2023

# Product Matrix

**BlueOptions • BlueSelect • BlueCare • myBlue**

Individual Markets

Florida Blue

Your local Blue Cross Blue Shield

# Individual Product Matrix Guide

## The following Alpha Characters will be used for each variant:

### Dental and Vision Benefit Variations (On and Off Marketplace℠)

∅ (No Alpha Character) = Pediatric Vision

- All plans must include pediatric vision benefits. No other benefit variants are included in this plan.

**D** = Adult Dental

- Plan includes adult dental benefits

**P** = Pediatric Dental (Off Marketplace Only)

- Plan includes pediatric dental; in addition to pediatric vision benefits

### Standardized Plan Options (On and Off Marketplace)

**S** = CMS Simple Choice Plans

### Off Marketplace Only

**X** = Available in myBlue product only

### Silver Cost Sharing Reductions (On Marketplace Only)

Individuals with incomes between 100–250% of the Federal Poverty Level (FPL) are eligible for a Silver Cost Sharing Reduction plan. These plans provide significantly richer benefits than the base Bronze or Silver plans.

**A** = Individuals with income greater than 200% and less than or equal to 250% FPL

**B** = Individuals with income greater than 150% and less than or equal to 200% FPL

**C** = Individuals with income greater than or equal to 100% and less than or equal to 150% FPL

### American Indian Plan Variations (On Marketplace Only)

American Indians are eligible for one of two American Indian Plan variations:

**U** = American Indians with income 300% FPL or less

**O** = American Indians with income over 300% FPL

### Metal Levels (On and Off Marketplace)

All Individual plans, ON and OFF the Marketplace, must include EHBs, cost-sharing limits, and meet targeted Actuarial Values (AV), which is a measure of a plan's cost-sharing levels for EHBs. QHPs / NQHPs fall within four metal levels: Bronze (60%), Silver (70%), Gold (80%), and Platinum (90%).

### Plans not noted as "HSA" are not HSA compatible

### Benefits Disclaimers

The following benefit disclaimers pertain to all pages in this guide booklet.

**Note:** Maternity, Mental Health and Substance Abuse benefits are covered and based on the location where services are provided.
[1]DED (Deductible) = The fixed dollar amount that must be paid in a benefit period for covered health care expenses before insurance begins to pay.
[2]Coins = Percentage based on our Allowed Amount [3]PCP = Primary Care Physician [4]INN = In-Network [5]PBP = Per Benefit Period
[6]Virtual Visit health services are covered at $0 for In-Network Providers.

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue. HMO coverage is offered by Health Options, Inc., DBA Florida Blue HMO, an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association. Florida Blue and Florida Blue HMO do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations. This is only a partial description of the many benefits and services provided or authorized by Florida Blue and Florida Blue HMO. This matrix does not constitute a Contract.

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# 2023 Plan Crosswalk – On Marketplace Plans

| Metal | Plan Description | Deductible | myBlue | | | |
|---|---|---|---|---|---|---|
| | | | SA 1 | SA 2 | SA 3 | SA 4 |
| Platinum | Copay | $0 | N/A | 2015 pg. 11 | N/A | N/A |
| Gold | Copay | $0 | N/A | 2016 pg. 17 | N/A | N/A |
| | Stand Alone | $940 | 1605 pg. 14 | 2011 pg. 16 | N/A | N/A |
| Silver | Richest Base | $6,700 | 1710 pg. 51 | N/A | N/A | N/A |
| | Buy Up 1 | $5,900 | 1603 pg. 43 | N/A | N/A | N/A |
| | Buy Up 2 | $5,500 | 1604 pg. 23 | 2204 pg. 39 | N/A | N/A |
| | Low Cost 1 | $6,000 / $5,000 | 2017 pg. 23 | 2010 pg. 23 | N/A | N/A |
| | Low Cost 2 | $5,800 | 2127 pg. 23 | N/A | N/A | N/A |
| | Low Cost 3 | $4,100 | 2237 pg. 27 | N/A | N/A | N/A |
| | Connected Care | $5,500 | N/A | N/A | 2230 pg. 31 | **2347 pg. 31** |
| | NEW Lowest Cost | $4,500 | **2337 pg. 27** | N/A | N/A | N/A |
| | NEW Connected Care Lowest Cost | $4,000 | N/A | N/A | **2332 pg. 31** | **2348 pg. 31** |
| Bronze | $0 DED | $0 | 2129 pg. 67 | 2149 pg. 67 | N/A | N/A |
| | NEW $0 DED | $0 | **2329 pg. 68** | **2349 pg. 68** | N/A | N/A |
| | Non VCP | $8,200 | 2126 pg. 71 | 2146 pg. 71 | N/A | N/A |
| | SA1 Copay | $8,000 | 1601 pg. 63 | 2013 pg. 63 | N/A | N/A |
| | Rich DED Non VCP | $2,700 | 2266 pg. 73 | 2286 pg. 73 | N/A | N/A |
| | Rich DED With VCP | $2,400 | 2219 pg. 72 | N/A | N/A | N/A |
| | SA2 Copay | $7,800 | N/A | 2211 pg. 66 | N/A | N/A |
| | Low Cost | $7,500 | 1602 pg. 65 | 2014 pg. 65 | N/A | N/A |
| | Connected Care | $6,500 | N/A | N/A | 2231 pg. 75 | **2346 pg. 75** |

| Metal | Plan Description | Deductible | BlueOptions | BlueSelect | BlueCare | |
|---|---|---|---|---|---|---|
| | | | | | SA 1 | SA 2 |
| Platinum | Copay | $0 | 1424 pg. 9 | 1457 pg. 9 | 1491 pg. 9 | 2151 pg. 9 |
| | Buy Down | $1,000 | 1418 pg. 10 | 1451 pg. 10 | 1485 pg. 10 | N/A |
| Gold | Copay | $0 | 1505 pg. 12 | 1535 pg. 12 | 1565 pg. 12 | 2156 pg. 12 |
| | Buy Down | $1,500 | 1805 pg. 15 | 1835 pg. 15 | 1865 pg. 15 | N/A |
| Silver | Richest Base | $6,000 | 1431 pg. 47 | 1464 pg. 47 | 1498 pg. 47 | N/A |
| | Buy Up | $5,950 | 1423 pg. 35 | 1456 pg. 35 | 1490 pg. 35 | N/A |
| | Lowest Cost | $6,000 / $5,900 | 1410 pg. 19 | 1443 pg. 19 | 1477 pg. 19 | 2157 pg. 19 |
| Bronze | $0 DED | $0 | 2119 pg. 69 | 2139 pg. 69 | 2179 pg. 69 | 2159 pg. 69 |
| | NEW $0 DED | $0 | **2319 pg. 70** | **2339 pg. 70** | **2379 pg. 70** | **2359 pg. 70** |
| | SA1 Copay | $7,400 | 1416 pg. 62 | 1449 pg. 62 | 1483 pg. 62 | 2153 pg. 62 |
| | HSA | $6,850 | 1705 pg. 60 | 1735 pg. 60 | 1765 pg. 60 | N/A |
| | Low Cost | $6,900 | 1419 pg. 64 | 1452 pg. 64 | 1486 pg. 64 | 2154 pg. 64 |

**Note:** Cost share may vary by network / New 2023 plans in bold

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# 2023 Plan Crosswalk – Off Marketplace Only Plans

| Metal | Plan Description | Deductible | BlueOptions | BlueSelect | BlueCare | | myBlue | |
|---|---|---|---|---|---|---|---|---|
| | | | | | SA 1 | SA 2 | SA 1 | SA 2 |
| **Gold Off Only** | **Stand Alone** | $1,700 | 1801 pg. 13 | *N/A* | *N/A* | *N/A* | *N/A* | *N/A* |
| **Silver Off Only** | **$0 DED** | $0 | 2110 pg. 59 | 2130 pg. 59 | 2160 pg. 59 | 2150 pg. 59 | *N/A* | *N/A* |
| | **Richest** | $5,500 | 1807 pg. 57 | 1837 pg. 57 | 1867 pg. 57 | *N/A* | *N/A* | *N/A* |
| | **Buy Up** | $3,600 | 1808 pg. 58 | 1838 pg. 58 | 1868 pg. 58 | *N/A* | *N/A* | *N/A* |
| | **Lower Cost** | $5,900 | 1806 pg. 55 | 1836 pg. 55 | 1866 pg. 55 | 2152 pg. 55 | *N/A* | *N/A* |
| | **HSA** | $5,000 | 1409 pg. 18 | 1442 pg. 18 | 1476 pg. 18 | 2158 pg. 18 | *N/A* | *N/A* |
| | **myBlueX** | $4,500 | *N/A* | *N/A* | *N/A* | *N/A* | 2210X pg. 56 | 2220X pg. 56 |
| **Bronze Off Only** | **HSA** | $6,850 | *N/A* | *N/A* | *N/A* | 2155 pg. 60 | *N/A* | N/A |
| | **myBlueX** | $8,000 / $7,400 | *N/A* | *N/A* | *N/A* | *N/A* | 2212X pg. 74 | 2221X pg. 74 |

**Note:** Cost share may vary by network

# myBlue and BlueCare Plan Service Areas

| County | MYB | MYB CC | BCR | County | MYB | MYB CC | BCR | County | MYB | MYB CC | BCR |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Alachua | SA 1 | *N/A* | SA 1 | Hardee | SA 1 | *N/A* | *N/A* | Okaloosa | SA 1 | *N/A* | SA 1 |
| Baker | **SA 1** | *N/A* | SA 1 | Hendry | *N/A* | *N/A* | SA 1 | Okeechobee | SA 1 | *N/A* | SA 1 |
| Bay | SA 1 | *N/A* | SA 1 | Hernando | SA 1 | *N/A* | SA 1 | Orange | SA 1 | SA 3 | SA 2 |
| Bradford | **SA 1** | *N/A* | SA 1 | Highlands | SA 1 | *N/A* | *N/A* | Osceola | SA 1 | SA 3 | SA 2 |
| Brevard | *N/A* | *N/A* | SA 1 | Hillsborough | SA 1 | **SA 3** | SA 2 | Palm Beach | SA 1 | **SA 3** | SA 2 |
| Broward | SA 1 | **SA3** | SA 2 | Holmes | **SA 1** | *N/A* | *N/A* | Pasco | SA 1 | *N/A* | SA 2 |
| Calhoun | **SA 1** | *N/A* | *N/A* | Indian River | SA 2 | *N/A* | *N/A* | Pinellas | SA 1 | *N/A* | SA 2 |
| Charlotte | SA 1 | *N/A* | SA 1 | Jackson | SA 1 | *N/A* | *N/A* | Polk | SA 1 | *N/A* | SA 1 |
| Citrus | SA 1 | *N/A* | SA 1 | Jefferson | SA 2 | *N/A* | *N/A* | Putnam | SA 1 | *N/A* | *N/A* |
| Clay | SA 1 | *N/A* | SA 1 | Lake | SA 1 | *N/A* | SA 1 | Santa Rosa | SA 1 | *N/A* | SA 1 |
| Collier | SA 2 | *N/A* | SA 1 | Lee | SA 2 | *N/A* | SA 1 | Sarasota | SA 2 | *N/A* | SA 1 |
| Columbia | SA 1 | *N/A* | SA 1 | Leon | SA 2 | **SA 4** | *N/A* | Seminole | SA 1 | **SA 3** | SA 2 |
| Desoto | *N/A* | *N/A* | SA 1 | Levy | SA 1 | *N/A* | SA 1 | St. Johns | *N/A* | *N/A* | SA 1 |
| Dixie | **SA 1** | *N/A* | SA 1 | Liberty | **SA 1** | *N/A* | *N/A* | St. Lucie | SA 1 | *N/A* | SA 1 |
| Duval | SA 1 | *N/A* | SA 2 | Madison | **SA 1** | *N/A* | *N/A* | Sumter | SA 1 | *N/A* | SA 1 |
| Escambia | SA 1 | *N/A* | SA 1 | Manatee | SA 1 | *N/A* | SA 1 | Suwanee | SA 1 | *N/A* | SA 1 |
| Flagler | *N/A* | *N/A* | SA 1 | Marion | SA 1 | *N/A* | SA 1 | Volusia | *N/A* | *N/A* | SA 1 |
| Franklin | **SA 1** | *N/A* | *N/A* | Martin | SA 1 | *N/A* | SA 1 | Wakulla | SA 2 | *N/A* | *N/A* |
| Gadsden | **SA 1** | *N/A* | *N/A* | Miami-Dade | SA 1 | SA 3 | SA 2 | Walton | SA 1 | *N/A* | SA 1 |
| Gilchrist | **SA 1** | *N/A* | SA 1 | Nassau | SA 2 | *N/A* | SA 1 | | | | |

