

Product / Plan Number	BlueOptions 03769	BlueOptions 05192	BlueOptions 05193	BlueOptions 05180	BlueOptions 05181
Plan Family	Predictable Cost	HSA Compatible	HSA Compatible	HSA Compatible	HSA Compatible
Divison Number	004 / C04 / R04	306 / CAA / RAA 406 / CBA / RBA	307 / CAB / RAB 407 / CBB / RBB	319 / CAL / RAL 419 / CBL / RBL	320 / CAM / RAM 420 / CBM / RBM
MCMST Plan Name	E	F - INDV	F - FAM	K - INDV	K - FAM
MCMS Plan Type	Physician Plan	Physician Plan	Physician Plan	Physician Plan	Physician Plan
Cost Sharing - Member's Responsibility					
Deductible (DED) (Per Person/Family Aggregate)	Embedded \$1,000 / \$3,000	Non-Embedded	Non-Embedded	Non-Embedded	Non-Embedded
In-Network	Combined w/Out-of-Network	\$2,700 / NA	\$5,400 / \$5,400	\$2,500 / NA	\$5,000 / \$5,000
Out-of-Network	Combined w/In-Network	\$5,000 / NA	\$10,000 / \$10,000	\$5,000 / NA	\$10,000 / \$10,000
Coinsurance (BCBSF pays / Member pays)					
In-Network	80% / 20%	80% / 20%	80% / 20%	80% / 20%	80% / 20%
Out-of-Network	70% / 30%	60% / 40%	60% / 40%	60% / 40%	60% / 40%
Out of Pocket Maximum (Per Person/Family Aggregate)	Embedded \$6,450 / \$12,900	Non-Embedded	Embedded	Non-Embedded	Non-Embedded
In-Network	Combined w/Out-of-Network	\$6,450 / NA	\$6,450 / \$12,900	\$6,450 / NA	\$6,450 / \$12,900
Out-of-Network	Combined w/In-Network	\$12,900 / NA	\$25,800 / \$25,800	\$12,900 / NA	\$25,800 / \$25,800
Medical Pharmacy OOP Maximum (Per Person per calendar month)					
In-Network (Preferred)	\$200	NA	NA	NA	NA
In-Network (Non-Preferred)	Combined with Preferred OOP	NA	NA	NA	NA
Out-of-Network	NA	NA	NA	NA	NA
Medical / Surgical Care by a Physician					
Virtual Visits	e-Office Visits services at an INN Specialist are subject to a \$10 Copayment				
Value Choice PCP	\$0 Copayment	DED	DED	DED	DED
Value Choice Specialist	\$20 Copayment	DED	DED	DED	DED
In-Network Family Physician	\$0 Copayment	DED + 20%	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Office Services	Nutritional counseling for a diagnosis of diabetes is covered at \$0 copayment when billed by a VCP Specialist in the office.				
Value Choice PCP	\$0 Copayment	DED	DED	DED	DED
Value Choice Specialist	\$20 Copayment	DED	DED	DED	DED
In-Network Family Physician	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Allergy Injections (Office)					
Value Choice PCP	\$0 Copayment	DED	DED	DED	DED
Value Choice Specialist	\$10 Copayment	DED	DED	DED	DED
In-Network Family Physician	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Allergy Testing (Office)					
Value Choice PCP	Included under physician office services	Included under physician office services	Included under physician office services	Included under physician office services	Included under physician office services
Value Choice Specialist	Included under physician office services	Included under physician office services	Included under physician office services	Included under physician office services	Included under physician office services
In-Network Family Physician	Included under physician office services	Included under physician office services	Included under physician office services	Included under physician office services	Included under physician office services
In-Network Specialist	Included under physician office services	Included under physician office services	Included under physician office services	Included under physician office services	Included under physician office services
Out-of-Network	Included under physician office services	Included under physician office services	Included under physician office services	Included under physician office services	Included under physician office services

Product / Plan Number	BlueOptions 03769	BlueOptions 05192	BlueOptions 05193	BlueOptions 05180	BlueOptions 05181
Plan Family	Predictable Cost	HSA Compatible	HSA Compatible	HSA Compatible	HSA Compatible
Divison Number	004 / C04 / R04	306 / CAA / RAA 406 / CBA / RBA	307 / CAB / RAB 407 / CBB / RBB	319 / CAL / RAL 419 / CBL / RBL	320 / CAM / RAM 420 / CBM / RBM
MCMST Plan Name	E	F - INDV	F -FAM	K - INDV	K - FAM
MCMS Plan Type	Physician Plan	Physician Plan	Physician Plan	Physician Plan	Physician Plan
Health Care Professional Administered Medications in the Office (Medical Pharmacy)					
In-Network (Preferred)	20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
In-Network (Non-Preferred)	20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%	DED + 50%	DED + 50%	DED + 50%
