

Employee Plans Benefit Summaries

Effective March 1, 2026

	Plan C <i>BlueOptions PPO</i>	Plan I <i>BlueOptions PPO</i>	Plan P <i>BlueOptions PPO</i>	Plan H - HSA <i>BlueOptions PPO</i>
Calendar Year Deductible	\$750 / \$1,500 (Accident \$0)	\$1,500 / \$3,000 (Accident \$0)	\$3,000 / \$6,000	\$1,750 / \$3,500
Coinsurance	80% / 20%	70% / 30%	80% / 20%	80% / 20%
Out of Pocket Maximum	\$6,450 / \$12,900	\$6,450 / \$12,900	\$6,450 / \$12,900	\$6,450 / \$12,900
Primary Care Physician	CYD + 20%	\$30 Copay	\$35 Copay	CYD + 20%
Specialist	CYD + 20%	\$55 Copay	\$65 Copay	CYD + 20%
Hospital - Inpatient	CYD + 20%	CYD + 30%	CYD + 20%	CYD + 20%
Urgent Care	\$40 Copay	\$60 Copay	\$100 Copay	CYD + 20%
Advanced Imaging (MRI)	\$100 Copay	\$100 Copay	CYD + 20%	CYD + 20%
ER	\$250 Copay	CYD + 30%	\$300 Copay	CYD + 20%
Ambulatory Surgery Center	\$100 Copay	CYD + 30%	CYD + 20%	CYD + 20%
Prescription Drugs	20% / 40% / 50% + Mail Rx	\$10 / \$300 + \$60 / NC + Mail Rx*	\$10 / \$800+\$60 / NC + Mail Rx*	CYD+20% / 30% / 50% + Mail Rx

	Plan L <i>BlueCare HMO</i>	NEW Plan M <i>BlueCare HMO</i>
Calendar Year Deductible	\$3,500 / \$7,000	\$7,500 / \$15,000
Coinsurance	70% / 30%	100%
Out of Pocket Maximum	\$7,500 / \$15,000	\$7,500 / \$15,000
Primary Care Physician	\$40 Copay	\$50 Copay
Specialist	\$65 Copay	\$100 Copay
Hospital – Inpatient	CYD + 30%	\$2,000 Copay / Day (\$6,000 Max)
Urgent Care	\$85 Copay	\$100 Copay
Advanced Imaging (MRI)	\$300 Copay	\$300 Copay
ER	\$300 Copay	\$600 Copay
Ambulatory Surgery Center	CYD + 30%	\$300 Copay
Prescription Drugs	\$10 / \$800+\$60 / NC+Mail Rx*	\$10 / 30% / NC + Mail Rx*

Open Rx Formulary linked [HERE](#)
Closed Rx Formulary linked [HERE](#)

*Closed Formulary