**Note:** Cost share may vary by network / New expansion counties are in bold

# Vision

## Pediatric Vision Care

Costs shown below are for covered individuals who are under age 19.*

| Exclusive In-network Provider Services | Amount Member Pays |
|---|---|
| **Eye Examination** | $0 |
| **Eye Glass Lenses** | $0 |
| **Eyeglasses – Frame Benefit** | |
| Pediatric Frame Selection | Included |
| Non-Selection Frame Allowance | Amount over standard $150 allowance, minus a 20% discount |
| **Eyeglass Benefit - Spectacle Lenses** | |
| Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any prescription) | $0 |
| Oversize Lenses | $0 |
| Tinting of Plastic Lenses | $0 |
| Scratch-Resistance Coating | $0 |
| Polycarbonate Lenses | $0 |
| Standard Progressive Lenses | $0 |
| Plastic Photosensitive Lenses | $0 |
| Ultraviolet Coating | $0 |
| One-Year Breakage Warranty | $0 |
| **Contact Lens Benefit** (Instead of eyeglasses) | |
| Pediatric Contact Lens Selection | Included |
| Non-Selection Contact Lenses Including evaluation, fitting and follow-up care | Amount over standard $150 allowance, minus a 15% discount |

| Exclusive In-network Provider Services | |
|---|---|
| **Contact Lens Benefit** (Instead of eyeglasses) | |
| Medically Necessary Contact Lenses (Prior approval is required) Materials, Evaluation, Fitting & Follow-Up Care | $0 |
| **Additional Discounts** Available** | |
| Standard Anti-Reflective (AR) Coating | $35 |
| Premium AR Coating | $48 |
| Ultra AR Coating | $60 |
| Premium Progressives (Varilux®, etc.) | $90 |
| Intermediate-Vision Lenses | $30 |
| High-Index Lenses | $55 |
| Polarized Lenses | $75 |
| Photochromic Glass Lenses | $20 |
| Blended Segment Lenses | $20 |
| Ultra Progressive Lenses | $140 |
| Scratch Protection Plan: Single Vision \| Multifocal Lenses | $20 \| $40 |

*Pediatric Vision Benefits end on the last day of the month of the member's 19th birthday.

**Additional discounts will not accumulate to your Out-of-Pocket Maximum.

# Dental

## Pediatric Dental Care

Costs shown below are for covered individuals who are under age 19.*

| Exclusive In-network Provider Services | Amount Member Pays |
|---|---|
| **Preventive Services** | No waiting period |
| Oral exams, cleaning and fluoride treatments<br>X-rays (bitewing)<br>Space Maintainers<br>Sealants | $0 |
| **Basic Services** | No waiting period |
| Anesthesia<br>Emergency Treatment (Palliative Care)<br>Fillings (Complete Series)<br>Extractions<br>Minor Endodontics<br>Minor Periodontics<br>Minor Prosthodontics | $0 |
| **Major Services** | No waiting period |
| Major Endodontics<br>Major Periodontics<br>Major Prosthodontics<br>Medically Necessary Implants<br>(Prior Authorization is required) | $0 |
| **Medically Necessary Orthodontics** | No waiting period |
| Prior authorization is required | $0 |

*Pediatric Dental Benefits end on the last day of the month of the member's 19th birthday.

## Adult Dental Care

Costs shown below are for covered individuals who are age 19* and older.

| Exclusive In-network Provider Services | Amount Member Pays |
|---|---|
| **Preventive Services** | No waiting period |
| Cleanings<br>Oral Evaluation<br>X-rays (bitewing) | $0 |
| **Basic Services** | No waiting period |
| Extractions<br>Fillings<br>X-rays (complete series) | 50% after Deductible |
| **Major Services** | Not Covered |
| **Orthodontics** | Not Covered |
| **Deductible** | |
| Plan Year (per person for Basic services) | $50 |
| **Maximum Benefits** | |
| Plan Year (per person) | $1,000 |
| **Note:** Adult dental costs do not count toward the medical deductible or out-of-pocket maximum of your health plan. | |

*Adult Dental Benefits begin on the first day of the month following the member's 19th birthday.

# How to Read Pharmacy Benefits

## How to Read BlueOptions / BlueCare / BlueSelect Pharmacy Benefits

| Product Matrix | Medication Guide | Formulary Descriptions |
|---|---|---|
| Tier 1 | Tier 1 | Preventive Prescription Drugs and Supplies (USPSTF) |
| Tier 2 | Tier 2 | Condition Care Generic Prescription Drugs and Supplies* |
| Tier 3 | Tier 3 | All Other Generic Prescription Drugs and Supplies |
| Tier 4 | Tier 4 | Condition Care Brand Name Prescription Drugs and Supplies* |
| Tier 5 | Tier 5 | Preferred Brand Name Prescription Drugs and Supplies |
| Tier 6 | Tier 6 | Non-Preferred Brand Name Prescription Drugs and Supplies |
| Tier 7 | Tier 7 | Specialty Generic and Brand Name Prescription Drugs and Supplies |
| **This applies to the Care Choices / CareChoices HSA Medication Guides** | | |

*For HSA plans: Tiers 2 and 4 Formulary Description-Condition Care HSA Preventive Generic / Brand Drugs and Supplies.
**NOTE:** Most major retail pharmacies included (CVS, Navarro, Target and CVS-owned pharmacies not included)

## How to Read myBlue Pharmacy Benefits

| Product Matrix | Medication Guide | Formulary Descriptions |
|---|---|---|
| Tier 1 | Tier 1 | Preventive Prescription Drugs and Supplies (USPSTF) |
| Tier 2 | Tier 2 | Condition Care Generic Prescription Drugs and Supplies |
| Tier 3 | Tier 3 | Low Cost Generic Prescription Drugs and Supplies |
| Tier 4 | Tier 4 | Condition Care Brand Name Prescription Drugs and Supplies |
| Tier 5 | Tier 5 | High Cost Generic, Preferred Brand Name Prescription Drugs and Supplies |
| Tier 6 | Tier 6 | Specialty Generic and Brand Name Prescription Drugs; Non-Preferred Prescription Drugs and Supplies* |
| Tier 7 | N/A | N/A (Specialty Drugs are covered under tier 6) |
| **This applies to the ValueScript Rx Medication Guide** | | |

*Specialty Drugs are not covered under home delivery.
**NOTE:** myBlue members must use Walgreens pharmacies. In counties where there isn't a Walgreens, check the online provider directory for other pharmacies that may be available.

# Platinum Plans

| COST SHARING (amount member pays) | BlueOptions 1424, 1424O | BlueSelect 1457, 1457O | BlueCare 1491, 1491O | BlueCare 2151, 2151O |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $0 / $0 | | | |
| Out-of-Network | $500 / Not Applicable | | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 20% | | | |
| Out-of-Network (For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $2,000 / $4,000 | | | |
| Out-of-Network | $12,500 / $25,000 | | Not Covered | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $10 Copay | | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | $20 Copay | | | |
| Specialist Virtual Visits (In-Network Providers Only) | $20 Copay | | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $10 | | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $20 / $40 / 30% / 50% | | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $25 | | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $50 / $100 / 30% / NC | | | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $10 Copay | | | |
| **Urgent Care Centers** | $20 Copay | | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $75 Copay for first visit, then $225 Copay | | | |
| **Ambulance Services** In-Network and Out-of-Network | 20% Coins | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | $200 Copay | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 days each (per admission) (PBP[5]) | $350 Copay per day ($1,050 max) | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | $300 Copay | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | $300 Copay | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | $75 Copay | | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $150 Copay | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | $300 Copay | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $10 Copay | | | |
| Specialist | $20 Copay | | | |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $10 Copay | | | |
| Specialist | $20 Copay | | | |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $10 Copay | | | |
| Office Visit Specialist | $20 Copay | | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | $300 Copay | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay | | | |
| **Hospice** | $0 | | | |

# Platinum Plans

| COST SHARING (amount member pays) | BlueOptions 1418, 1418O | BlueSelect 1451, 1451O | BlueCare 1485, 1485O |
|---|---|---|---|
| **Financial Features** | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | |
| In-Network | $1,000 / $2,000 | | |
| Out-of-Network | $2,000 / $4,000 | | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | | | |
| In-Network | 10% | | |
| Out-of-Network (For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | |
| In-Network | $4,000 / $8,000 | | |
| Out-of-Network | $8,000 / $16,000 | | Not Covered |
| **Office Services / Virtual Visits** | | | |
| **Physician Office Services / Virtual Visits** | | | |
| Family Physician (PCP[3]) Office Services | $15 Copay | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | |
| Specialist Office Services | $40 Copay | | |
| Specialist Virtual Visits (In-Network Providers Only) | $40 Copay | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | |
| **Preventive Care** | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | |
| **Prescription Drug Program** | | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $15 | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $23 / $45 / 30% / 50% | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $38 | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $58 / $113 / 30% / NC | | |
| **Urgent and Emergency Medical Care** | | | |
| **Convenient Care Center** | $15 Copay | | |
| **Urgent Care Centers** | $40 Copay | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 10% Coins | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 10% Coins | | |
| **Hospital / Surgical** | | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 10% Coins | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 days each (per admission) (PBP[5]) | DED + 10% Coins | | |
| **Outpatient Hospital Facility Services** (per visit) | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | |
| **Other Provider Services** | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | |
| **Outpatient Diagnostic Services** | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | |
| Diagnostic Services (except AIS) | DED + 10% Coins | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 10% Coins | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | |
| **Mental Health and Substance Dependency** | | | |
| **Mental Health Office Services**[6] | | | |
| Family Physician | $15 Copay | | |
| Specialist | $40 Copay | | |
| **Substance Dependency Office Services**[6] | | | |
| Family Physician | $15 Copay | | |
| Specialist | $40 Copay | | |
| **Other Special Services** | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | |
| Office Visit Family Physician | $15 Copay | | |
| Office Visit Specialist | $40 Copay | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | |
| Motorized Wheelchairs | $500 Copay | | |
| All Other Services | $0 | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 10% Coins | | |
| **Hospice** | $0 | | |

# Platinum Plans

| COST SHARING (amount member pays) | myBlue 2015, 2015O |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $0 / $0 |
| Out-of-Network | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 20% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $2,000 / $4,000 |
| Out-of-Network | Not Covered |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | $10 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | $20 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $20 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $10 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $20 / $40 / 50% / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $25 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $50 / $100 / 50% / NA |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | $10 Copay |
| **Urgent Care Centers** | $20 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $75 Copay for first visit, then $225 Copay |
| **Ambulance Services** In-Network and Out-of-Network | 20% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | $200 Copay |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 days each (per admission) (PBP[5]) | $350 Copay per day ($1,050 max) |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | $300 Copay |
| All Other Services (BlueOptions - Option 1 / Option 2) | $300 Copay |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | $75 Copay |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $150 Copay |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | $300 Copay |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | $10 Copay |
| Specialist | $20 Copay |
| **Substance Dependency Office Services**[6] | |
| Family Physician | $10 Copay |
| Specialist | $20 Copay |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | $10 Copay |
| Office Visit Specialist | $20 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | $300 Copay |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | $500 Copay |
| All Other Services | $0 |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay |
| **Hospice** | $0 |

# Gold Plans

| COST SHARING (amount member pays) | BlueOptions 1505, 1505O | BlueSelect 1535, 1535O | BlueCare 1565, 1565O | BlueCare 2156, 2156O |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $0 / $0 | | | |
| Out-of-Network | $500 / Not Applicable | | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 40% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $5,500 / $11,000 | | | |
| Out-of-Network | $11,000 / $22,000 | | Not Covered | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $20 Copay | | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | $60 Copay | | | |
| Specialist Virtual Visits (In-Network Providers Only) | $60 Copay | | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $15 | | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $25 / $50 / 50% / 50% | | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $38 | | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $63 / $125 / 50% / NC | | | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $20 Copay | | | |
| **Urgent Care Centers** | $60 Copay | | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $350 Copay | | | |
| **Ambulance Services** In-Network and Out-of-Network | 40% Coins | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | $400 Copay | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 days each (per admission) (PBP[5]) | $600 Copay per day ($1,800 max) | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | $450 Copay | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | $450 Copay | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | $135 Copay | | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $250 Copay | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $20 Copay | | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | $450 Copay | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $20 Copay | | | |
| Specialist | $60 Copay | | | |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $20 Copay | | | |
| Specialist | $60 Copay | | | |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $20 Copay | | | |
| Office Visit Specialist | $60 Copay | | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | $450 Copay | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay | | | |
| **Hospice** | $0 | | | |

