

# Benefits for 2022 - 2023

## PPO Medical



### SUMMARY OF COVERAGE

Plan Features	BCBSM PPO \$500	BCBS PPO Plan HDHP \$2,000	BCBS PPO Plan HDHP \$3,000
<b>IN NETWORK</b>			
Calendar Year Deductibles (Indiv / Family)	\$500/\$1,000	\$2,000/\$4,000	\$3,000/\$6,000
Deductible Type	Embedded: No member will spend more than the single deductible	Aggregate: For family coverage, the entire family deductible can be met by one member	Embedded: No member will spend more than the single deductible
Preventive Care	100% covered	100% covered	100% covered
Primary Care Visit	\$30	0% after deductible	0% after deductible
Specialist Visit	\$30	0% after deductible	0% after deductible
Virtual Visit	\$30	0% after deductible	0% after deductible
Diagnostic Exam	20% after deductible	0% after deductible	0% after deductible
X-Rays	20% after deductible	0% after deductible	0% after deductible
Complex Images	20% after deductible	0% after deductible	0% after deductible
Outpatient Procedure	20% after deductible	0% after deductible	0% after deductible
Inpatient Visit	20% after deductible	0% after deductible	0% after deductible
Emergency Room	\$250	0% after deductible	0% after deductible
Urgent Care	\$30	0% after deductible	0% after deductible
Pharmacy / RX (30 Day Supply)	\$20/\$60/50% \$80 - \$100 Max /20% \$200 Max / 25% \$300 Max	After deductible \$20/ \$60/ 50% \$80 - \$100 Max	After deductible \$20/ \$60/ 50% \$80 - \$100 Max
Calendar Year Out-of-Pocket Max (Indiv / Family)	\$2,000/\$4,000	\$3,000/\$6,000	\$6,900/\$13,800

# Benefits for 2022 - 2023

## HMO Medical



### SUMMARY OF COVERAGE

Plan Features	BCN Healthy Blue Living HMO PCP FOCUS NETWORK	BCN HMO HDHP PCP FOCUS NETWORK
<b>IN NETWORK</b>	<b>Enhanced Benefits</b>	
Calendar Year Deductibles (Indiv / Family)	\$500/\$1,000	\$6,350/\$12,700
Preventive Care	100% covered	100% covered
Primary Care Visit	\$20	0% after deductible
Specialist Visit	\$30	0% after deductible
Virtual Visit	\$20	0% after deductible
Diagnostic Exam	0% after deductible	0% after deductible
X-Rays	0% after deductible	0% after deductible
Complex Images	\$150 after deductible	0% after deductible
Outpatient Procedure	0% after deductible	0% after deductible
Inpatient Visit	0% after deductible	0% after deductible
Emergency Room	\$250 after deductible	0% after deductible
Urgent Care	\$35	0% after deductible
Pharmacy / RX (30 Day Supply)	\$4/\$15/\$40/\$80 / 20% \$200 Max / 20% \$300 Max	100% covered after deductible
Calendar Year Out-of-Pocket Max (Indiv / Family)	\$8,150/\$16,300	\$6,350/\$12,700

