

Plan Benefits	Series II 80/60 – \$250		Series II 80/60 – \$500		Series II 80/60 – \$750		Series II 80/60 – \$1000		Series II 80/60 – \$1500		Series II 80/60 – \$2000		Series II 80/60 – \$2500	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Coinsurance	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
Deductible (3 members must meet)	\$250	\$500	\$500	\$750	\$750	\$1250	\$1000	\$1500	\$1500	\$2000	\$2000	\$2500	\$2500	\$3000
Coinsurance Maximum (2 members must meet)	\$1500	\$2500	\$2000	\$3000	\$2500	\$3500	\$2500	\$3500	\$3000	\$4000	\$3500	\$4500	\$4000	\$5000
Lifetime Maximum per Member	2 Million		2 Million		2 Million		2 Million		2 Million		2 Million		2 Million	
Office Visits														
PCP	\$15	\$30 + Coins.	\$20	\$35 + Coins.	\$25	\$40 + Coins.	\$25	\$40 + Coins.	\$25	\$40 + Coins.	\$30	\$45 + Coins.	\$30	\$45 + Coins.
Specialists	\$25	\$40 + Coins.	\$30	\$45 + Coins.	\$35	\$50 + Coins.	\$35	\$50 + Coins.	\$35	\$50 + Coins.	\$40	\$55 + Coins.	\$40	\$55 + Coins.
Chiropractic Care – \$1000 Benefit Max	\$25	\$40 + Coins.	\$30	\$45 + Coins.	\$35	\$50 + Coins.	\$35	\$50 + Coins.	\$35	\$50 + Coins.	\$40	\$55 + Coins.	\$40	\$55 + Coins.
Hospital – Inpatient	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.
Hospital – Outpatient	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.
Emergency Room Copay – Coinsurance	\$125 + 80% Coins.	\$125 + 80% Coins.	\$125 + 80% Coins.	\$125 + 80% Coins.	\$125 + 80% Coins.	\$125 + 80% Coins.	\$125 + 80% Coins.	\$125 + 80% Coins.	\$125 + 80% Coins.	\$125 + 80% Coins.	\$125 + 80% Coins.	\$125 + 80% Coins.	\$125 + 80% Coins.	\$125 + 80% Coins.
Other Services	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.
MH/SA – Inpatient (20 days per BP)	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered
MH/SA – Outpatient (20 visits per BP) Crisis intervention/ detox only	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered
Vision – Standard (designated selection of eyewear)	100%	Not Covered	100%	Not Covered	100%	Not Covered	100%	Not Covered	100%	Not Covered	100%	Not Covered	100%	Not Covered
Dental – Preventive														
One exam, initial periodic*	\$27/20		\$27/20		\$27/20		\$27/20		\$27/20		\$27/20		\$27/20	
One cleaning, adult/child*	\$40/31		\$40/31		\$40/31		\$40/31		\$40/31		\$40/31		\$40/31	
RX (Retail)														
Generic Copay	\$8		\$8		\$8		\$8		\$8		\$8		\$8	
Preferred Brand Copay	\$30		\$30		\$30		\$30		\$30		\$30		\$30	
Non-Preferred Brand Copay	\$50		\$50		\$50		\$50		\$50		\$50		\$50	
Mail Order – up to a 90 day supply	\$16/60/125		\$16/60/125		\$16/60/125		\$16/60/125		\$16/60/125		\$16/60/125		\$16/60/125	
Specialty RX	\$100		\$100		\$100		\$100		\$100		\$100		\$100	

Plan Benefits	Series II 70/50 – \$750 IN OUT		Series II 70/50 – \$1000 IN OUT		Series II 70/50 – \$1500 IN OUT		Series II 70/50 – \$2000 IN OUT		Series II 70/50 – \$2500 IN OUT	
Coinsurance	70%	50%	70%	50%	70%	50%	70%	50%	70%	50%
Deductible (3 members must meet)	\$750	\$1250	\$1000	\$2000	\$1500	\$2500	\$2000	\$2500	\$2500	\$3000
Coinsurance Maximum (2 members must meet)	\$2500	\$3500	\$2500	\$3500	\$3000	\$4000	\$3500	\$4500	\$4000	\$5000
Lifetime Maximum per Member	2 Million		2 Million		2 Million		2 Million		2 Million	
Office Visits PCP Specialists	\$25 \$35	\$40 + Coins. \$50 + Coins.	\$25 \$35	\$40 + Coins. \$50 + Coins.	\$25 \$35	\$40 + Coins. \$50 + Coins.	\$30 \$40	\$45 + Coins. \$55 + Coins.	\$30 \$40	\$45 + Coins. \$55 + Coins.
Chiropractic Care – \$1000 Benefit Max	\$35	\$50 + Coins.	\$35	\$50 + Coins.	\$35	\$50 + Coins.	\$40	\$55 + Coins.	\$40	\$55 + Coins.
Hospital – Inpatient	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.
Hospital – Outpatient	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.
Emergency Room Coplay – Coins.urance	\$150 + 70% Coins.	\$150 + 70% Coins.	\$150 + 70% Coins.	\$150 + 70% Coins.	\$150 + 70% Coins.	\$150 + 70% Coins.	\$150 + 70% Coins.	\$150 + 70% Coins.	\$150 + 70% Coins.	\$150 + 70% Coins.
Other Services	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.	Ded/Coins.
MH/SA – Inpatient (20 days per BP)	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered
MH/SA – Outpatient (20 visits per BP) Crisis intervention/ detox only	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered	Ded/Coins.	Not Covered
Vision – Standard (designated selection of eyewear)	100%	Not Covered	100%	Not Covered	100%	Not Covered	100%	Not Covered	100%	Not Covered
Dental – Preventive										
One exam, initial periodic*	\$27/20		\$27/20		\$27/20		\$27/20		\$27/20	
One cleaning, adult/child*	\$40/31		\$40/31		\$40/31		\$40/31		\$40/31	
RX (Retail)										
Generic Copay	\$8		\$8		\$8		\$8		\$8	
Preferred Brand Copay	\$30		\$30		\$30		\$30		\$30	
Non-Preferred Brand Copay	\$50		\$50		\$50		\$50		\$50	
Mail Order – up to a 90 day supply	\$16/60/125		\$16/60/125		\$16/60/125		\$16/60/125		\$16/60/125	
Specialty RX	\$100		\$100		\$100		\$100		\$100	

Routine, preventive care not covered out-of-network.

Chiropractic Care is limited to \$1000 per benefit period.

Durable Medical Equipment  
\$5000 Benefit Maximum

Vision Care – One exam every benefit period covered at 100%

One pair of eyewear every other benefit period covered at 100%. Designated selection of eyewear.

Contact lens exam subject to a \$45 copayment.

\*Preventive Dental amounts shown are fee schedule amount of what BlueChoice HealthPlan will pay for these services.

# Out-of-network deductible is per individual, not aggregate.

Specialty Pharmaceuticals – \$100 copayment, not covered out-of-network.

You may have to pay more if you select a brand name drug over a generic drug.