# Gold Plans

| COST SHARING (amount member pays) | BlueOptions 1801 (Off Marketplace Only) |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $1,700 / $3,400 |
| Out-of-Network | $3,400 / $6,800 |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 10% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $4,800 / $9,600 |
| Out-of-Network | $9,600 / $19,200 |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | DED + 10% Coins |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | DED + 10% Coins |
| Specialist Virtual Visits (In-Network Providers Only) | DED + 10% Coins |
| **Allergy Injections** (per visit) Family Physician | DED + 10% Coins |
| **Medical Pharmacy** (low tier / standard tier) | DED + 10% / DED + 10% Coins |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED |
| Retail - Tier 1 / Tier 2 / Tier 3* | $0 / $4 / $10* |
| Retail - Tier 4 / Tier 5* / Tier 6* / Tier 7* | $20 / $40* / 50%* / 50%* |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3* | $0 / $0 / $25* |
| Home Delivery (90 days) - Tier 4 / Tier 5* / Tier 6* / Tier 7* | $50 / $100* / 50%* / NC |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | DED + 10% Coins |
| **Urgent Care Centers** | DED + 10% Coins |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 10% Coins |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 10% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 10% Coins |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 days each (per admission) (PBP[5]) | DED + 10% Coins |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 10% Coins |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 10% Coins |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 10% Coins |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 10% Coins |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 10% Coins |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | DED + 10% Coins |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 10% Coins |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | DED + 10% Coins |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 10% Coins |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | DED |
| Specialist | DED |
| **Substance Dependency Office Services**[6] | |
| Family Physician | DED |
| Specialist | DED |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | DED + 10% Coins |
| Office Visit Specialist | DED + 10% Coins |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 10% Coins |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | DED + 10% Coins |
| All Other Services | DED + 10% Coins |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | DED + 10% Coins |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 10% Coins |
| **Hospice** | DED + 10% Coins |

# Gold Plans

| COST SHARING (amount member pays) | myBlue 1605, 1605O |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $940 / $1,880 |
| Out-of-Network | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 20% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $4,700 / $9,400 |
| Out-of-Network | Not Covered |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | $90 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | $120 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $120 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $15 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / 15%* / 50%* / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $38 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / 15%* / 50%* / NA |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | $90 Copay |
| **Urgent Care Centers** | $120 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 20% Coins |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 20% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 20% Coins |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 days each (per admission) (PBP[5]) | DED + 20% Coins |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 20% Coins |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 20% Coins |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 20% Coins |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 20% Coins |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 20% Coins |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | DED + 20% Coins |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 20% Coins |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 20% Coins |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | $55 Copay |
| Specialist | $60 Copay |
| **Substance Dependency Office Services**[6] | |
| Family Physician | $55 Copay |
| Specialist | $60 Copay |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | $90 Copay |
| Office Visit Specialist | $120 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 20% Coins |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | $500 Copay |
| All Other Services | $0 |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 20% Coins |
| **Hospice** | $0 |

# Gold Plans

| COST SHARING (amount member pays) | BlueOptions 1805, 1805O | BlueSelect 1835, 1835O | BlueCare 1865, 1865O |
|---|---|---|---|
| **Financial Features** | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | |
| In-Network | $1,500 / $3,000 | | |
| Out-of-Network | $3,000 / $6,000 | | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | | | |
| In-Network | 20% | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | |
| In-Network | $5,500 / $11,000 | | |
| Out-of-Network | $12,500 / $25,000 | | Not Covered |
| **Office Services / Virtual Visits** | | | |
| **Physician Office Services / Virtual Visits** | | | |
| Family Physician (PCP[3]) Office Services | $40 Copay | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | |
| Specialist Office Services | $75 Copay | | |
| Specialist Virtual Visits (In-Network Providers Only) | $75 Copay | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | |
| **Preventive Care** | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | |
| **Prescription Drug Program** | | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $20 | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $33 / $65 / 50% / 50% | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $50 | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $83 / $163 / 50% / NC | | |
| **Urgent and Emergency Medical Care** | | | |
| **Convenient Care Center** | $40 Copay | | |
| **Urgent Care Centers** | $75 Copay | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $450 Copay | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 20% Coins | | |
| **Hospital / Surgical** | | | |
| **Ambulatory Surgical Center Facility** (ASC) | $500 Copay | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 days each (per admission) (PBP[5]) | DED + 20% Coins | | |
| **Outpatient Hospital Facility Services** (per visit) | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 20% Coins | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 20% Coins | | |
| **Other Provider Services** | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | |
| **Outpatient Diagnostic Services** | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | |
| Diagnostic Services (except AIS) | $175 Copay | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $325 Copay | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $20 Copay | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 20% Coins | | |
| **Mental Health and Substance Dependency** | | | |
| **Mental Health Office Services**[6] | | | |
| Family Physician | $40 Copay | | |
| Specialist | $75 Copay | | |
| **Substance Dependency Office Services**[6] | | | |
| Family Physician | $40 Copay | | |
| Specialist | $75 Copay | | |
| **Other Special Services** | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | |
| Office Visit Family Physician | $40 Copay | | |
| Office Visit Specialist | $75 Copay | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 20% Coins | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | |
| Motorized Wheelchairs | $500 Copay | | |
| All Other Services | $0 | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 20% Coins | | |
| **Hospice** | $0 | | |

# Gold Plans

| COST SHARING (amount member pays) | myBlue 2011, 2011O |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $940 / $1,880 |
| Out-of-Network | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 20% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $4,700 / $9,400 |
| Out-of-Network | Not Covered |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | $90 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | $120 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $120 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $15 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / 15%* / 50%* / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $38 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / 15%* / 50%* / NA |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | $90 Copay |
| **Urgent Care Centers** | $120 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 20% Coins |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 20% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 20% Coins |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 days each (per admission) (PBP[5]) | DED + 20% Coins |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 20% Coins |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 20% Coins |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 20% Coins |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 20% Coins |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 20% Coins |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | DED + 20% Coins |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 20% Coins |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 20% Coins |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | $55 Copay |
| Specialist | $60 Copay |
| **Substance Dependency Office Services**[6] | |
| Family Physician | $55 Copay |
| Specialist | $60 Copay |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | $90 Copay |
| Office Visit Specialist | $120 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 20% Coins |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | $500 Copay |
| All Other Services | $0 |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 20% Coins |
| **Hospice** | $0 |

# Gold Plans

| COST SHARING (amount member pays) | myBlue 2016, 2016O |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $0 / $0 |
| Out-of-Network | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 40% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $5,500 / $11,000 |
| Out-of-Network | Not Covered |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | $25 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | $60 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $60 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $15 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $25 / $50 / 50% / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $38 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $63 / $125 / 50% / NA |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | $25 Copay |
| **Urgent Care Centers** | $60 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $350 Copay |
| **Ambulance Services** In-Network and Out-of-Network | 40% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | $400 Copay |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 days each (per admission) (PBP[5]) | $600 Copay per day ($1,800 max) |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | $450 Copay |
| All Other Services (BlueOptions - Option 1 / Option 2) | $450 Copay |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | $135 Copay |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $250 Copay |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $25 Copay |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | $450 Copay |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | $25 Copay |
| Specialist | $60 Copay |
| **Substance Dependency Office Services**[6] | |
| Family Physician | $25 Copay |
| Specialist | $60 Copay |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | $25 Copay |
| Office Visit Specialist | $60 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | $450 Copay |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | $500 Copay |
| All Other Services | $0 |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay |
| **Hospice** | $0 |

# Silver (HSA) Plans

| COST SHARING (amount member pays) | BlueOptions 1409 (Off Marketplace Only) | BlueSelect 1442 (Off Marketplace Only) | BlueCare 1476 (Off Marketplace Only) | BlueCare 2158 (Off Marketplace Only) |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $5,000 / $10,000 | | | |
| Out-of-Network | $10,000 / $20,000 | | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 10% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $7,000 / $14,000 | | | |
| Out-of-Network | $14,000 / $28,000 | | Not Covered | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | DED + 10% Coins | | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | DED + 10% Coins | | | |
| Specialist Office Services | DED + 10% Coins | | | |
| Specialist Virtual Visits (In-Network Providers Only) | DED + 10% Coins | | | |
| **Allergy Injections** (per visit) Family Physician | DED + 10% Coins | | | |
| **Medical Pharmacy** (low tier / standard tier) | DED + 10% / DED + 10% Coins | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / 10%* | | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / 10%* / 10%* / 10%* | | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / 10%* | | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / 10%* / 10%* / NC | | | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | DED + 10% Coins | | | |
| **Urgent Care Centers** | DED + 10% Coins | | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 10% Coins | | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 10% Coins | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 10% Coins | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 10% Coins | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 10% Coins | | | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 10% Coins | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 10% Coins | | | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | DED + 10% Coins | | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 10% Coins | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | DED + 10% Coins | | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services** | | | | |
| Family Physician | DED + 10% Coins | | | |
| Specialist | DED + 10% Coins | | | |
| **Substance Dependency Office Services** | | | | |
| Family Physician | DED + 10% Coins | | | |
| Specialist | DED + 10% Coins | | | |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | DED + 10% Coins | | | |
| Office Visit Specialist | DED + 10% Coins | | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | DED + 10% Coins | | | |
| All Other Services | DED + 10% Coins | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | DED + 10% Coins | | | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 10% Coins | | | |
| **Hospice** | DED + 10% Coins | | | |

# Silver Plans

| COST SHARING (amount member pays) | BlueOptions 1410, 1410O | BlueSelect 1443, 1443O | BlueCare 1477, 1477O | BlueCare 2157, 2157O |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $6,000 / $12,000 | | | $5,900 / $11,800 |
| Out-of-Network | $12,000 / $24,000 | | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 50% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $7,900 / $15,800 | | | $7,700 / $15,400 |
| Out-of-Network | $15,800 / $31,600 | | Not Covered | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $80 Copay | | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | DED + $100 Copay | | | |
| Specialist Virtual Visits (In-Network Providers Only) | DED + $100 Copay | | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $25* | | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / $55* / 50%* / 50%* | | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $63* | | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / $138* / 50%* / NC | | | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $80 Copay | | | |
| **Urgent Care Centers** | DED + $100 Copay | | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + $650 Copay | | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 50% Coins | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 50% Coins | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | $80 Copay | | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 50% Coins | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $80 Copay | | | |
| Specialist | $100 Copay | | | DED + $100 Copay |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $80 Copay | | | |
| Specialist | $100 Copay | | | DED + $100 Copay |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $80 Copay | | | |
| Office Visit Specialist | DED + $100 Copay | | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay | | | |
| **Hospice** | $0 | | | |

# Silver Plans

| COST SHARING (amount member pays) | BlueOptions 1410A | BlueSelect 1443A | BlueCare 1477A | BlueCare 2157A |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $6,000 / $12,000 | | | $5,900 / $11,800 |
| Out-of-Network | $12,000 / $24,000 | | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 40% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $7,250 / $14,500 | | | |
| Out-of-Network | $15,800 / $31,600 | | Not Covered | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $80 Copay | | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | $100 Copay | | | |
| Specialist Virtual Visits (In-Network Providers Only) | $100 Copay | | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $25 | | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / $55* / 50%* / 50%* | | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $63 | | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / $138* / 50%* / NC | | | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $80 Copay | | | |
| **Urgent Care Centers** | $100 Copay | | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $650 Copay | | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 40% Coins | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 40% Coins | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 days each (per admission) (PBP[5]) | DED + 40% Coins | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 40% Coins | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 40% Coins | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | $80 Copay | | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 40% Coins | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 40% Coins | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $80 Copay | | | |
| Specialist | $100 Copay | | | |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $80 Copay | | | |
| Specialist | $100 Copay | | | |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $80 Copay | | | |
| Office Visit Specialist | $100 Copay | | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 40% Coins | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay | | | |
| **Hospice** | $0 | | | |