Maternity Office Services	Cost share applies for first maternity visit. Remaining cost share for routine pregnancy applicable at delivery. Additional services outside of routine pregnancy (e.g.,amniocentesis) may require additional cost share.	Cost share applies for first maternity visit. Remaining cost share for routine pregnancy applicable at delivery. Additional services outside of routine pregnancy (e.g.,amniocentesis) may require additional cost share.	Cost share applies for first maternity visit. Remaining cost share for routine pregnancy applicable at delivery. Additional services outside of routine pregnancy (e.g.,amniocentesis) may require additional cost share.	Cost share applies for first maternity visit. Remaining cost share for routine pregnancy applicable at delivery. Additional services outside of routine pregnancy (e.g.,amniocentesis) may require additional cost share.	Cost share applies for first maternity visit. Remaining cost share for routine pregnancy applicable at delivery. Additional services outside of routine pregnancy (e.g.,amniocentesis) may require additional cost share.
In-Network Family Physician	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Convenient Care Center					
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Physician Services at Hospital					
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%
Radiology, Pathology and Anesthesiology Provider Services at Hospital					
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%
Radiology, Pathology and Anesthesiology Provider Services at ASC					
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%
Physician Services at Locations other than Office, Hospital and ER					
In-Network Family Physician	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%

Product / Plan Number	BlueOptions 03769	BlueOptions 05192	BlueOptions 05193	BlueOptions 05180	BlueOptions 05181
Plan Family	Predictable Cost	HSA Compatible	HSA Compatible	HSA Compatible	HSA Compatible
Divison Number	004 / C04 / R04	306 / CAA / RAA 406 / CBA / RBA	307 / CAB / RAB 407 / CBB / RBB	319 / CAL / RAL 419 / CBL / RBL	320 / CAM / RAM 420 / CBM / RBM
MCMST Plan Name	E	F - INDV	F -FAM	K - INDV	K - FAM
MCMS Plan Type	Physician Plan	Physician Plan	Physician Plan	Physician Plan	Physician Plan
Preventive Services - Adult Wellness & Well Child Services					
Office Services					
In-Network Family Physician	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment
In-Network Specialist	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment
Out-of-Network	30%	40%	40%	40%	40%
Convenient Care Center					
In-Network	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment
Out-of-Network	30%	40%	40%	40%	40%
Urgent Care Centers					
In-Network	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment
Out-of-Network	30%	40%	40%	40%	40%
Independent Clinical Laboratory					
In-Network	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment
Out-of-Network	30%	40%	40%	40%	40%
Independent Diagnostic Testing Center					
In-Network	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment
Out-of-Network	30%	40%	40%	40%	40%
Physician Services at Hospital Facility					
In-Network	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment
Out-of-Network	30%	40%	40%	40%	40%
Inpatient Hospital Facility (per admit)					
In-Network	Option 1: \$0 Copayment Option 2: \$0 Copayment	Option 1: \$0 Copayment Option 2: \$0 Copayment	Option 1: \$0 Copayment Option 2: \$0 Copayment	Option 1: \$0 Copayment Option 2: \$0 Copayment	Option 1: \$0 Copayment Option 2: \$0 Copayment
Out-of-Network	30%	40%	40%	40%	40%
Outpatient Hospital Facility (per visit)					
In-Network	Option 1: \$0 Copayment Option 2: \$0 Copayment	Option 1: \$0 Copayment Option 2: \$0 Copayment	Option 1: \$0 Copayment Option 2: \$0 Copayment	Option 1: \$0 Copayment Option 2: \$0 Copayment	Option 1: \$0 Copayment Option 2: \$0 Copayment
Out-of-Network	30%	40%	40%	40%	40%
Mammograms - Adult Wellness	Includes Routine and Diagnostic Mammograms				
In-Network	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment
Out-of-Network	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment
Colonoscopies - Adult Wellness					
In-Network	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment
Out-of-Network	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment

Product / Plan Number	BlueOptions 03769	BlueOptions 05192	BlueOptions 05193	BlueOptions 05180	BlueOptions 05181
Plan Family	Predictable Cost	HSA Compatible	HSA Compatible	HSA Compatible	HSA Compatible
