

Benefits for 2021 - 2022

Medical



SUMMARY OF COVERAGE

Plan Features	BCBSM PPO \$500	BCBS PPO Plan HDHP	BCN Healthy Blue Living HMO	BCN HMO HDHP
IN NETWORK		Enhanced Benefits		
Calendar Year Deductibles (Indiv / Family)	\$500/\$1,000	\$2,000/\$4,000	\$500/\$1,000	\$6,350/\$12,700
Preventive Care	100% covered	100% covered	100% covered	100% covered
Primary Care Visit	\$30	0% after deductible	\$20	0% after deductible
Specialist Visit	\$30	0% after deductible	\$30	0% after deductible
Virtual Visit	\$30	0% after deductible	\$20	0% after deductible
Diagnostic Exam	20% after deductible	0% after deductible	0% after deductible	0% after deductible
X-Rays	20% after deductible	0% after deductible	0% after deductible	0% after deductible
Complex Images	20% after deductible	0% after deductible	\$150 after deductible	0% after deductible
Outpatient Procedure	20% after deductible	0% after deductible	0% after deductible	0% after deductible
Inpatient Visit	20% after deductible	0% after deductible	0% after deductible	0% after deductible
Emergency Room	\$250	0% after deductible	\$250 after deductible	0% after deductible
Urgent Care	\$30	0% after deductible	\$35	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	\$4/\$15/\$40/\$80/ 20% \$200 Max / 20% \$300 Max	100% covered after deductible
Calendar Year Out-of-Pocket Max (Indiv / Family)	\$2,000/\$4,000	\$3,000/\$6,000	\$1,000/\$2,000	\$6,350/\$12,700
OUT OF NETWORK				
Calendar Year Deductibles (Indiv / Family)	\$1,000/\$2,000	\$4,000/\$8,000	Not Covered	Not Covered
Preventive Care	not covered	not covered		
Primary Care Visit	40% after deductible	20% after Deductible		
Specialist Visit	40% after deductible	20% after Deductible		
Diagnostic Exam	40% after deductible	20% after deductible		
X-Rays	40% after deductible	20% after deductible		
Complex Images	40% after deductible	20% after deductible		
Outpatient Procedure	40% after deductible	20% after deductible		
Inpatient Visit	40% after deductible	20% after deductible		
Emergency Room	\$250	0% after deductible		
Urgent Care	40% after deductible	20% after deductible		
Pharmacy / RX (30 Day Supply)	In network copay plus 25%	In network copay plus 20%		
Calendar Year Out-of-Pocket Max (Indiv / Family)	\$4,000/\$8,000	\$6,000/\$12,000		