# Silver Plans

| COST SHARING (amount member pays) | BlueOptions 1410B | BlueSelect 1443B | BlueCare 1477B | BlueCare 2157B |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $0 / $0 | | | |
| Out-of-Network | $12,000 / $24,000 | | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 40% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $2,900 / $5,800 | | | |
| Out-of-Network | $15,800 / $31,600 | | Not Covered | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $5 Copay | | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | $50 Copay | | | |
| Specialist Virtual Visits (In-Network Providers Only) | $50 Copay | | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $25 | | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / $47 / 40% / 50% | | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $63 | | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / $118 / 40% / NC | | | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $5 Copay | | | |
| **Urgent Care Centers** | $50 Copay | | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $600 Copay | | | |
| **Ambulance Services** In-Network and Out-of-Network | 40% Coins | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | 40% Coins | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | 40% Coins | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | 40% Coins | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | 40% Coins | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | $55 Copay | | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | 40% Coins | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | 40% Coins | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $5 Copay | | | |
| Specialist | $50 Copay | | | |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $5 Copay | | | |
| Specialist | $50 Copay | | | |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $5 Copay | | | |
| Office Visit Specialist | $50 Copay | | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | 40% Coins | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | $350 Copay | | | |
| **Hospice** | $0 | | | |

# Silver Plans

| COST SHARING (amount member pays) | BlueOptions 1410C | BlueSelect 1443C | BlueCare 1477C | BlueCare 2157C |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $0 / $0 | | | |
| Out-of-Network | $12,000 / $24,000 | | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 25% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $2,100 / $4,200 | | | |
| Out-of-Network | $15,800 / $31,600 | | Not Covered | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $0 for first 3 visits, then $1 Copay | | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | $5 Copay | | | |
| Specialist Virtual Visits (In-Network Providers Only) | $5 Copay | | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $0 | | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $10 / $20 / 20% / 50% | | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $0 | | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $25 / $50 / 20% / NC | | | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $1 Copay | | | |
| **Urgent Care Centers** | $5 Copay | | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $220 Copay | | | |
| **Ambulance Services** In-Network and Out-of-Network | 25% Coins | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | 25% Coins | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | 25% Coins | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | 25% Coins | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | 25% Coins | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | $15 Copay | | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | 25% Coins | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | 25% Coins | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $0 for first 3 visits, then $1 Copay | | | |
| Specialist | $5 Copay | | | |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $0 for first 3 visits, then $1 Copay | | | |
| Specialist | $5 Copay | | | |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $0 for first 3 visits, then $1 Copay | | | |
| Office Visit Specialist | $5 Copay | | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | 25% Coins | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | $250 Copay | | | |
| **Hospice** | $0 | | | |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 1604, 1604O | myBlue 2010, 2010O | myBlue 2017, 2017O | myBlue 2127, 2127O |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $5,500 / $11,000 | $5,000 / $10,000 | $6,000 / $12,000 | $5,800 / $11,600 |
| Out-of-Network | Not Covered | | | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 50% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | | | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $7,500 / $15,000 | $7,700 / $15,400 | $7,400 / $14,800 | $7,600 / $15,200 |
| Out-of-Network | Not Covered | | | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $110 Copay | $100 Copay | $110 Copay | $105 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | DED + $100 Copay | | | DED + $85 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | DED + $100 Copay | $100 Copay | DED + $100 Copay | DED + $85 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $30* | $0 / $4 / $25 | $0 / $4 / $35* | $0 / $4 / $25 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $35 / $70* / 50%* / NA | $30 / $55* / 50%* / NA | $40 / $55* / 50%* / NA | $30 / $55* / 50%* / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $75* | $0 / $0 / $63 | $0 / $0 / $88* | $0 / $0 / $63 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $88 / $175* / 50%* / NA | $75 / $138* / 50%* / NA | $100 / $138* / 50%* / NA | $75 / $138* / 50%* / NA |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $110 Copay | $100 Copay | $110 Copay | $105 Copay |
| **Urgent Care Centers** | DED + $100 Copay | | DED + $150 Copay | DED + $85 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + $750 Copay | INN DED + $650 Copay | INN DED + $675 Copay | INN DED + 50% Coins |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 50% Coins | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 50% Coins | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | $100 Copay | $45 Copay | $70 Copay | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 50% Coins | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $17 Copay | $20 Copay | | $15 Copay |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $55 Copay | $65 Copay | | $85 Copay |
| Specialist | $55 Copay | $100 Copay | $65 Copay | $85 Copay |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $55 Copay | $65 Copay | | $85 Copay |
| Specialist | $55 Copay | $100 Copay | $65 Copay | $85 Copay |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $110 Copay | $100 Copay | $110 Copay | $105 Copay |
| Office Visit Specialist | DED + $100 Copay | | | DED + $85 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay | | | |
| **Hospice** | $0 | | | |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 1604A | myBlue 2010A | myBlue 2017A | myBlue 2127A |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $5,550 / $11,000 | $5,000 / $10,000 | $6,000 / $12,000 | $5,800 / $11,600 |
| Out-of-Network | Not Covered | | | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 40% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | | | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $7,250 / $14,500 | | | |
| Out-of-Network | Not Covered | | | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $50 Copay | $80 Copay | $60 Copay | $20 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | $100 Copay | | $90 Copay | $60 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $100 Copay | | $90 Copay | $60 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $30 | $0 / $4 / $25 | $0 / $4 / $30 | $0 / $4 / $25 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $35 / $55* / 50%* / NA | $30 / $55* / 50%* / NA | $35 / $55* / 50%* / NA | $30 / $55* / 50%* / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $75 | $0 / $0 / $63 | $0 / $0 / $75 | $0 / $0 / $63 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $88 / $138* / 50%* / NA | $75 / $138* / 50%* / NA | $88 / $138* / 50%* / NA | $75 / $138* / 50%* / NA |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $50 Copay | $80 Copay | $60 Copay | $20 Copay |
| **Urgent Care Centers** | $100 Copay | | $90 Copay | $60 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $750 Copay | $650 Copay | $675 Copay | INN DED + 40% Coins |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 40% Coins | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 40% Coins | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 40% Coins | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 40% Coins | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 40% Coins | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | $100 Copay | $45 Copay | $70 Copay | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 40% Coins | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $17 Copay | $20 Copay | | $15 Copay |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 40% Coins | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $50 Copay | $65 Copay | $60 Copay | $20 Copay |
| Specialist | $55 Copay | $100 Copay | $65 Copay | $60 Copay |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $50 Copay | $65 Copay | $60 Copay | $20 Copay |
| Specialist | $55 Copay | $100 Copay | $65 Copay | $60 Copay |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $50 Copay | $80 Copay | $60 Copay | $20 Copay |
| Office Visit Specialist | $100 Copay | | $90 Copay | $60 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 40% Coins | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay | | | |
| **Hospice** | $0 | | | |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 1604B | myBlue 2010B | myBlue 2017B | myBlue 2127B |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $0 / $0 | | | |
| Out-of-Network | Not Covered | | | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 40% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | | | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $3,000 / $6,000 | $2,700 / $5,400 | $2,900 / $5,800 | $3,000 / $6,000 |
| Out-of-Network | Not Covered | | | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $15 Copay | $40 Copay | $25 Copay | $15 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | $40 Copay | $70 Copay | $55 Copay | $30 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $40 Copay | $70 Copay | $55 Copay | $30 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $20 | | | $0 / $4 / $25 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $24 / $47 / 50% / NA | $27 / $53 / 50% / NA | $28 / $53 / 50% / NA | $30 / $53 / 50% / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $50 | | | $0 / $0 / $63 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $60 / $118 / 50% / NA | $68 / $133 / 50% / NA | $70 / $133 / 50% / NA | $75 / $133 / 50% / NA |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $15 Copay | $40 Copay | $25 Copay | $15 Copay |
| **Urgent Care Centers** | $40 Copay | $70 Copay | $55 Copay | $30 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $675 Copay | $650 Copay | | 40% Coins |
| **Ambulance Services** In-Network and Out-of-Network | 40% Coins | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | 40% Coins | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | 40% Coins | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | 40% Coins | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | 40% Coins | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | $75 Copay | $45 Copay | $65 Copay | $35 Copay |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | 40% Coins | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $5 Copay | $0 Copay | | $10 Copay |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | 40% Coins | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $15 Copay | $40 Copay | $25 Copay | $15 Copay |
| Specialist | $40 Copay | $65 Copay | $55 Copay | $30 Copay |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $15 Copay | $40 Copay | $25 Copay | $15 Copay |
| Specialist | $40 Copay | $65 Copay | $55 Copay | $30 Copay |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $15 Copay | $40 Copay | $25 Copay | $15 Copay |
| Office Visit Specialist | $40 Copay | $70 Copay | $55 Copay | $30 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | 40% Coins | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | $350 Copay | | | |
| **Hospice** | $0 | | | |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 1604C | myBlue 2010C | myBlue 2017C | myBlue 2127C |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $0 / $0 | | | |
| Out-of-Network | Not Covered | | | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 25% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | | | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $2,100 / $4,200 | $1,800 / $3,600 | $1,500 / $3,000 | $1,700 / $3,400 |
| Out-of-Network | Not Covered | | | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $0 Copay | | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | $5 Copay | $10 Copay | $15 Copay | $3 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $5 Copay | $10 Copay | $15 Copay | $3 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $1 / $1 | $0 / $0 / $0 | $0 / $0 / $3 | $0 / $0 / $0 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $8 / $15 / 50% / NA | $11 / $22 / 50% / NA | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $3 | $0 / $0 / $0 | $0 / $0 / $8 | $0 / $0 / $0 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $20 / $38 / 50% / NA | $28 / $55 / 50% / NA | | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $0 | | | |
| **Urgent Care Centers** | $5 Copay | $10 Copay | $15 Copay | $3 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $150 Copay | $225 Copay | $200 Copay | 25% Coins |
| **Ambulance Services** In-Network and Out-of-Network | 25% Coins | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | 25% Coins | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | 25% Coins | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | 25% Coins | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | 25% Coins | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | $10 Copay | $15 Copay | | $5 Copay |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | 25% Coins | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | 25% Coins | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $0 Copay | | | |
| Specialist | $5 Copay | $10 Copay | $15 Copay | $3 Copay |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $0 Copay | | | |
| Specialist | $5 Copay | $10 Copay | $15 Copay | $3 Copay |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $0 Copay | | | |
| Office Visit Specialist | $5 Copay | $10 Copay | $15 Copay | $3 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | 25% Coins | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | $250 Copay | | | |
| **Hospice** | $0 | | | |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 2237, 2237D, 2237O, 2237OD | myBlue 2337, 2337D, 2337O, 2337OD |
|---|---|---|
| **Financial Features** | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | |
| In-Network | $4,100 / $8,200 | $4,500 / $9,000 |
| Out-of-Network | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | |
| In-Network | 50% | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | |
| In-Network | $8,900 / $17,800 | $8,300 / $16,600 |
| Out-of-Network | Not Covered | |
| **Office Services / Virtual Visits** | | |
| **Physician Office Services / Virtual Visits** | | |
| Family Physician (PCP[3]) Office Services | $80 Copay | $100 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | |
| Specialist Office Services | DED + $85 Copay | |
| Specialist Virtual Visits (In-Network Providers Only) | DED + $85 Copay | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | |
| **Preventive Care** | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | |
| **Prescription Drug Program** | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $35* | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $40 / $55* / 50%* / NA | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $88* | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $100 / $138* / 50%* / NA | |
| **Urgent and Emergency Medical Care** | | |
| **Convenient Care Center** | $80 Copay | $100 Copay |
| **Urgent Care Centers** | DED + $85 Copay | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 50% Coins | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins | |
| **Hospital / Surgical** | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 50% Coins | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 50% Coins | |
| **Outpatient Hospital Facility Services** (per visit) | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Other Provider Services** | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | |
| **Outpatient Diagnostic Services** | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | |
| Diagnostic Services (except AIS) | $45 Copay | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 50% Coins | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $20 Copay | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Mental Health and Substance Dependency** | | |
| **Mental Health Office Services**[6] | | |
| Family Physician | $80 Copay | $85 Copay |
| Specialist | $85 Copay | |
| **Substance Dependency Office Services**[6] | | |
| Family Physician | $80 Copay | $85 Copay |
| Specialist | $85 Copay | |
| **Other Special Services** | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | |
| Office Visit Family Physician | $80 Copay | $100 Copay |
| Office Visit Specialist | DED + $85 Copay | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | |
| Motorized Wheelchairs | $500 Copay | |
| All Other Services | $0 | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay | |
| **Hospice** | $0 | |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 2237A, 2237AD | myBlue 2337A, 2337AD |
|---|---|---|
| **Financial Features** | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | |
| In-Network | $4,100 / $8,200 | $4,500 / $9,000 |
| Out-of-Network | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | |
| In-Network | 40% | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | |
| In-Network | $7,250 / $14,500 | |
| Out-of-Network | Not Covered | |
| **Office Services / Virtual Visits** | | |
| **Physician Office Services / Virtual Visits** | | |
| Family Physician (PCP[3]) Office Services | $50 Copay | $40 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | |
| Specialist Office Services | $85 Copay | $80 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $85 Copay | $80 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | |
| **Preventive Care** | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | |
| **Prescription Drug Program** | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $30 | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $35 / $55* / 50%* / NA | $30 / $55* / 50%* / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $75 | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $88 / $138* / 50%* / NA | $75 / $138* / 50%* / NA |
| **Urgent and Emergency Medical Care** | | |
| **Convenient Care Center** | $50 Copay | $40 Copay |
| **Urgent Care Centers** | $85 Copay | $80 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 40% Coins | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 40% Coins | |
| **Hospital / Surgical** | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 40% Coins | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 40% Coins | |
| **Outpatient Hospital Facility Services** (per visit) | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 40% Coins | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 40% Coins | |
| **Other Provider Services** | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | |
| **Outpatient Diagnostic Services** | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | |
| Diagnostic Services (except AIS) | $45 Copay | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 40% Coins | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $20 Copay | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 40% Coins | |
| **Mental Health and Substance Dependency** | | |
| **Mental Health Office Services**[6] | | |
| Family Physician | $50 Copay | $40 Copay |
| Specialist | $85 Copay | $80 Copay |
| **Substance Dependency Office Services**[6] | | |
| Family Physician | $50 Copay | $40 Copay |
| Specialist | $85 Copay | $80 Copay |
| **Other Special Services** | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | |
| Office Visit Family Physician | $50 Copay | $40 Copay |
| Office Visit Specialist | $85 Copay | $80 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 40% Coins | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | |
| Motorized Wheelchairs | $500 Copay | |
| All Other Services | $0 | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay | |
| **Hospice** | $0 | |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 2237B, 2237BD | myBlue 2337B, 2337BD |
|---|---|---|
| **Financial Features** | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | |
| In-Network | $0 / $0 | $700 / $1,400 |
| Out-of-Network | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | |
| In-Network | 40% | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | |
| In-Network | $2,600 / $5,200 | $3,000 / $6,000 |
| Out-of-Network | Not Covered | |
| **Office Services / Virtual Visits** | | |
| **Physician Office Services / Virtual Visits** | | |
| Family Physician (PCP[3]) Office Services | $15 Copay | $10 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | |
| Specialist Office Services | $45 Copay | $40 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $45 Copay | $40 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | |
| **Preventive Care** | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | |
| **Prescription Drug Program** | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $30 | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $35 / $53 / 50% / NA | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $75 | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $88 / $133 / 50% / NA | |
| **Urgent and Emergency Medical Care** | | |
| **Convenient Care Center** | $15 Copay | $10 Copay |
| **Urgent Care Centers** | $45 Copay | $40 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | 40% Coins | INN DED + 40% Coins |
| **Ambulance Services** In-Network and Out-of-Network | 40% Coins | INN DED + 40% Coins |
| **Hospital / Surgical** | | |
| **Ambulatory Surgical Center Facility** (ASC) | 40% Coins | DED + 40% Coins |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | 40% Coins | DED + 40% Coins |
| **Outpatient Hospital Facility Services** (per visit) | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | 40% Coins | DED + 40% Coins |
| All Other Services (BlueOptions - Option 1 / Option 2) | 40% Coins | DED + 40% Coins |
| **Other Provider Services** | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | |
| **Outpatient Diagnostic Services** | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | |
| Diagnostic Services (except AIS) | $35 Copay | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | 40% Coins | DED + 40% Coins |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $10 Copay | $20 Copay |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | 40% Coins | DED + 40% Coins |
| **Mental Health and Substance Dependency** | | |
| **Mental Health Office Services**[6] | | |
| Family Physician | $15 Copay | $10 Copay |
| Specialist | $45 Copay | $40 Copay |
| **Substance Dependency Office Services**[6] | | |
| Family Physician | $15 Copay | $10 Copay |
| Specialist | $45 Copay | $40 Copay |
| **Other Special Services** | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | |
| Office Visit Family Physician | $15 Copay | $10 Copay |
| Office Visit Specialist | $45 Copay | $40 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | 40% Coins | DED + 40% Coins |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | |
| Motorized Wheelchairs | $500 Copay | |
| All Other Services | $0 | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | |
| **Skilled Nursing Facility** (60 Days PBP) | $350 Copay | |
| **Hospice** | $0 | |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 2237C, 2237CD | myBlue 2337C, 2337CD |
|---|---|---|
| **Financial Features** | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | |
| In-Network | $0 / $0 | $350 / $700 |
| Out-of-Network | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | |
| In-Network | 25% | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | |
| In-Network | $1,500 / $3,000 | |
| Out-of-Network | Not Covered | |
| **Office Services / Virtual Visits** | | |
| **Physician Office Services / Virtual Visits** | | |
| Family Physician (PCP[3]) Office Services | $0 Copay | $5 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | |
| Specialist Office Services | $5 Copay | $10 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $5 Copay | $10 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | |
| **Preventive Care** | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | |
| **Prescription Drug Program** | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $0 | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $11 / $22 / 50% / NA | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $0 | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $28 / $55 / 50% / NA | |
| **Urgent and Emergency Medical Care** | | |
| **Convenient Care Center** | $0 Copay | $5 Copay |
| **Urgent Care Centers** | $5 Copay | $10 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | 25% Coins | INN DED + 25% Coins |
| **Ambulance Services** In-Network and Out-of-Network | 25% Coins | INN DED + 25% Coins |
| **Hospital / Surgical** | | |
| **Ambulatory Surgical Center Facility** (ASC) | 25% Coins | DED + 25% Coins |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | 25% Coins | DED + 25% Coins |
| **Outpatient Hospital Facility Services** (per visit) | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | 25% Coins | DED + 25% Coins |
| All Other Services (BlueOptions - Option 1 / Option 2) | 25% Coins | DED + 25% Coins |
| **Other Provider Services** | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | |
| **Outpatient Diagnostic Services** | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | |
| Diagnostic Services (except AIS) | $15 Copay | $20 Copay |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | 25% Coins | DED + 25% Coins |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $5 Copay | $0 Copay |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | 25% Coins | DED + 25% Coins |
| **Mental Health and Substance Dependency** | | |
| **Mental Health Office Services**[6] | | |
| Family Physician | $0 Copay | $5 Copay |
| Specialist | $5 Copay | $10 Copay |
| **Substance Dependency Office Services**[6] | | |
| Family Physician | $0 Copay | $5 Copay |
| Specialist | $5 Copay | $10 Copay |
| **Other Special Services** | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | |
| Office Visit Family Physician | $0 Copay | $5 Copay |
| Office Visit Specialist | $5 Copay | $10 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | 25% Coins | DED + 25% Coins |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | |
| Motorized Wheelchairs | $500 Copay | |
| All Other Services | $0 | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | |
| **Skilled Nursing Facility** (60 Days PBP) | $250 Copay | |
| **Hospice** | $0 | |