Divison Number	004 / C04 / R04	306 / CAA / RAA 406 / CBA / RBA	307 / CAB / RAB 407 / CBB / RBB	319 / CAL / RAL 419 / CBL / RBL	320 / CAM / RAM 420 / CBM / RBM
MCMST Plan Name	E	F - INDV	F - FAM	K - INDV	K - FAM
MCMS Plan Type	Physician Plan	Physician Plan	Physician Plan	Physician Plan	Physician Plan
Medical / Surgical Care at a Facility					
Ambulatory Surgical Center (ASC)					
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Inpatient Hospital Facility (per admit)	OON only; if admitted as an Inpatient from ER, apply Inpatient Hospital INN Option 1 cost share.	OON only; if admitted as an Inpatient from ER, apply Inpatient Hospital INN Option 1 cost share.	OON only; if admitted as an Inpatient from ER, apply Inpatient Hospital INN Option 1 cost share.	OON only; if admitted as an Inpatient from ER, apply Inpatient Hospital INN Option 1 cost share.	OON only; if admitted as an Inpatient from ER, apply Inpatient Hospital INN Option 1 cost share.
In-Network	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%
	Option 2: DED + 20%	Option 2: DED + 25%	Option 2: DED + 25%	Option 2: DED + 25%	Option 2: DED + 25%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Outpatient Hospital Facility (per visit) (Surgical)					
In-Network	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%
	Option 2: DED + 20%	Option 2: DED + 25%	Option 2: DED + 25%	Option 2: DED + 25%	Option 2: DED + 25%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Outpatient Hospital Facility (per visit) (Non-Surgical)					
In-Network	Included with Surgical Services	Included with Surgical Services	Included with Surgical Services	Included with Surgical Services	Included with Surgical Services
Out-of-Network	Included with Surgical Services	Included with Surgical Services	Included with Surgical Services	Included with Surgical Services	Included with Surgical Services
Emergency and Urgent Care					
Emergency Room Facility (per visit) (Surgery performed or with admit)	If admitted as an inpatient from ER, the hospital will submit an inpatient hospital claim instead of an ER facility claim; only inpatient facility cost share will apply.				
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%
Emergency Room Facility (per visit) (No surgery performed or not admitted)	If admitted as an inpatient from ER, the hospital will submit an inpatient hospital claim instead of an ER facility claim; only inpatient facility cost share will apply.				
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%
Physician Services at ER (Surgery performed or with admit)					
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%
Physician Services at ER (No surgery performed or not admitted)					
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%
Urgent Care Centers					
Value Choice Urgent Care Provider	\$0 Copayment - Visits 1-2 PBP \$40 Copay for remaining Visits PBP	DED	DED	DED	DED
In-Network	\$40 Copayment	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	INN DED + \$40 Copayment	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%
Ambulance					
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%

Product / Plan Number	BlueOptions 03769	BlueOptions 05192	BlueOptions 05193	BlueOptions 05180	BlueOptions 05181
Plan Family	Predictable Cost	HSA Compatible	HSA Compatible	HSA Compatible	HSA Compatible
Divison Number	004 / C04 / R04	306 / CAA / RAA 406 / CBA / RBA	307 / CAB / RAB 407 / CBB / RBB	319 / CAL / RAL 419 / CBL / RBL	320 / CAM / RAM 420 / CBM / RBM
MCMST Plan Name	E	F - INDV	F - FAM	K - INDV	K - FAM
MCMS Plan Type	Physician Plan	Physician Plan	Physician Plan	Physician Plan	Physician Plan
Diagnostic Testing (e.g., Lab, x-ray)					
Physician Office	Low-dose lung cancer screening covered In-Network at \$0 Copay with a limit one per year when USPSTF recommendations are met, for adults ages 50-80.	Low-dose lung cancer screening covered In-Network at \$0 Copay with a limit one per year when USPSTF recommendations are met, for adults ages 50-80.	Low-dose lung cancer screening covered In-Network at \$0 Copay with a limit one per year when USPSTF recommendations are met, for adults ages 50-80.	Low-dose lung cancer screening covered In-Network at \$0 Copay with a limit one per year when USPSTF recommendations are met, for adults ages 50-80.	Low-dose lung cancer screening covered In-Network at \$0 Copay with a limit one per year when USPSTF recommendations are met, for adults ages 50-80.
