \$60 Option 1 - \$400 Option 2 - \$500 CYD + Coinsurance	Option 1 - \$45 Option 2 - \$60 Option 1 - \$400 Option 2 - \$500 CYD + Coinsurance
Deductible (per Person / Family Aggregate) In-Network Out-of-Network	\$1,500 / N/A \$4,500 / N/A	\$1,500 / N/A \$4,500 / N/A	\$2,000 / N/A \$6,000 / N/A	\$2,000 / N/A \$6,000 / N/A
Coinsurance (amount member pays) In-Network Out-of-Network	50% 50%	50% 50%	50% 50%	50% 50%
Out-of-Pocket Maximum (per Person / Family Aggregate) In-Network Out-of-Network	Includes CYD, Coins, & Copays; excludes Rx \$10,000 / \$10,000 \$20,000 / \$20,000	Includes CYD, Coins, & Copays; excludes Rx \$10,000 / \$10,000 \$20,000 / \$20,000	Includes CYD, Coins, & Copays; excludes Rx \$15,000 / \$15,000 \$30,000 / \$30,000	Includes CYD, Coins, & Copays; excludes Rx \$25,000 / \$25,000 \$50,000 / \$50,000
Prescription Drug Program	\$15 Generic Only	\$15 Generic Only	\$15 Generic Only	\$15 Generic Only

Prescription Drug coverage for Plans 3800, 3801, 3802 and 3803

Retail	\$15 generic copay, \$15 copay for Diabetic drugs & supplies. No coverage for brand & non-formulary drugs	Diabetic supplies include: Insulin, needles, syringes, blood glucose testing strips and tablets, lancets, glucometers and acetone test tablets
Mail Order	Not available	

Benefit Maximums for Plans 3800, 3801, 3802 and 3803

Lifetime Maximum	\$1,000,000
Adult Wellness (Per Calendar Year - PCY)	No Maximum
Out-of-Network Benefit Maximum for Routine Adult Physical Exams and Immunizations	\$150 PCY
Mental Health	30 IP / 20 OP
Substance Dependency	\$2,000 LTM
Home Health Care	\$1,000 PCY
Skilled Nursing Facility	60 PCY
Outpatient Therapy & Spinal Manipulations	\$1,500 PCY
Ambulance (Ground/ Air & Water per day max) (CYD + In-Network Coins)	\$5,000 combined Ground & Air/Water
Hospice	No Maximum
DME	\$1,000 PCY

