

2024 MEDICAL & PRESCRIPTION DRUG PLANS AT-A-GLANCE

BENEFIT DESCRIPTION	POINT OF SERVICE			PERSONAL CHOICE PPO - BASIC			PERSONAL CHOICE PPO - HIGH		
	TIER 1 NETWORK	IN-NETWORK	OUT-OF-NETWORK	TIER 1 NETWORK	IN-NETWORK	OUT-OF-NETWORK	TIER 1 NETWORK	IN-NETWORK	OUT-OF-NETWORK
IS A REFERRAL NEEDED TO SEE A SPECIALIST?		Yes			No			No	
EMPLOYER HEALTH SAVINGS ACCOUNT CONTRIBUTION		No			No			No	
INTERNATIONAL TRAVEL		Covers Emergency Medical Care Only		BCBS Global Core Included. For more information on the services covered internationally, please call the service center at 1-800-810-2583			BCBS Global Core Included. For more information on the services covered internationally, please call the service center at 1-800-810-2583		
DEDUCTIBLE (INDIVIDUAL/FAMILY)	None	None	\$500 / \$1,500	None	\$300 / \$600	\$1,000 / \$2,000	None	None	\$500 / \$1,000
OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$9,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000
PREVENTIVE CARE SERVICES	No charge	No charge	Plan pays 70%	No charge	No charge	Plan pays 70%	No charge	No charge	Plan pays 80%
PRIMARY CARE PHYSICIAN (PCP)	No charge	\$20 copay	Plan pays 70%*	No charge	\$20 copay	Plan pays 70%*	No charge	\$15 copay	Plan pays 80%*
TELADOC**	N/A	No charge	N/A	N/A	No Charge	N/A	N/A	No Charge	N/A
SPECIALIST OFFICE VISIT	\$10 copay	\$40 copay	Plan pays 70%*	\$10 copay	\$30 copay	Plan pays 70%*	\$10 copay	\$25 copay	Plan pays 80%*
OUTPATIENT SERVICES (SURGERY)	No charge	\$50 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*
INPATIENT SERVICES	\$240 copay per admission	\$100/day copay; max of 5 copays/admission	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*
DIAGNOSTIC LABORATORY	No charge	No charge	Plan pays 70%*	No charge	No charge	Plan pays 70%*	No charge	No charge	Plan pays 80%*
DIAGNOSTIC X-RAY	No charge	\$20 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*
IMAGING (MRI, CT-SCAN)	No charge	\$80 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*
EMERGENCY ROOM	\$100 copay	\$100 copay	Covered at in-network level	\$100 copay	\$100 copay	Covered at in-network level	\$100 copay	\$100 copay	Covered at in-network level
URGENT CARE CENTER	No charge	\$35 copay	Plan pays 70%*	No charge	\$35 copay	Plan pays 70%*	No charge	\$35 copay	Plan pays 80%*
OUTPATIENT SERVICES FOR MENTAL HEALTH/BEHAVIORAL/SUBSTANCE ABUSE	Not available	\$20 copay	Plan pays 70%*	Not available	Plan pays 90%*	Plan pays 70%*	Not available	No charge	Plan pays 80%*
PRESCRIPTION DRUG BENEFITS									
RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)		Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$50 copay	Plan pays 30%		Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$50 copay	Plan pays 30%		Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$50 copay	Plan pays 30%
MAIL ORDER (UP TO A 90-DAY SUPPLY)		Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$100 copay	Not available		Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$100 copay	Not available		Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$100 copay	Not available

* The plan year deductible must be satisfied before the plan will pay for services.

** Includes Teledermatology and Telebehavioral health

For more details about the Medical and Prescription Drug plans available, please see the following section of this guide.