# Silver Plans

| COST SHARING (amount member pays) | myBlue Connected Care 2230, 2230O | myBlue Connected Care 2347, 2347O | myBlue Connected Care 2332, 2332D, 2332O, 2332OD | myBlue Connected Care 2348, 2348D, 2348O, 2348OD |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $5,500 / $11,000 | | $4,000 / $8,000 | |
| Out-of-Network | Not Covered | | | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 50% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | | | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $7,400 / $14,800 | $7,000 / $14,000 | $8,000 / $16,000 | $7,400 / $14,800 |
| Out-of-Network | Not Covered | | | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $100 Copay | | $80 Copay | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | DED + $110 Copay | | DED + $100 Copay | |
| Specialist Virtual Visits (In-Network Providers Only) | DED + $110 Copay | | DED + $100 Copay | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $35* | | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $40 / $55* / 50%* / NA | | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $88* | | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $100 / $138* / 50%* / NA | | | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $100 Copay | | $80 Copay | |
| **Urgent Care Centers** | DED + $110 Copay | | DED + $100 Copay | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 50% Coins | | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 50% Coins | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 50% Coins | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | DED + 50% Coins | | | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | DED + 50% Coins | | | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | $45 Copay | | $40 Copay | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 50% Coins | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $15 Copay | | $25 Copay | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $100 Copay | | $80 Copay | |
| Specialist | DED + $110 Copay | | DED + $100 Copay | |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $100 Copay | | $80 Copay | |
| Specialist | DED + $110 Copay | | DED + $100 Copay | |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $100 Copay | | $80 Copay | |
| Office Visit Specialist | DED + $110 Copay | | DED + $100 Copay | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay | | | |
| **Hospice** | $0 | | | |

# Silver Plans

| COST SHARING (amount member pays) | myBlue Connected Care 2230A | myBlue Connected Care 2347A | myBlue Connected Care 2332A. 2332AD | myBlue Connected Care 2348A, 2348AD |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $4,000 / $8,000 | $5,400 / $10,800 | $3,200 / $6,400 | |
| Out-of-Network | Not Covered | | | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 40% | | 50% | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | | | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $7,000 / $14,000 | $6,100 / $12,200 | $7,000 / $14,000 | |
| Out-of-Network | Not Covered | | | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $60 Copay | $50 Copay | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | $90 Copay | | | |
| Specialist Virtual Visits (In-Network Providers Only) | $90 Copay | | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $35 | | $0 / $4 / $30 | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $40 / $55* / 50%* / NA | | $35 / $55* / 50%* / NA | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $88 | | $0 / $0 / $75 | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $100 / $138* / 50%* / NA | | $88 / $138* / 50%* / NA | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $60 Copay | $50 Copay | | |
| **Urgent Care Centers** | $90 Copay | | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 40% Coins | | INN DED + 50% Coins | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 40% Coins | | INN DED + 50% Coins | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 40% Coins | | DED + 50% Coins | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 40% Coins | | DED + 50% Coins | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 40% Coins | | DED + 50% Coins | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 40% Coins | | DED + 50% Coins | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | DED + 40% Coins | | DED + 50% Coins | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | DED + 40% Coins | | DED + 50% Coins | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | $35 Copay | | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 40% Coins | | DED + 50% Coins | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $15 Copay | | $20 Copay | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 40% Coins | | DED + 50% Coins | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $60 Copay | $50 Copay | | |
| Specialist | $90 Copay | | | |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $60 Copay | $50 Copay | | |
| Specialist | $90 Copay | | | |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $60 Copay | $50 Copay | | |
| Office Visit Specialist | $90 Copay | | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 40% Coins | | DED + 50% Coins | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay | | | |
| **Hospice** | $0 | | | |

# Silver Plans

| COST SHARING (amount member pays) | myBlue Connected Care 2230B | myBlue Connected Care 2347B | myBlue Connected Care 2332B, 2332BD | myBlue Connected Care 2348B, 2348BD |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $0 / $0 | | $1,000 / $2,000 | |
| Out-of-Network | Not Covered | | | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 40% | | 50% | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | | | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $3,000 / $6,000 | $2,900 / $5,800 | $2,600 / $5,200 | $2,400 / $4,800 |
| Out-of-Network | Not Covered | | | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $20 Copay | | $45 Copay | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | $55 Copay | | $60 Copay | |
| Specialist Virtual Visits (In-Network Providers Only) | $55 Copay | | $60 Copay | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $25 | | $0 / $4 / $30 | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / $53 / 50% / NA | | $35 / $53 / 50% / NA | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $63 | | $0 / $0 / $75 | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / $133 / 50% / NA | | $88 / $133 / 50% / NA | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $20 Copay | | $45 Copay | |
| **Urgent Care Centers** | $55 Copay | | $60 Copay | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | 40% Coins | | INN DED + 50% Coins | |
| **Ambulance Services** In-Network and Out-of-Network | 40% Coins | | INN DED + 50% Coins | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | 40% Coins | | DED + 50% Coins | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | 40% Coins | | DED + 50% Coins | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | 40% Coins | | DED + 50% Coins | |
| All Other Services (BlueOptions - Option 1 / Option 2) | 40% Coins | | DED + 50% Coins | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | 40% Coins | | DED + 50% Coins | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | 40% Coins | | DED + 50% Coins | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | $35 Copay | | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | 40% Coins | | DED + 50% Coins | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $5 Copay | | $10 Copay | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | 40% Coins | | DED + 50% Coins | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $20 Copay | | $45 Copay | |
| Specialist | $55 Copay | | $60 Copay | |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $20 Copay | | $45 Copay | |
| Specialist | $55 Copay | | $60 Copay | |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $20 Copay | | $45 Copay | |
| Office Visit Specialist | $55 Copay | | $60 Copay | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | 40% Coins | | DED + 50% Coins | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | $350 Copay | | | |
| **Hospice** | $0 | | | |