Value Choice PCP	\$0 Copayment	DED	DED	DED	DED
Value Choice Specialist	\$20 Copayment	DED	DED	DED	DED
In-Network Family Physician	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Independent Clinical Laboratory		<ul style="list-style-type: none"> • INN only; Waive deductible for International Normalized Ratio (INR) testing. • INN only; Waive deductible for Low-density Lipoprotein (LDL) testing. 	<ul style="list-style-type: none"> • INN only; Waive deductible for International Normalized Ratio (INR) testing. • INN only; Waive deductible for Low-density Lipoprotein (LDL) testing. 	<ul style="list-style-type: none"> • INN only; Waive deductible for International Normalized Ratio (INR) testing. • INN only; Waive deductible for Low-density Lipoprotein (LDL) testing. 	<ul style="list-style-type: none"> • INN only; Waive deductible for International Normalized Ratio (INR) testing. • INN only; Waive deductible for Low-density Lipoprotein (LDL) testing.
In-Network	\$0 Copayment	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Independent Diagnostic Testing Center					
In-Network	\$50 Copayment	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Outpatient Hospital Facility					
In-Network	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%
	Option 2: DED + 20%	Option 2: DED + 25%	Option 2: DED + 25%	Option 2: DED + 25%	Option 2: DED + 25%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)					
Physician Office					
Value Choice PCP	\$0 Copayment	DED	DED	DED	DED
Value Choice Specialist	\$20 Copayment	DED	DED	DED	DED
In-Network Family Physician	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Independent Diagnostic Testing Center					
Value Choice Provider	\$20 Copayment	DED	DED	DED	DED
In-Network	\$100 Copayment	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Outpatient Hospital Facility					
In-Network	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%
	Option 2: DED + 20%	Option 2: DED + 25%	Option 2: DED + 25%	Option 2: DED + 25%	Option 2: DED + 25%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Outpatient Therapy					
Physician Office					
Value Choice PCP	\$0 Copayment	DED	DED	DED	DED
Value Choice Specialist	\$20 Copayment	DED	DED	DED	DED
In-Network Family Physician	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Outpatient Rehabilitation Facility					
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Outpatient Hospital Facility					
In-Network	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%
	Option 2: DED + 20%	Option 2: DED + 25%	Option 2: DED + 25%	Option 2: DED + 25%	Option 2: DED + 25%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%

Product / Plan Number	BlueOptions 03769	BlueOptions 05192	BlueOptions 05193	BlueOptions 05180	BlueOptions 05181
Plan Family	Predictable Cost	HSA Compatible	HSA Compatible	HSA Compatible	HSA Compatible
Divison Number	004 / C04 / R04	306 / CAA / RAA 406 / CBA / RBA	307 / CAB / RAB 407 / CBB / RBB	319 / CAL / RAL 419 / CBL / RBL	320 / CAM / RAM 420 / CBM / RBM
MCMST Plan Name	E	F - INDV	F -FAM	K - INDV	K - FAM
MCMS Plan Type	Physician Plan	Physician Plan	Physician Plan	Physician Plan	Physician Plan
Mental Health & Substance Dependency Services					
Virtual Visits	Includes coverage for both Virtual Mental Health and Virtual Substance Dependency Services.	Includes coverage for both Virtual Mental Health and Virtual Substance Dependency Services.	Includes coverage for both Virtual Mental Health and Virtual Substance Dependency Services.	Includes coverage for both Virtual Mental Health and Virtual Substance Dependency Services.	Includes coverage for both Virtual Mental Health and Virtual Substance Dependency Services.