Cost Sharing	4000 Limited Benefit Plan	4001 Limited Benefit Plan
Physician Office Services In-Network Family Physician In-Network Specialist In-Network e-Office Visit In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) Out-of-Network Provider	Surgical Services Only CYD + Coinsurance CYD + Coinsurance \$10 Copayment CYD + Coinsurance CYD + Coinsurance	Surgical Services Only CYD + Coinsurance CYD + Coinsurance \$10 Copayment CYD + Coinsurance CYD + Coinsurance
Emergency Room Facility Services (per visit; copayment waived if admitted) In-Network Out-of-Network	Applies if admitted or related to surgery CYD + Coinsurance CYD + Coinsurance (\$2,500 PVD for non-surgical services)	Applies if admitted or related to surgery CYD + Coinsurance CYD + Coinsurance (\$2,500 PVD for non-surgical services)
Independent Diagnostic Testing Facility (Fac./Phy. Charges billed as one bill) In-Network In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) Out-of-Network	Services Related to Surgery Only CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance	Services Related to Surgery Only CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance
Independent Clinical Lab In-Network Out-of-Network	Related to Surgery Only CYD + Coinsurance CYD + Coinsurance	Related to Surgery Only CYD + Coinsurance CYD + Coinsurance
Provider Services at Hospital and ER In-Network and Out-of-Network	Surgical Services Only CYD + In-Network Coinsurance	Surgical Services Only CYD + In-Network Coinsurance
Provider Services at Locations other than Office, Hospital and Emergency Room In-Network Family Physician In-Network Specialist Out-of-Network Provider	Surgical Services Only CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance	Surgical Services Only CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance
Ambulatory Surgical Center Facility In-Network Out-of-Network	Surgical Services Only CYD + Coinsurance CYD + Coinsurance	Surgical Services Only CYD + Coinsurance CYD + Coinsurance
Inpatient Hospital Facility Services (per admission) In-Network Out-of-Network	Option 1 - CYD + Coins Option 2 - CYD + Coins \$500 PAD + CYD + Coins	Option 1 - CYD + Coins Option 2 - CYD + Coins \$500 PAD + CYD + Coins
Outpatient Hospital Facility Services (per visit) In-Network - Therapy Services In-Network - All Other Services Out-of-Network	Services Related to Surgery Only Not Covered Option 1 - CYD + Coins Option 2 - CYD + Coins CYD + Coinsurance	Services Related to Surgery Only Not Covered Option 1 - CYD + Coins Option 2 - CYD + Coins CYD + Coinsurance
Deductible (per Person / Family Aggregate) In-Network Out-of-Network	\$250 / Not Applicable \$750 / Not Applicable	\$1,000 / Not Applicable \$1,500 / Not Applicable
Coinsurance (amount member pays) In-Network Out-of-Network	20% 40%	20% 40%
Out-of-Pocket Maximum (per Person / Family Aggregate) In-Network Out-of-Network	Includes Hospital/Surgical CYD, Coins, & Copays \$3,500 / Not Applicable \$7,000 / Not Applicable	Includes Hospital/Surgical CYD, Coins, & Copays \$5,000 / Not Applicable \$10,000 / Not Applicable
Prescription Drug Program	BlueRx Discounts Pharmacy Drug Card is the only pharmacy product available with these plans.	

Comments

- Physician Services are covered for Inpatient Hospitalization and for Outpatient Surgeries only.
- Diagnostic Services are covered is proximately related to a covered surgery.
- Well Child Visits are covered.
- ER Non-Surgical Per Visit Deductible does not apply to the CYD or the OOP Maximum.
- Maternity is covered.

Services not covered under these plans

- Outpatient Therapy and Spinal Manipulations
- Skilled Nursing Facility
- Routine Office Visits (Preventive Adult Wellness Services and 'sick' visits for adults and children are not covered).

Benefit Maximums for Plans 4000 and 4001

Lifetime Maximum	\$5,000,000
Adult Wellness (Per Calendar Year - PCY)	Not Covered
Out-of-Network Benefit Maximum for Routine Adult Physical Exams and Immunizations	Not Covered
Mental Health	30 IP / 20 OP
Substance Dependency	\$2,500 LTM
Home Health Care	\$1,000 PCY
Skilled Nursing Facility	Not Covered
Outpatient Therapy & Spinal Manipulations	Not Covered
Ambulance (Ground/ Air & Water per day max) (CYD + In-Network Coins)	\$5,000 combined Ground & Air/Water
Hospice	No Maximum