# Silver Plans

| COST SHARING (amount member pays) | myBlue Connected Care 2230C | myBlue Connected Care 2347C | myBlue Connected Care 2332C, 2332CD | myBlue Connected Care 2348C. 2348CD |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $0 / $0 | | $450 / $900 | |
| Out-of-Network | Not Covered | | | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 25% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | | | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $1,450 / $2,900 | | $900 / $1,800 | |
| Out-of-Network | Not Covered | | | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $5 Copay | | $10 Copay | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | $15 Copay | | $20 Copay | |
| Specialist Virtual Visits (In-Network Providers Only) | $15 Copay | | $20 Copay | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $0 | | $0 / $0 / $5 | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $11 / $22 / 50% / NA | | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $0 | | $0 / $0 / $13 | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $28 / $55 / 50% / NA | | | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $5 Copay | | $10 Copay | |
| **Urgent Care Centers** | $15 Copay | | $20 Copay | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | 25% Coins | | INN DED + 25% Coins | |
| **Ambulance Services** In-Network and Out-of-Network | 25% Coins | | INN DED + 25% Coins | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | 25% Coins | | DED + 25% Coins | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | 25% Coins | | DED + 25% Coins | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | 25% Coins | | DED + 25% Coins | |
| All Other Services (BlueOptions - Option 1 / Option 2) | 25% Coins | | DED + 25% Coins | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | 25% Coins | | DED + 25% Coins | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | 25% Coins | | DED + 25% Coins | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | $15 Copay | | $10 Copay | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | 25% Coins | | DED + 25% Coins | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 Copay | | $5 Copay | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | 25% Coins | | DED + 25% Coins | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $5 Copay | | $10 Copay | |
| Specialist | $15 Copay | | $20 Copay | |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $5 Copay | | $10 Copay | |
| Specialist | $15 Copay | | $20 Copay | |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $5 Copay | | $10 Copay | |
| Office Visit Specialist | $15 Copay | | $20 Copay | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | 25% Coins | | DED + 25% Coins | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | $250 Copay | | | |
| **Hospice** | $0 | | | |

# Silver Plans

| COST SHARING (amount member pays) | BlueOptions 1423, 1423O | BlueSelect 1456, 1456O | BlueCare 1490, 1490O |
|---|---|---|---|
| **Financial Features** | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | |
| In-Network | $5,950 / $11,900 | | |
| Out-of-Network | $11,900 / $23,800 | | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | | | |
| In-Network | 40% | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | |
| In-Network | $7,150 / $14,300 | | $7,250 / $14,500 |
| Out-of-Network | $14,300 / $28,600 | | Not Covered |
| **Office Services / Virtual Visits** | | | |
| **Physician Office Services / Virtual Visits** | | | |
| Family Physician (PCP[3]) Office Services | $50 Copay | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | |
| Specialist Office Services | $100 Copay | | |
| Specialist Virtual Visits (In-Network Providers Only) | $100 Copay | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | |
| **Preventive Care** | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | |
| **Prescription Drug Program** | | | |
| **Deductible** (must be met before drug cost share applies) | *$3,000 | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $15 | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $34 / $67* / 50%* / 50%* | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $38 | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $85 / $168* / 50%* / NC | | |
| **Urgent and Emergency Medical Care** | | | |
| **Convenient Care Center** | $50 Copay | | |
| **Urgent Care Centers** | $100 Copay | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + $350 Copay | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 40% Coins | | |
| **Hospital / Surgical** | | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + $400 Copay | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + $600 Copay | | |
| **Outpatient Hospital Facility Services** (per visit) | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + $500 Copay | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + $500 Copay | | |
| **Other Provider Services** | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $100 Copay | | |
| **Provider Services at an ER** In-Network & Out-of-Network | $100 Copay | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $100 Copay | | |
| **Outpatient Diagnostic Services** | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | |
| Diagnostic Services (except AIS) | $175 Copay | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $400 Copay | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $25 Copay | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + $500 Copay | | |
| **Mental Health and Substance Dependency** | | | |
| **Mental Health Office Services**[6] | | | |
| Family Physician | $50 Copay | | |
| Specialist | $100 Copay | | |
| **Substance Dependency Office Services**[6] | | | |
| Family Physician | $50 Copay | | |
| Specialist | $100 Copay | | |
| **Other Special Services** | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | |
| Office Visit Family Physician | $50 Copay | | |
| Office Visit Specialist | $100 Copay | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + $500 Copay | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | |
| Motorized Wheelchairs | $500 Copay | | |
| All Other Services | $0 | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay | | |
| **Hospice** | $0 | | |

# Silver Plans

| COST SHARING (amount member pays) | BlueOptions 1423A | BlueSelect 1456A | BlueCare 1490A |
|---|---|---|---|
| **Financial Features** | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | |
| In-Network | $3,500 / $7,000 | | |
| Out-of-Network | $11,900 / $23,800 | | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | | | |
| In-Network | 40% | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | |
| In-Network | $6,800 / $13,600 | | $7,150 / $14,300 |
| Out-of-Network | $14,300 / $28,600 | | Not Covered |
| **Office Services / Virtual Visits** | | | |
| **Physician Office Services / Virtual Visits** | | | |
| Family Physician (PCP[3]) Office Services | $15 Copay | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | |
| Specialist Office Services | $30 Copay | | $35 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $30 Copay | | $35 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | |
| **Preventive Care** | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | |
| **Prescription Drug Program** | | | |
| **Deductible** (must be met before drug cost share applies) | *$3,000 | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $15 | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $34 / $67* / 50%* / 50%* | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $38 | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $85 / $168* / 50%* / NC | | |
| **Urgent and Emergency Medical Care** | | | |
| **Convenient Care Center** | $15 Copay | | |
| **Urgent Care Centers** | $30 Copay | | $35 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + $350 Copay | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 40% Coins | | |
| **Hospital / Surgical** | | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + $400 Copay | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + $600 Copay | | |
| **Outpatient Hospital Facility Services** (per visit) | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + $500 Copay | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + $500 Copay | | |
| **Other Provider Services** | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $100 Copay | | |
| **Provider Services at an ER** In-Network & Out-of-Network | $100 Copay | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $100 Copay | | |
| **Outpatient Diagnostic Services** | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | |
| Diagnostic Services (except AIS) | $175 Copay | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $400 Copay | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $25 Copay | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + $500 Copay | | |
| **Mental Health and Substance Dependency** | | | |
| **Mental Health Office Services**[6] | | | |
| Family Physician | $15 Copay | | |
| Specialist | $30 Copay | | $35 Copay |
| **Substance Dependency Office Services**[6] | | | |
| Family Physician | $15 Copay | | |
| Specialist | $30 Copay | | $35 Copay |
| **Other Special Services** | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | |
| Office Visit Family Physician | $15 Copay | | |
| Office Visit Specialist | $30 Copay | | $35 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + $500 Copay | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | |
| Motorized Wheelchairs | $500 Copay | | |
| All Other Services | $0 | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay | | |
| **Hospice** | $0 | | |

# Silver Plans

| COST SHARING (amount member pays) | BlueOptions 1423B | BlueSelect 1456B | BlueCare 1490B |
|---|---|---|---|
| **Financial Features** | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | |
| In-Network | $400 / $800 | | |
| Out-of-Network | $11,900 / $23,800 | | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | | | |
| In-Network | 40% | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | |
| In-Network | $2,700 / $5,400 | | |
| Out-of-Network | $14,300 / $28,600 | | Not Covered |
| **Office Services / Virtual Visits** | | | |
| **Physician Office Services / Virtual Visits** | | | |
| Family Physician (PCP[3]) Office Services | $5 Copay | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | |
| Specialist Office Services | $15 Copay | | |
| Specialist Virtual Visits (In-Network Providers Only) | $15 Copay | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | |
| **Preventive Care** | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | |
| **Prescription Drug Program** | | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $8 | | $0 / $4 / $15 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / $60 / 20% / 50% | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $20 | | $0 / $0 / $38 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / $150 / 20% / NC | | |
| **Urgent and Emergency Medical Care** | | | |
| **Convenient Care Center** | $5 Copay | | |
| **Urgent Care Centers** | $15 Copay | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + $250 Copay | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 40% Coins | | |
| **Hospital / Surgical** | | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + $300 Copay | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + $500 Copay | | |
| **Outpatient Hospital Facility Services** (per visit) | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + $400 Copay | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + $400 Copay | | |
| **Other Provider Services** | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $75 Copay | | |
| **Provider Services at an ER** In-Network & Out-of-Network | $75 Copay | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $75 Copay | | |
| **Outpatient Diagnostic Services** | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | |
| Diagnostic Services (except AIS) | $90 Copay | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $250 Copay | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $20 Copay | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + $400 Copay | | |
| **Mental Health and Substance Dependency** | | | |
| **Mental Health Office Services**[6] | | | |
| Family Physician | $5 Copay | | |
| Specialist | $15 Copay | | |
| **Substance Dependency Office Services**[6] | | | |
| Family Physician | $5 Copay | | |
| Specialist | $15 Copay | | |
| **Other Special Services** | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | |
| Office Visit Family Physician | $5 Copay | | |
| Office Visit Specialist | $15 Copay | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + $400 Copay | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | |
| Motorized Wheelchairs | $500 Copay | | |
| All Other Services | $0 | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | |
| **Skilled Nursing Facility** (60 Days PBP) | $350 Copay | | |
| **Hospice** | $0 | | |