In-Network Family Physician	\$0 Copayment	DED + 20%	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	\$0 Copayment	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Physician Office					
In-Network Family Physician	\$0 Copayment	DED + 20%	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	\$0 Copayment	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Inpatient Hospital Facility	OON only; if admitted as an Inpatient from ER, apply Inpatient Hospital INN Option 1 cost share.	OON only; if admitted as an Inpatient from ER, apply Inpatient Hospital INN Option 1 cost share.	OON only; if admitted as an Inpatient from ER, apply Inpatient Hospital INN Option 1 cost share.	OON only; if admitted as an Inpatient from ER, apply Inpatient Hospital INN Option 1 cost share.	OON only; if admitted as an Inpatient from ER, apply Inpatient Hospital INN Option 1 cost share.
In-Network	Option 1: \$0 Copayment	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%
	Option 2: \$0 Copayment	Option 2: DED + 20%	Option 2: DED + 20%	Option 2: DED + 20%	Option 2: DED + 20%
Out-of-Network	30%	INN DED + 20%	INN DED + 20%	DED + 40%	DED + 40%
Outpatient Hospital Facility					
In-Network	Option 1: \$0 Copayment	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%	Option 1: DED + 20%
	Option 2: \$0 Copayment	Option 2: DED + 20%	Option 2: DED + 20%	Option 2: DED + 20%	Option 2: DED + 20%
Out-of-Network	30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Emergency Room Facility(per visit)					
In-Network	\$0 Copayment	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	\$0 Copayment	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%
Physician Services at Hospital					
In-Network	\$0 Copayment	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	\$0 Copayment	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%
Physician Services at ER					
In-Network	\$0 Copayment	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	\$0 Copayment	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%
Physician Services at Locations other than Office, Hospital and ER					
In-Network Family Physician	\$0 Copayment	DED + 20%	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	\$0 Copayment	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%

Product / Plan Number	BlueOptions 03769	BlueOptions 05192	BlueOptions 05193	BlueOptions 05180	BlueOptions 05181
Plan Family	Predictable Cost	HSA Compatible	HSA Compatible	HSA Compatible	HSA Compatible
Divison Number	004 / C04 / R04	306 / CAA / RAA 406 / CBA / RBA	307 / CAB / RAB 407 / CBB / RBB	319 / CAL / RAL 419 / CBL / RBL	320 / CAM / RAM 420 / CBM / RBM
MCMST Plan Name	E	F - INDV	F -FAM	K - INDV	K - FAM
MCMS Plan Type	Physician Plan	Physician Plan	Physician Plan	Physician Plan	Physician Plan
Other Special Services and Locations					
Durable Medical Equipment	<ul style="list-style-type: none"> • One personal breast pump provided through CareCentrix per delivery. • Initial pair of eyeglasses per cataract surgery subject to \$0 copay for INN and OON, 2 per lifetime • INN only; Waive deductible for Peak flow meter. 	<ul style="list-style-type: none"> • One personal breast pump provided through CareCentrix per delivery. • INN only; Waive deductible for Peak flow meter. 	<ul style="list-style-type: none"> • One personal breast pump provided through CareCentrix per delivery. • INN only; Waive deductible for Peak flow meter. 	<ul style="list-style-type: none"> • One personal breast pump provided through CareCentrix per delivery. • INN only; Waive deductible for Peak flow meter. 	<ul style="list-style-type: none"> • One personal breast pump provided through CareCentrix per delivery. • INN only; Waive deductible for Peak flow meter.