Cost Sharing	4202 Limited Benefit Plan
Physician Office Services In-Network Family Physician In-Network Specialist In-Network e-Office Visit In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) Out-of-Network Provider	Combined 6 Visit Max PCY \$25 Copayment \$40 Copayment \$10 Copayment (Does Not Apply to Visit Max) CYD + Coinsurance CYD + Coinsurance
Emergency Room Facility Services (per visit; copayment waived if admitted) In-Network Out-of-Network	\$150 Copayment \$300 Copayment
Independent Diagnostic Testing Facility (Fac./Phy. Charges billed as one bill) In-Network In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) Out-of-Network	CYD + Coinsurance CYD + Coinsurance
Independent Clinical Lab In-Network Out-of-Network	\$0 CYD + Coinsurance
Provider Services at Hospital and ER In-Network and Out-of-Network	CYD + In-Network Coinsurance
Provider Services at Locations other than Office, Hospital and Emergency Room In-Network Family Physician In-Network Specialist Out-of-Network Provider	CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance
Ambulatory Surgical Center Facility In-Network Out-of-Network	\$100 Copayment CYD + Coinsurance
Inpatient Hospital Facility Services (per admission) In-Network Out-of-Network	Option 1 - \$750 Copayment Option 2 - \$750 Copayment CYD + Coinsurance
Outpatient Hospital Facility Services (per visit) In-Network - Therapy Services In-Network - All Other Services Out-of-Network	Option 1 - \$45 Option 2 - \$60 Option 1 - \$300 Option 2 - \$300 CYD + Coinsurance
Deductible (per Person / Family Aggregate) In-Network Out-of-Network	\$1,000 / \$2,000 \$3,000 / \$6,000
Coinsurance (amount member pays) In-Network Out-of-Network	30% 50%
Out-of-Pocket Maximum (per Person / Family Aggregate) In-Network Out-of-Network	Not Applicable Not Applicable
Prescription Drug Program	\$15 Generic Only

Physician Office Services – Combined 6 visit maximum per person, per calendar year. Applies for combined services for In-Network Family Physician, In-Network Specialist and Out-of-Network Provider visits.

NOTE: 6 visit maximum does **not** include the following services when rendered in the office:

- Adult Wellness*
- Well Child Services
- Mental Health*
- Substance Dependency*
- Outpatient Therapy and Spinal Manipulations*
- Maternity Services

* These benefits have separate benefit maximums as noted in matrix.

Benefit Maximums for Plan 4202

Lifetime Maximum	Unlimited
Annual Benefit Maximum	\$25,000
Adult Wellness (Per Calendar Year - PCY)	No Maximum
Out-of-Network Benefit Maximum for Routine Adult Physical Exams and Immunizations	\$150 PCY
Mental Health	30 IP / 20 OP
Substance Dependency	\$2,000 LTM
Home Health Care	\$2,500 PCY
Skilled Nursing Facility	60 PCY
Outpatient Therapy & Spinal Manipulations	\$1,500 PCY
Ambulance (Ground/ Air & Water per day max) (CYD + In-Network Coins)	\$5,000 Combined Ground / Air / Water
Hospice	No Maximum
DME	\$1,000 PCY

Annual Benefit Maximum

– Applies per person, per calendar year. All services that would be applied to the Lifetime Maximum in a calendar year for other BlueOptions plans would also be applied to the Annual Benefit Maximum. Once the Annual Benefit Maximum has been met for a member, no services will be covered for the remainder of that calendar year for that member (except pharmacy).

This is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida. This does not constitute a contract. For a complete description of benefits and exclusions, please see the BlueOptions Group Master Policy.