# Silver Plans

| COST SHARING (amount member pays) | BlueOptions 1423C | BlueSelect 1456C | BlueCare 1490C |
|---|---|---|---|
| **Financial Features** | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | |
| In-Network | $0 / $0 | | |
| Out-of-Network | $11,900 / $23,800 | | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | | | |
| In-Network | 20% | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | |
| In-Network | $950 / $1,900 | | |
| Out-of-Network | $14,300 / $28,600 | | Not Covered |
| **Office Services / Virtual Visits** | | | |
| **Physician Office Services / Virtual Visits** | | | |
| Family Physician (PCP[3]) Office Services | $0 for first 3 visits, then $2 Copay | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | |
| Specialist Office Services | $10 Copay | | |
| Specialist Virtual Visits (In-Network Providers Only) | $10 Copay | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Members OOP Max | | |
| **Preventive Care** | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | |
| **Prescription Drug Program** | | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $1 / $2 | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $5 / $10 / 10% / 50% | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $5 | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $13 / $25 / 10% / NC | | |
| **Urgent and Emergency Medical Care** | | | |
| **Convenient Care Center** | $5 Copay | | |
| **Urgent Care Centers** | $10 Copay | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $125 Copay | | |
| **Ambulance Services** In-Network and Out-of-Network | 20% Coins | | |
| **Hospital / Surgical** | | | |
| **Ambulatory Surgical Center Facility** (ASC) | $150 Copay | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | $350 Copay | | |
| **Outpatient Hospital Facility Services** (per visit) | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | $250 Copay | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | $250 Copay | | |
| **Other Provider Services** | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $20 Copay | | |
| **Provider Services at an ER** In-Network & Out-of-Network | $20 Copay | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $20 Copay | | |
| **Outpatient Diagnostic Services** | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | |
| Diagnostic Services (except AIS) | $45 Copay | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $100 Copay | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $10 Copay | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | $250 Copay | | |
| **Mental Health and Substance Dependency** | | | |
| **Mental Health Office Services**[6] | | | |
| Family Physician | $0 for first 3 visits, then $2 Copay | | |
| Specialist | $10 Copay | | |
| **Substance Dependency Office Services**[6] | | | |
| Family Physician | $0 for first 3 visits, then $2 Copay | | |
| Specialist | $10 Copay | | |
| **Other Special Services** | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | |
| Office Visit Family Physician | $0 for first 3 visits, then $2 Copay | | |
| Office Visit Specialist | $10 Copay | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | $250 Copay | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | |
| Motorized Wheelchairs | $500 Copay | | |
| All Other Services | $0 | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | |
| **Skilled Nursing Facility** (60 Days PBP) | $250 Copay | | |
| **Hospice** | $0 | | |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 2204, 2204O |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $5,500 / $11,000 |
| Out-of-Network | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 40% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $7,800 / $15,600 |
| Out-of-Network | Not Covered |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | $95 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | DED + $100 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | DED + $100 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $25 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / $55* / 50%* / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $63 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / $138* / 50%* / NA |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | $95 Copay |
| **Urgent Care Centers** | DED + $100 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + $650 Copay |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 40% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 40% Coins |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 40% Coins |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 40% Coins |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 40% Coins |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | $85 Copay |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 40% Coins |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $15 Copay |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 40% Coins |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | $55 Copay |
| Specialist | $55 Copay |
| **Substance Dependency Office Services**[6] | |
| Family Physician | $55 Copay |
| Specialist | $55 Copay |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | $95 Copay |
| Office Visit Specialist | DED + $100 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 40% Coins |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | $500 Copay |
| All Other Services | $0 |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay |
| **Hospice** | $0 |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 2204A |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $5,500 / $11,000 |
| Out-of-Network | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 40% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $7,250 / $14,500 |
| Out-of-Network | Not Covered |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | $75 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | $100 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $100 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $25 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $28 / $55* / 50%* / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $63 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $70 / $138* / 50%* / NA |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | $75 Copay |
| **Urgent Care Centers** | $100 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $650 Copay |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 40% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 40% Coins |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 40% Coins |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 40% Coins |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 40% Coins |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | $85 Copay |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 40% Coins |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $15 Copay |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 40% Coins |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | $55 Copay |
| Specialist | $55 Copay |
| **Substance Dependency Office Services**[6] | |
| Family Physician | $55 Copay |
| Specialist | $55 Copay |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | $75 Copay |
| Office Visit Specialist | $100 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 40% Coins |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | $500 Copay |
| All Other Services | $0 |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay |
| **Hospice** | $0 |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 2204B |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $0 / $0 |
| Out-of-Network | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 40% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $3,000 / $6,000 |
| Out-of-Network | Not Covered |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | $30 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | $60 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $60 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $20 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $27 / $53 / 50% / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $50 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $68 / $133 / 50% / NA |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | $30 Copay |
| **Urgent Care Centers** | $60 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $650 Copay |
| **Ambulance Services** In-Network and Out-of-Network | 40% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | 40% Coins |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | 40% Coins |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | 40% Coins |
| All Other Services (BlueOptions - Option 1 / Option 2) | 40% Coins |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | $30 Copay |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | 40% Coins |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | 40% Coins |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | $30 Copay |
| Specialist | $55 Copay |
| **Substance Dependency Office Services**[6] | |
| Family Physician | $30 Copay |
| Specialist | $55 Copay |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | $30 Copay |
| Office Visit Specialist | $60 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | 40% Coins |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | $500 Copay |
| All Other Services | $0 |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Skilled Nursing Facility** (60 Days PBP) | $350 Copay |
| **Hospice** | $0 |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 2204C |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $0 / $0 |
| Out-of-Network | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 25% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $2,000 / $4,000 |
| Out-of-Network | Not Covered |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | $0 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | $5 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $5 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $0 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $11 / $22 / 50% / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $0 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $28 / $55 / 50% / NA |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | $5 Copay |
| **Urgent Care Centers** | $10 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $150 Copay |
| **Ambulance Services** In-Network and Out-of-Network | 25% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | 25% Coins |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | 25% Coins |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | 25% Coins |
| All Other Services (BlueOptions - Option 1 / Option 2) | 25% Coins |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | $15 Copay |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | 25% Coins |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | 25% Coins |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | $0 Copay |
| Specialist | $5 Copay |
| **Substance Dependency Office Services**[6] | |
| Family Physician | $0 Copay |
| Specialist | $5 Copay |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | $0 Copay |
| Office Visit Specialist | $5 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | 25% Coins |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | $500 Copay |
| All Other Services | $0 |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Skilled Nursing Facility** (60 Days PBP) | $250 Copay |
| **Hospice** | $0 |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 1603, 1603O |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $5,900 / $11,800 |
| Out-of-Network | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 40% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $7,200 / $14,400 |
| Out-of-Network | Not Covered |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | $50 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | $100 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $100 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | *$3,000 |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $15 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $34 / $67* / 50%* / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $38 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $85 / $168* / 50%* / NA |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | $50 Copay |
| **Urgent Care Centers** | $100 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + $350 Copay |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 40% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + $400 Copay |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + $600 Copay |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + $500 Copay |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + $500 Copay |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $100 Copay |
| **Provider Services at an ER** In-Network & Out-of-Network | $100 Copay |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $100 Copay |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | $175 Copay |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $400 Copay |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $25 Copay |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + $500 Copay |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | $50 Copay |
| Specialist | $100 Copay |
| **Substance Dependency Office Services**[6] | |
| Family Physician | $50 Copay |
| Specialist | $100 Copay |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | $50 Copay |
| Office Visit Specialist | $100 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + $500 Copay |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | $500 Copay |
| All Other Services | $0 |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay |
| **Hospice** | $0 |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 1603A |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $2,800 / $5,600 |
| Out-of-Network | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 40% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $7,000 / $14,000 |
| Out-of-Network | Not Covered |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | $10 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | $40 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $40 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | *$3,000 |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $15 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $34 / $67* / 50%* / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $38 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $85 / $168* / 50%* / NA |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | $10 Copay |
| **Urgent Care Centers** | $30 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + $350 Copay |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 40% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + $400 Copay |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + $600 Copay |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + $500 Copay |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + $500 Copay |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $100 Copay |
| **Provider Services at an ER** In-Network & Out-of-Network | $100 Copay |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $100 Copay |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | $135 Copay |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $400 Copay |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $25 Copay |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + $500 Copay |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | $10 Copay |
| Specialist | $40 Copay |
| **Substance Dependency Office Services**[6] | |
| Family Physician | $10 Copay |
| Specialist | $40 Copay |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | $10 Copay |
| Office Visit Specialist | $40 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + $500 Copay |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | $500 Copay |
| All Other Services | $0 |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay |
| **Hospice** | $0 |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 1603B |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $550 / $1,100 |
| Out-of-Network | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 40% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $2,850 / $5,700 |
| Out-of-Network | Not Covered |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | $5 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | $15 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $15 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $10 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / $60 / 50% / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $25 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / $150 / 50% / NA |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | $5 Copay |
| **Urgent Care Centers** | $15 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + $250 Copay |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 40% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + $300 Copay |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + $500 Copay |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + $400 Copay |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + $400 Copay |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $50 Copay |
| **Provider Services at an ER** In-Network & Out-of-Network | $50 Copay |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $50 Copay |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | $95 Copay |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $250 Copay |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $25 Copay |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + $400 Copay |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | $5 Copay |
| Specialist | $15 Copay |
| **Substance Dependency Office Services**[6] | |
| Family Physician | $5 Copay |
| Specialist | $15 Copay |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | $5 Copay |
| Office Visit Specialist | $15 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + $400 Copay |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | $500 Copay |
| All Other Services | $0 |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Skilled Nursing Facility** (60 Days PBP) | $350 Copay |
| **Hospice** | $0 |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 1603C |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $0 / $0 |
| Out-of-Network | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 20% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $950 / $1,900 |
| Out-of-Network | Not Covered |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | $0 for first 3 visits, then $2 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | $10 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $10 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $1 / $2 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $5 / $10 / 50% / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $5 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $13 / $25 / 50% / NA |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | $5 Copay |
| **Urgent Care Centers** | $5 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $150 Copay |
| **Ambulance Services** In-Network and Out-of-Network | 20% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | $150 Copay |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | $350 Copay |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | $250 Copay |
| All Other Services (BlueOptions - Option 1 / Option 2) | $250 Copay |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $20 Copay |
| **Provider Services at an ER** In-Network & Out-of-Network | $20 Copay |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $20 Copay |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | $60 Copay |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $100 Copay |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $5 Copay |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | $250 Copay |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | $0 for first 3 visits, then $2 Copay |
| Specialist | $10 Copay |
| **Substance Dependency Office Services**[6] | |
| Family Physician | $0 for first 3 visits, then $2 Copay |
| Specialist | $10 Copay |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | $0 for first 3 visits, then $2 Copay |
| Office Visit Specialist | $10 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | $250 Copay |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | $500 Copay |
| All Other Services | $0 |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Skilled Nursing Facility** (60 Days PBP) | $250 Copay |
| **Hospice** | $0 |

# Silver Plans

| COST SHARING (amount member pays) | BlueOptions 1431, 1431O | BlueSelect 1464, 1464O | BlueCare 1498, 1498O |
|---|---|---|---|
| **Financial Features** | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | |
| In-Network | $6,000 / $12,000 | | |
| Out-of-Network | $12,000 / $24,000 | | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | | | |
| In-Network | 10% | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | |
| In-Network | $9,100 / $18,200 | | |
| Out-of-Network | $18,200 / $36,400 | | Not Covered |
| **Office Services / Virtual Visits** | | | |
| **Physician Office Services / Virtual Visits** | | | |
| Family Physician (PCP[3]) Office Services | $50 Copay | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | |
| Specialist Office Services | $90 Copay | | |
| Specialist Virtual Visits (In-Network Providers Only) | $90 Copay | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | |
| **Preventive Care** | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | |
| **Prescription Drug Program** | | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $35 | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $38 / $75 / 50% / 50% | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $88 | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $95 / $188 / 50% / NC | | |
| **Urgent and Emergency Medical Care** | | | |
| **Convenient Care Center** | $50 Copay | | |
| **Urgent Care Centers** | $90 Copay | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $700 Copay | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 10% Coins | | |
| **Hospital / Surgical** | | | |
| **Ambulatory Surgical Center Facility** (ASC) | $700 Copay | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 10% Coins | | |
| **Outpatient Hospital Facility Services** (per visit) | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | |
| **Other Provider Services** | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 10% Coins | | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 10% Coins | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 10% Coins | | |
| **Outpatient Diagnostic Services** | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | |
| Diagnostic Services (except AIS) | DED + 10% Coins | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 10% Coins | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $35 Copay | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | |
| **Mental Health and Substance Dependency** | | | |
| **Mental Health Office Services**[6] | | | |
| Family Physician | $50 Copay | | |
| Specialist | $90 Copay | | |
| **Substance Dependency Office Services**[6] | | | |
| Family Physician | $50 Copay | | |
| Specialist | $90 Copay | | |
| **Other Special Services** | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | |
| Office Visit Family Physician | $50 Copay | | |
| Office Visit Specialist | $90 Copay | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | |
| Motorized Wheelchairs | $500 Copay | | |
| All Other Services | $0 | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 10% Coins | | |
| **Hospice** | $0 | | |

# Silver Plans

| COST SHARING (amount member pays) | BlueOptions 1431A | BlueSelect 1464A | BlueCare 1498A |
|---|---|---|---|
| **Financial Features** | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | |
| In-Network | $5,600 / $11,200 | | |
| Out-of-Network | $12,000 / $24,000 | | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | | | |
| In-Network | 10% | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | |
| In-Network | $7,250 / $14,500 | | |
| Out-of-Network | $18,200 / $36,400 | | Not Covered |
| **Office Services / Virtual Visits** | | | |
| **Physician Office Services / Virtual Visits** | | | |
| Family Physician (PCP[3]) Office Services | $40 Copay | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | |
| Specialist Office Services | $90 Copay | | |
| Specialist Virtual Visits (In-Network Providers Only) | $90 Copay | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | |
| **Preventive Care** | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | |
| **Prescription Drug Program** | | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $30 | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $38 / $75 / 50% / 50% | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $75 | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $95 / $188 / 50% / NC | | |
| **Urgent and Emergency Medical Care** | | | |
| **Convenient Care Center** | $40 Copay | | |
| **Urgent Care Centers** | $90 Copay | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $700 Copay | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 10% Coins | | |
| **Hospital / Surgical** | | | |
| **Ambulatory Surgical Center Facility** (ASC) | $700 Copay | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each<br>(per admission) (PBP[5]) | DED + 10% Coins | | |
| **Outpatient Hospital Facility Services** (per visit) | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | |
| **Other Provider Services** | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 10% Coins | | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 10% Coins | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 10% Coins | | |
| **Outpatient Diagnostic Services** | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | |
| Diagnostic Services (except AIS) | DED + 10% Coins | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 10% Coins | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $35 Copay | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | |
| **Mental Health and Substance Dependency** | | | |
| **Mental Health Office Services**[6] | | | |
| Family Physician | $40 Copay | | |
| Specialist | $90 Copay | | |
| **Substance Dependency Office Services**[6] | | | |
| Family Physician | $40 Copay | | |
| Specialist | $90 Copay | | |
| **Other Special Services** | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | |
| Office Visit Family Physician | $40 Copay | | |
| Office Visit Specialist | $90 Copay | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | |
| Motorized Wheelchairs | $500 Copay | | |
| All Other Services | $0 | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 10% Coins | | |
| **Hospice** | $0 | | |