In-Network Motorized Wheelchairs	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
In-Network All Other	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Orthotics & Prosthetics					
In-Network Family Physician	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Skilled Nursing Facility					
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Home Health Care					
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Health Care Professional Administered Medications in Home Setting (Medical Pharmacy)					
In-Network (Preferred)	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
In-Network (Non-Preferred)	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Hospice					
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Dialysis Center					
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Birthing Center					
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Diabetic Equipment & Supplies					
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Enteral Formula					
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%
Second Medical Opinion					
In-Network	Included under other physician services	Included under other physician services	Included under other physician services	Included under other physician services	Included under other physician services
Out-of-Network	Included under other physician services	Included under other physician services	Included under other physician services	Included under other physician services	Included under other physician services
Additional Services					
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	DED + 40%

Product / Plan Number	BlueOptions 03769	BlueOptions 05192	BlueOptions 05193	BlueOptions 05180	BlueOptions 05181
Plan Family	Predictable Cost	HSA Compatible	HSA Compatible	HSA Compatible	HSA Compatible
Divison Number	004 / C04 / R04	306 / CAA / RAA 406 / CBA / RBA	307 / CAB / RAB 407 / CBB / RBB	319 / CAL / RAL 419 / CBL / RBL	320 / CAM / RAM 420 / CBM / RBM
MCMST Plan Name	E	F - INDV	F -FAM	K - INDV	K - FAM
MCMS Plan Type	Physician Plan	Physician Plan	Physician Plan	Physician Plan	Physician Plan
Benefit Maximums					
Home Health Care					
In-Network	N/A	N/A	N/A	N/A	N/A
Out-of-Network	N/A	N/A	N/A	N/A	N/A
Combined (INN & OON)	60 Visits PBP	60 Visits PBP	60 Visits PBP	60 Visits PBP	60 Visits PBP
Inpatient Rehabilitation Therapy					
In-Network	N/A	N/A	N/A	N/A	N/A
Out-of-Network	N/A	N/A	N/A	N/A	N/A
Combined (INN & OON)	30 Days PBP	30 Days PBP	30 Days PBP	30 Days PBP	30 Days PBP
Outpatient Therapy & Spinal Manipulations	Outpatient therapy for autism and down syndrome will continue to be covered after the benefit maximum is met.	Outpatient therapy for autism and down syndrome will continue to be covered after the benefit maximum is met.	Outpatient therapy for autism and down syndrome will continue to be covered after the benefit maximum is met.	Outpatient therapy for autism and down syndrome will continue to be covered after the benefit maximum is met.	Outpatient therapy for autism and down syndrome will continue to be covered after the benefit maximum is met.
In-Network	N/A	N/A	N/A	N/A	N/A
Out-of-Network	N/A	N/A	N/A	N/A	N/A
Combined (INN & OON)	75 Visits PBP	75 Visits PBP	75 Visits PBP	75 Visits PBP	75 Visits PBP
Outpatient Therapy Modalities					
In-Network	N/A	N/A	N/A	N/A	N/A
Out-of-Network	N/A	N/A	N/A	N/A	N/A
Combined (INN & OON)	4 per day	4 per day	4 per day	4 per day	4 per day
Skilled Nursing Facility					
In-Network	N/A	N/A	N/A	N/A	N/A
Out-of-Network	N/A	N/A	N/A	N/A	N/A
Combined (INN & OON)	60 Days PBP	60 Days PBP	60 Days PBP	60 Days PBP	60 Days PBP
Spinal Manipulations					
In-Network	N/A	N/A	N/A	N/A	N/A
Out-of-Network	N/A	N/A	N/A	N/A	N/A
Combined (INN & OON)	26 PBP	26 PBP	26 PBP	26 PBP	26 PBP

Product / Plan Number	BlueOptions 03769	BlueOptions 05192	BlueOptions 05193	BlueOptions 05180	BlueOptions 05181
Plan Family	Predictable Cost	HSA Compatible	HSA Compatible	HSA Compatible	HSA Compatible
Divison Number	004 / C04 / R04	306 / CAA / RAA 406 / CBA / RBA	307 / CAB / RAB 407 / CBB / RBB	319 / CAL / RAL 419 / CBL / RBL	320 / CAM / RAM 420 / CBM / RBM
MCMST Plan Name	E	F - INDV	F -FAM	K - INDV	K - FAM
MCMS Plan Type	Physician Plan	Physician Plan	Physician Plan	Physician Plan	Physician Plan
Prescription Drugs	Open Formulary	Open Formulary	Open Formulary	Closed Formulary	Closed Formulary
Deductible	N/A	In-Network Deductible	In-Network Deductible	In-Network Deductible	In-Network Deductible
In-Network					
Retail					
Generic/Brand/Non-Preferred	20% / 30% / 40%	20% / 30% / 50%	20% / 30% / 50%	\$10 / \$30 / NC	\$10 / \$30 / NC
Rx Specialty (4th Tier)	\$100	N/A	N/A	Not Covered - Except for Oral Chemotherapy and HIV Medications	Not Covered - Except for Oral Chemotherapy and HIV Medications
Mail Order					
Generic/Brand/Non-Preferred	\$20 / \$80 / \$140	20% / 30% / 50%	20% / 30% / 50%	\$20 / \$60 / NC	\$20 / \$60 / NC
Out-of-Network					
Generic/Brand/Non-Preferred	50% / 50% / 50%	50% / 50% / 50%	50% / 50% / 50%	50% / 50% / NC	50% / 50% / NC
Conditioned Care Rx	Conditioned Care Rx Program Value List - \$0 Copay	Conditioned Care Rx Program H.S.A. Preventive List - Waive Deductible	Conditioned Care Rx Program H.S.A. Preventive List - Waive Deductible	Conditioned Care Rx Program H.S.A. Preventive List - Waive Deductible	Conditioned Care Rx Program H.S.A. Preventive List - Waive Deductible
Additional Benefits					
Accident Care	Not subject to DED, subject to coinsurance	N/A	N/A	N/A	N/A
Accidental Dental Injury Treatment	No time limit applies for completion - when care is initiated within 62 days from the date of the accident.	No time limit applies for completion - when care is initiated within 62 days from the date of the accident.	No time limit applies for completion - when care is initiated within 62 days from the date of the accident.	No time limit applies for completion - when care is initiated within 62 days from the date of the accident.	No time limit applies for completion - when care is initiated within 62 days from the date of the accident.
Dependent Eligibility	Dependent Eligibility Endorsement - Dependent Age 26 (End of CY) - Yes	Dependent Eligibility Endorsement - Dependent Age 26 (End of CY) - Yes	Dependent Eligibility Endorsement - Dependent Age 26 (End of CY) - Yes	Dependent Eligibility Endorsement - Dependent Age 26 (End of CY) - Yes	Dependent Eligibility Endorsement - Dependent Age 26 (End of CY) - Yes
Removal of Impacted Teeth Coverage	Covered - Pay based on location of service - INN and OON - MCG Apply	Removal of impacted teeth, including impacted wisdom teeth, also covers related X- rays and Anesthesia subject to DED and coinsurance	Removal of impacted teeth, including impacted wisdom teeth, also covers related X- rays and Anesthesia subject to DED and coinsurance	Removal of impacted teeth, including impacted wisdom teeth, also covers related X- rays and Anesthesia subject to DED and coinsurance	Removal of impacted teeth, including impacted wisdom teeth, also covers related X- rays and Anesthesia subject to DED and coinsurance
Standalone Telemedicine with Teladoc Behavioral Health Services	Standalone Telemedicine with Teladoc (Behavioral Health Services) In-Network / Out-of-Network \$0 / Not Covered Not included with Virtual Visit benefit	Standalone Telemedicine with Teladoc (Behavioral Health Services) In-Network / Out-of-Network DED + Coins / Not Covered Not included with Virtual Visit benefit	Standalone Telemedicine with Teladoc (Behavioral Health Services) In-Network / Out-of-Network DED + Coins / Not Covered Not included with Virtual Visit benefit	Standalone Telemedicine with Teladoc (Behavioral Health Services) In-Network / Out-of-Network DED + Coins / Not Covered Not included with Virtual Visit benefit	Standalone Telemedicine with Teladoc (Behavioral Health Services) In-Network / Out-of-Network DED + Coins / Not Covered Not included with Virtual Visit benefit
Standalone Telemedicine with Teladoc General Med	Standalone Telemedicine with Teladoc (General Med) In-Network / Out-of-Network \$0 / Not Covered Not included with Virtual Visit benefit	Standalone Telemedicine with Teladoc (General Med) In-Network / Out-of-Network DED + Coins / Not Covered Not included with Virtual Visit benefit	Standalone Telemedicine with Teladoc (General Med) In-Network / Out-of-Network DED + Coins / Not Covered Not included with Virtual Visit benefit	Standalone Telemedicine with Teladoc (General Med) In-Network / Out-of-Network DED + Coins / Not Covered Not included with Virtual Visit benefit	Standalone Telemedicine with Teladoc (General Med) In-Network / Out-of-Network DED + Coins / Not Covered Not included with Virtual Visit benefit