Cost Sharing	4002 Individual	4003 Family
	Limited Benefit Plans (HSA-Compatible)	
Physician Office Services In-Network Family Physician In-Network Specialist In-Network e-Office Visit In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) Out-of-Network Provider		Surgical Services Only CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance
Emergency Room Facility Services (per visit; copayment waived if admitted) In-Network Out-of-Network		Applies if admitted or related to surgery CYD + Coinsurance CYD + Coinsurance (\$2,500 PVD for non-surgical services)
Independent Diagnostic Testing Facility (Fac./Phy. Charges billed as one bill) In-Network In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) Out-of-Network		Services Related to Surgery Only CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance
Independent Clinical Lab In-Network Out-of-Network		Related to Surgery Only CYD + Coinsurance CYD + Coinsurance
Provider Services at Hospital and ER In-Network and Out-of-Network		Surgical Services Only CYD + In-Network Coinsurance
Provider Services at Locations other than Office, Hospital and Emergency Room In-Network Family Physician In-Network Specialist Out-of-Network Provider		Surgical Services Only CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance
Ambulatory Surgical Center Facility In-Network Out-of-Network		Surgical Services Only CYD + Coinsurance CYD + Coinsurance
Inpatient Hospital Facility Services (per admission) In-Network Out-of-Network		Option 1 - CYD + Coins Option 2 - CYD + Coins \$500 PAD + CYD + Coins
Outpatient Hospital Facility Services (per visit) In-Network - Therapy Services In-Network - All Other Services Out-of-Network		Services Related to Surgery Only Therapy Services Not Covered Option 1 - CYD + Coins Option 2 - CYD + Coins CYD + Coinsurance
Deductible (per Person / Family Aggregate) In-Network Out-of-Network	\$2,500 / Not Applicable \$5,000 / Not Applicable	\$5,000 / \$5,000 \$10,000 / \$10,000
Coinsurance (amount member pays) In-Network Out-of-Network		20% 40%
Out-of-Pocket Maximum (per Person / Family Aggregate) In-Network Out-of-Network	Includes Hospital/Surgical CYD, Coins, & Copays \$5,000 / Not Applicable \$25,000 / Not Applicable	Includes Hospital/Surgical CYD, Coins, & Copays \$10,000 / \$10,000 \$25,000 / \$25,000
Prescription Drug Program	BlueRx Discounts Pharmacy Drug Card is the only pharmacy product available with these plans. Integrated Rx is not available with plans 4002 and 4003.	

Comments

- Plans 4002 and 4003 are HSA Compatible and have separate plans for individual and family coverage.
- Family Purchaser plan (4003) – each individual’s amount w/in a family accumulates toward the CYD. In & OON CYDs do not cross accumulate. Member pays allowed amount up to CYD.
- Physician Services are covered for Inpatient Hospitalization and for Outpatient Surgeries only.
- Diagnostic Services are covered is proximately related to a covered surgery.
- Well Child Visits are covered.
- ER Non-Surgical Per Visit Deductible does not apply to the CYD or the OOP Maximum.
- Maternity is covered.

Services not covered under these plans

- Outpatient Therapy and Spinal Manipulations
- Skilled Nursing Facility
- Routine Office Visits (Preventive Adult Wellness Services and ‘sick’ visits for adults and children are not covered).

Benefit Maximums for Plans 4002 and 4003

Lifetime Maximum	\$5,000,000
Adult Wellness (Per Calendar Year - PCY)	Not Covered
Out-of-Network Benefit Maximum for Routine Adult Physical Exams and Immunizations	Not Covered
Mental Health	30 IP / 20 OP
Substance Dependency	\$2,500 LTM
Home Health Care	\$1,000 PCY
Skilled Nursing Facility	Not Covered
Outpatient Therapy & Spinal Manipulations	Not Covered
Ambulance (Ground/ Air & Water per day max) (CYD + In-Network Coins)	\$5,000 combined Ground & Air/Water
Hospice	No Maximum

Cost Sharing	3060		3061		3062		3063		3064		3065	
	Individual		Family		Individual		Family		Individual		Family	
	HSA-Compatible Plans				HSA-Compatible Plans				HSA-Compatible Plans			
Physician Office Services In-Network Family Physician In-Network Specialist In-Network e-Office Visit In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) Out-of-Network Provider	CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD		CYD	
	CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD		CYD	
	CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD		CYD	
	CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD		CYD	
	CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD		CYD	
Emergency Room Facility Services (per visit; copayment waived if admitted)	In-Network		CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD		CYD	
	Out-of-Network		CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD		CYD	
Independent Diagnostic Testing Facility (Fac./Phy. Charges billed as one bill)	In-Network		CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD		CYD	
	In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)		CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD		CYD	
	Out-of-Network		CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD		CYD	
Independent Clinical Lab	In-Network		CYD		CYD		CYD		CYD		CYD	
	Out-of-Network		CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD		CYD	
Provider Services at Hospital and ER	In-Network and Out-of-Network		CYD + In-Network Coin		CYD + In-Network Coins		CYD + In-Network Coins		CYD		CYD	
Provider Services at Locations other than Office, Hospital and Emergency Room	In-Network Family Physician		CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD		CYD	
	In-Network Specialist		CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD		CYD	
	Out-of-Network Provider		CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD		CYD	
Ambulatory Surgical Center Facility	In-Network		CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD		CYD	
	Out-of-Network		CYD + Coinsurance		CYD + Coinsurance		CYD + Coinsurance		CYD		CYD	
Inpatient Hospital Facility Services (per admission)	In-Network		Option 1 - CYD + 20%		Option 1 - CYD + 20%		Option 1 - CYD + 20%		Option 1 - CYD		Option 1 - CYD	
	Out-of-Network		Option 2 - CYD + 25%		Option 2 - CYD + 25%		Option 2 - CYD + 25%		Option 2 - CYD		Option 2 - CYD	
Outpatient Hospital Facility Services (per visit)	In-Network - Therapy Services		Option 1 - CYD + 20%		Option 1 - CYD + 20%		Option 1 - CYD + 20%		Option 1 - CYD		Option 1 - CYD	
	In-Network - All Other Services		Option 2 - CYD + 25%		Option 2 - CYD + 25%		Option 2 - CYD + 25%		Option 2 - CYD		Option 2 - CYD	
	Out-of-Network		Option 1 - CYD + 20%		Option 1 - CYD + 20%		Option 1 - CYD + 20%		Option 1 - CYD		Option 1 - CYD	
Deductible (per Person / Family Aggregate)	In-Network		\$1,250 / N/A		\$2,500 / \$2,500		\$2,500 / N/A		\$5,000 / \$5,000		\$5,000 / NA	
	Out-of-Network		\$2,500 / N/A		\$5,000 / \$5,000		\$5,000 / N/A		\$10,000 / \$10,000		\$10,000 / NA	
Coinsurance (amount member pays)	In-Network		20%		20%		20%		0%		0%	
	Out-of-Network		40%		40%		40%		0%		0%	
Out-of-Pocket Maximum (per Person / Family Aggregate)	Includes CYD, Coins, & Copays		Includes CYD, Coins, & Copays		Includes CYD, Coins, & Copays		Includes CYD, Coins, & Copays		Includes CYD, Coins, & Copays		Includes CYD, Coins, & Copays	
	In-Network		\$5,000 / N/A		\$5,000 / \$5,000		\$5,000 / N/A		\$10,000 / \$10,000		\$5,000 / NA	
	Out-of-Network		\$10,000 / N/A		\$10,000 / \$10,000		\$10,000 / N/A		\$20,000 / \$20,000		\$10,000 / NA	

Comments

- Separate plans for individual and family coverage
- Family Purchaser plans – each individual's amount within a family accumulates toward the CYD. In & OON CYDs do not cross accumulate. Member pays allowed amount up to CYD.
- In-Network Independent Clinical Lab services are paid at 100% after CYD has been met.
- Preventive Adult Wellness Services are not subject to CYD.

Prescription Drug Program Options for HSA Plans

- BlueScript Pharmacy Program** (Integrated Rx)
Rx Plan available with HSA plans **3060-3063** only
- In-Network CYD + \$15/\$30/\$50
- Rx Plan available with HSA plans **3064-3065** only
- 100% after In-Network CYD
 - Rx drugs & supplies apply to health plan In-Network OOP
 - Mail Order is **not** included as a standard benefit with the integrated BlueScript program.
 - Diabetic Insulin, Needles, Syringes and Supplies are covered under the pharmacy benefit when these plans are purchased.
- OR**
- BlueRx Discounts Program**
- Available with all HSA plans as an alternative to the integrated BlueScript program.
 - Provides discounts only for prescriptions
 - Discounts are available through Mail Order program
 - Rx drugs & supplies do not apply to health plan OOP
 - Diabetic Insulin, Needles, Syringes and Supplies are covered under the HSA health plan medical benefit when BlueRx Discounts is purchased.

Benefit Maximums for Plans 3060-3065

Lifetime Maximum	\$5,000,000
Adult Wellness (Per Calendar Year - PCY)	No Maximum
Out-of-Network Benefit Maximum for Routine Adult Physical Exams and Im- munizations	\$150 PCY
Mental Health	30 IP / 20 OP
Substance Dependency	\$2,500 LTM
Home Health Care	\$2,500 PCY
Skilled Nursing Facility	60 PCY
Outpatient Therapy & Spinal Manipulations	\$2,500 PCY
Ambulance (Ground/ Air & Water per day max) (CYD + In-Network Coins)	\$5,000 combined Ground & Air/Water
Hospice	No Maximum

Cost Sharing	3066	3067	3068	3069	3070	3071
	Individual	Family	Individual	Family	Individual	Family
	HSA-Compatible Plans		HSA-Compatible Plans		HSA-Compatible Plans	
Physician Office Services In-Network Family Physician In-Network Specialist In-Network e-Office Visit In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) Out-of-Network Provider	CYD CYD CYD CYD CYD + Coinsurance	CYD CYD CYD CYD CYD + Coinsurance	CYD CYD CYD CYD CYD + Coinsurance	CYD CYD CYD CYD CYD + Coinsurance	CYD CYD CYD CYD CYD + Coinsurance	CYD CYD CYD CYD CYD + Coinsurance
Emergency Room Facility Services (per visit; copayment waived if admitted) In-Network Out-of-Network	CYD CYD + Coinsurance	CYD CYD + Coinsurance	CYD CYD + Coinsurance	CYD CYD + Coinsurance	CYD CYD + Coinsurance	CYD CYD + Coinsurance
Independent Diagnostic Testing Facility (Fac./Phy. Charges billed as one bill) In-Network In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) Out-of-Network	CYD CYD CYD + Coinsurance	CYD CYD CYD + Coinsurance	CYD CYD CYD + Coinsurance	CYD CYD CYD + Coinsurance	CYD CYD CYD + Coinsurance	CYD CYD CYD + Coinsurance
Independent Clinical Lab In-Network Out-of-Network	CYD CYD + Coinsurance	CYD CYD + Coinsurance	CYD CYD + Coinsurance	CYD CYD + Coinsurance	CYD CYD + Coinsurance	CYD CYD + Coinsurance
Provider Services at Hospital and ER In-Network and Out-of-Network	CYD	CYD	CYD	CYD	CYD	CYD
Provider Services at Locations other than Office, Hospital and Emergency Room In-Network Family Physician In-Network Specialist Out-of-Network Provider	CYD CYD CYD + Coinsurance	CYD CYD CYD + Coinsurance	CYD CYD CYD + Coinsurance	CYD CYD CYD + Coinsurance	CYD CYD CYD + Coinsurance	CYD CYD CYD + Coinsurance
Ambulatory Surgical Center Facility In-Network Out-of-Network	CYD CYD + Coinsurance	CYD CYD + Coinsurance	CYD CYD + Coinsurance	CYD CYD + Coinsurance	CYD CYD + Coinsurance	CYD CYD + Coinsurance
Inpatient Hospital Facility Services (per admission) In-Network Out-of-Network	Option 1 - CYD Option 2 - CYD CYD + Coinsurance	Option 1 - CYD Option 2 - CYD CYD + Coinsurance	Option 1 - CYD Option 2 - CYD CYD + Coinsurance	Option 1 - CYD Option 2 - CYD CYD + Coinsurance	Option 1 - CYD Option 2 - CYD CYD + Coinsurance	Option 1 - CYD Option 2 - CYD CYD + Coinsurance
Outpatient Hospital Facility Services (per visit) In-Network - Therapy Services In-Network - All Other Services Out-of-Network	Option 1 - CYD Option 2 - CYD Option 1 - CYD Option 2 - CYD CYD + Coinsurance	Option 1 - CYD Option 2 - CYD Option 1 - CYD Option 2 - CYD CYD + Coinsurance	Option 1 - CYD Option 2 - CYD Option 1 - CYD Option 2 - CYD CYD + Coinsurance	Option 1 - CYD Option 2 - CYD Option 1 - CYD Option 2 - CYD CYD + Coinsurance	Option 1 - CYD Option 2 - CYD Option 1 - CYD Option 2 - CYD CYD + Coinsurance	Option 1 - CYD Option 2 - CYD Option 1 - CYD Option 2 - CYD CYD + Coinsurance
Deductible (per Person / Family Aggregate) In-Network Out-of-Network	\$1,500 / N/A \$3,000 / N/A	\$3,000 / \$3,000 \$6,000 / \$6,000	\$2,100 / N/A \$4,200 / N/A	\$4,200 / \$4,200 \$8,400 / \$8,400	\$3,000 / N/A \$6,000 / N/A	\$6,000 / \$6,000 \$12,000 / \$12,000
Coinsurance (amount member pays) In-Network Out-of-Network	0% 20%	0% 20%	0% 20%	0% 20%	0% 20%	0% 20%
Out-of-Pocket Maximum (per Person / Family Aggregate) In-Network Out-of-Network	Includes CYD, Coins, & Copays \$1,500 / N/A \$6,000 / N/A	Includes CYD, Coins, & Copays \$3,000 / \$3,000 \$12,000 / \$12,000	Includes CYD, Coins, & Copays \$2,100 / N/A \$8,400 / N/A	Includes CYD, Coins, & Copays \$4,200 / \$4,200 \$16,800 / \$16,800	Includes CYD, Coins, & Copays \$3,000 / N/A \$12,000 / N/A	Includes CYD, Coins, & Copays \$6,000 / \$6,000 \$24,000 / \$24,000