# Silver Plans

| COST SHARING (amount member pays) | BlueOptions 1431B | BlueSelect 1464B | BlueCare 1498B |
|---|---|---|---|
| **Financial Features** | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | |
| In-Network | $1,500 / $3,000 | | |
| Out-of-Network | $12,000 / $24,000 | | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | | | |
| In-Network | 10% | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | |
| In-Network | $2,850 / $5,700 | | |
| Out-of-Network | $18,200 / $36,400 | | Not Covered |
| **Office Services / Virtual Visits** | | | |
| **Physician Office Services / Virtual Visits** | | | |
| Family Physician (PCP[3]) Office Services | $0 for first 3 visits, then $10 Copay | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | |
| Specialist Office Services | $40 Copay | | |
| Specialist Virtual Visits (In-Network Providers Only) | $40 Copay | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | |
| **Preventive Care** | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | |
| **Prescription Drug Program** | | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $2 / $4 | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $8 / $16 / 20% / 50% | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $10 | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $20 / $40 / 20% / NC | | |
| **Urgent and Emergency Medical Care** | | | |
| **Convenient Care Center** | $10 Copay | | |
| **Urgent Care Centers** | $40 Copay | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $300 Copay | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 10% Coins | | |
| **Hospital / Surgical** | | | |
| **Ambulatory Surgical Center Facility** (ASC) | $400 Copay | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 10% Coins | | |
| **Outpatient Hospital Facility Services** (per visit) | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | |
| **Other Provider Services** | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 10% Coins | | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 10% Coins | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 10% Coins | | |
| **Outpatient Diagnostic Services** | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | |
| Diagnostic Services (except AIS) | DED + 10% Coins | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 10% Coins | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $15 Copay | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | |
| **Mental Health and Substance Dependency** | | | |
| **Mental Health Office Services**[6] | | | |
| Family Physician | $0 for first 3 visits, then $10 Copay | | |
| Specialist | $40 Copay | | |
| **Substance Dependency Office Services**[6] | | | |
| Family Physician | $0 for first 3 visits, then $10 Copay | | |
| Specialist | $40 Copay | | |
| **Other Special Services** | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | |
| Office Visit Family Physician | $0 for first 3 visits, then $10 Copay | | |
| Office Visit Specialist | $40 Copay | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 10% Coins | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | |
| Motorized Wheelchairs | $500 Copay | | |
| All Other Services | $0 | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 10% Coins | | |
| **Hospice** | $0 | | |

# Silver Plans

| COST SHARING (amount member pays) | BlueOptions 1431C | BlueSelect 1464C | BlueCare 1498C |
|---|---|---|---|
| **Financial Features** | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | |
| In-Network | $400 / $800 | | |
| Out-of-Network | $12,000 / $24,000 | | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | | | |
| In-Network | 5% | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | |
| In-Network | $1,250 / $2,500 | | |
| Out-of-Network | $18,200 / $36,400 | | Not Covered |
| **Office Services / Virtual Visits** | | | |
| **Physician Office Services / Virtual Visits** | | | |
| Family Physician (PCP[3]) Office Services | $0 for first 3 visits, then $4 Copay | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | |
| Specialist Office Services | $10 Copay | | |
| Specialist Virtual Visits (In-Network Providers Only) | $10 Copay | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | |
| **Preventive Care** | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | |
| **Prescription Drug Program** | | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $2 / $4 | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $5 / $10 / 10% / 50% | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $10 | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $13 / $25 / 10% / NC | | |
| **Urgent and Emergency Medical Care** | | | |
| **Convenient Care Center** | $5 Copay | | |
| **Urgent Care Centers** | $10 Copay | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $100 Copay | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 5% Coins | | |
| **Hospital / Surgical** | | | |
| **Ambulatory Surgical Center Facility** (ASC) | $150 Copay | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 5% Coins | | |
| **Outpatient Hospital Facility Services** (per visit) | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 5% Coins | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 5% Coins | | |
| **Other Provider Services** | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 5% Coins | | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 5% Coins | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 5% Coins | | |
| **Outpatient Diagnostic Services** | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | |
| Diagnostic Services (except AIS) | DED + 5% Coins | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 5% Coins | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 5% Coins | | |
| **Mental Health and Substance Dependency** | | | |
| **Mental Health Office Services**[6] | | | |
| Family Physician | $0 for first 3 visits, then $4 Copay | | |
| Specialist | $10 Copay | | |
| **Substance Dependency Office Services**[6] | | | |
| Family Physician | $0 for first 3 visits, then $4 Copay | | |
| Specialist | $10 Copay | | |
| **Other Special Services** | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | |
| Office Visit Family Physician | $0 for first 3 visits, then $4 Copay | | |
| Office Visit Specialist | $10 Copay | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 5% Coins | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | |
| Motorized Wheelchairs | $500 Copay | | |
| All Other Services | $0 | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 5% Coins | | |
| **Hospice** | $0 | | |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 1710, 1710O |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $6,700 / $13,400 |
| Out-of-Network | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 10% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $9,100 / $18,200 |
| Out-of-Network | Not Covered |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | $55 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | $90 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $90 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $35 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $50 / $100 / 50% / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $88 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $125 / $250 / 50% / NA |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | $55 Copay |
| **Urgent Care Centers** | $90 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $700 Copay |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 10% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | $700 Copay |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 10% Coins |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 10% Coins |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 10% Coins |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 10% Coins |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 10% Coins |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 10% Coins |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | DED + 10% Coins |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 10% Coins |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $35 Copay |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 10% Coins |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | $55 Copay |
| Specialist | $90 Copay |
| **Substance Dependency Office Services**[6] | |
| Family Physician | $55 Copay |
| Specialist | $90 Copay |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | $55 Copay |
| Office Visit Specialist | $90 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 10% Coins |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | $500 Copay |
| All Other Services | $0 |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 10% Coins |
| **Hospice** | $0 |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 1710A |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $6,700 / $13,400 |
| Out-of-Network | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 10% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $7,250 / $14,500 |
| Out-of-Network | Not Covered |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | $50 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | $90 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $90 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $35 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $38 / $75 / 50% / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $88 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $95 / $188 / 50% / NA |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | $50 Copay |
| **Urgent Care Centers** | $90 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $700 Copay |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 10% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | $700 Copay |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 10% Coins |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 10% Coins |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 10% Coins |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 10% Coins |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 10% Coins |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 10% Coins |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | DED + 10% Coins |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 10% Coins |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $35 Copay |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 10% Coins |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | $50 Copay |
| Specialist | $90 Copay |
| **Substance Dependency Office Services**[6] | |
| Family Physician | $50 Copay |
| Specialist | $90 Copay |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | $50 Copay |
| Office Visit Specialist | $90 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 10% Coins |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | $500 Copay |
| All Other Services | $0 |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 10% Coins |
| **Hospice** | $0 |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 1710B |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $1,500 / $3,000 |
| Out-of-Network | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 10% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $2,850 / $5,700 |
| Out-of-Network | Not Covered |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | $0 for first 3 visits, then $10 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | $35 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $35 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $2 / $4 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $8 / $16 / 50% / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $10 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $20 / $40 / 50% / NA |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | $10 Copay |
| **Urgent Care Centers** | $35 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $300 Copay |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 10% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | $400 Copay |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 10% Coins |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 10% Coins |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 10% Coins |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 10% Coins |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 10% Coins |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 10% Coins |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | DED + 10% Coins |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 10% Coins |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $22 Copay |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 10% Coins |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | $0 for first 3 visits, then $10 Copay |
| Specialist | $35 Copay |
| **Substance Dependency Office Services**[6] | |
| Family Physician | $0 for first 3 visits, then $10 Copay |
| Specialist | $35 Copay |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | $0 for first 3 visits, then $10 Copay |
| Office Visit Specialist | $35 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 10% Coins |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | $500 Copay |
| All Other Services | $0 |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 10% Coins |
| **Hospice** | $0 |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 1710C |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $400 / $800 |
| Out-of-Network | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 5% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $1,250 / $2,500 |
| Out-of-Network | Not Covered |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | $0 for first 3 visits, then $4 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | $10 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $10 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $4 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $5 / $10 / 50% / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $10 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $13 / $25 / 50% / NA |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | $5 Copay |
| **Urgent Care Centers** | $30 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $100 Copay |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 5% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | $150 Copay |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 5% Coins |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 5% Coins |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 5% Coins |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 5% Coins |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 5% Coins |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 5% Coins |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | DED + 5% Coins |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 5% Coins |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 5% Coins |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | $0 for first 3 visits, then $4 Copay |
| Specialist | $10 Copay |
| **Substance Dependency Office Services**[6] | |
| Family Physician | $0 for first 3 visits, then $4 Copay |
| Specialist | $10 Copay |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | $0 for first 3 visits, then $4 Copay |
| Office Visit Specialist | $10 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 5% Coins |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | $500 Copay |
| All Other Services | $0 |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 5% Coins |
| **Hospice** | $0 |

# Silver Plans

| COST SHARING (amount member pays) | BlueOptions 1806 (Off Marketplace Only) | BlueSelect 1836 (Off Marketplace Only) | BlueCare 1866 (Off Marketplace Only) | BlueCare 2152 (Off Marketplace Only) |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $5,900 / $11,800 | | | |
| Out-of-Network | $11,800 / $23,600 | | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 50% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $8,150 / $16,300 | | | |
| Out-of-Network | $16,300 / $32,600 | | Not Covered | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $0 for first 3 visits, then $35 Copay | | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | $65 Copay | | | |
| Specialist Virtual Visits (In-Network Providers Only) | $65 Copay | | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $15 | | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / 50%* / 50%* / 50%* | | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $38 | | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / 50%* / 50%* / NC | | | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $35 Copay | | | |
| **Urgent Care Centers** | $65 Copay | | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 50% Coins | | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 50% Coins | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 50% Coins | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED | | | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED | | | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | $50 Copay | | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 50% Coins | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $0 for first 3 visits, then $35 Copay | | | |
| Specialist | $65 Copay | | | |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $0 for first 3 visits, then $35 Copay | | | |
| Specialist | $65 Copay | | | |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $0 for first 3 visits, then $35 Copay | | | |
| Office Visit Specialist | $65 Copay | | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 50% Coins | | | |
| **Hospice** | $0 | | | |

# Silver Plans

| COST SHARING (amount member pays) | myBlue 2210X (Off Marketplace Only) | myBlue 2220X (Off Marketplace Only) |
|---|---|---|
| **Financial Features** | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | |
| In-Network | $4,500 / $9,000 | |
| Out-of-Network | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | |
| In-Network | 50% | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | |
| In-Network | $9,100 / $18,200 | |
| Out-of-Network | Not Covered | |
| **Office Services / Virtual Visits** | | |
| **Physician Office Services / Virtual Visits** | | |
| Family Physician (PCP[3]) Office Services | $0 for first 3 visits, then $25 Copay | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | |
| Specialist Office Services | $60 Copay | |
| Specialist Virtual Visits (In-Network Providers Only) | $60 Copay | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | |
| **Preventive Care** | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | |
| **Prescription Drug Program** | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $10 | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / 50%* / 50%* / NA | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $25 | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / 50%* / 50%* / NA | |
| **Urgent and Emergency Medical Care** | | |
| **Convenient Care Center** | $25 Copay | |
| **Urgent Care Centers** | $60 Copay | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 50% Coins | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins | |
| **Hospital / Surgical** | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 50% Coins | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 50% Coins | |
| **Outpatient Hospital Facility Services** (per visit) | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Other Provider Services** | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED | |
| **Outpatient Diagnostic Services** | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | |
| