

Physician Plans Benefit Summaries

Effective March 1, 2024

	Plan E <i>BlueOptions PPO</i>	Plan F – HSA <i>BlueOptions PPO</i>	Plan K – HSA <i>BlueOptions PPO</i>
Calendar Year Deductible	\$1,000 / \$3,000 (Accident \$0)	\$2,700 / \$5,400	\$2,500 / \$5,000
Coinsurance	80% / 20%	80%/20%	80%/20%
Out of Pocket Maximum	\$6,450 / \$12,900	\$6,450 / \$12,900	\$6,450 / \$12,900
Primary Care Physician	CYD + 20%	CYD + 20%	CYD + 20%
Specialist	CYD + 20%	CYD + 20%	CYD + 20%
Hospital - Inpatient	CYD + 20%	CYD + 20%	CYD + 20%
Urgent Care	\$40 Copay	CYD + 20%	CYD + 20%
Advanced Imaging (MRI)	\$100 Copay	CYD + 20%	CYD + 20%
ER	CYD + 20%	CYD + 20%	CYD + 20%
Ambulatory Surgery Center	CYD + 20%	CYD + 20%	CYD + 20%
Prescription Drugs	20% / 30% / 40% / \$100 + Mail Rx	CYD + 20% / 30% / 50% + Mail Rx	CYD + \$10 / \$30 / NC + Mail Rx*

*Closed Formulary