Comments

- Separate plans for individual and family coverage
- Family Purchaser plans – each individual’s amount within a family accumulates toward the CYD. In & OON CYDs do not cross accumulate. Member pays allowed amount up to CYD.
- In-Network Independent Clinical Lab services are paid at 100% after CYD has been met.
- Preventive Adult Wellness Services are not subject to CYD.

Prescription Drug Program Options for 100% HSA Plans

- BlueScript Pharmacy Program**
(Integrated Rx) Rx Plan available with HSA plans **3066-3071**
- 100% after In-Network CYD
 - Rx drugs & supplies apply to health plan In-Network OOP
 - Mail Order is **not** included as a standard benefit with the integrated BlueScript program.
 - Diabetic Insulin, Needles, Syringes and Supplies are covered under the pharmacy benefit when these plans are purchased.
- OR**
- BlueRx Discounts Program**
- Available with all HSA plans as an alternative to the integrated BlueScript program.
 - Provides discounts only for prescriptions
 - Discounts are available through Mail Order program
 - Rx drugs & supplies do not apply to health plan OOP
 - Diabetic Insulin, Needles, Syringes and Supplies are covered under the HSA health plan medical benefit when BlueRx Discounts is purchased.

Benefit Maximums for Plans 3066 - 3071

Lifetime Maximum	\$5,000,000
Adult Wellness (Per Calendar Year - PCY)	No Maximum
Out-of-Network Benefit Maximum for Routine Adult Physical Exams and Immunizations	\$150 PCY
Mental Health	30 IP / 20 OP
Substance Dependency	\$2,500 LTM
Home Health Care	\$2,500 PCY
Skilled Nursing Facility	60 PCY
Outpatient Therapy & Spinal Manipulations	\$2,500 PCY
Ambulance (Ground/ Air & Water per day max) (CYD + In-Network Coins)	\$5,000 combined Ground & Air/Water
Hospice	No Maximum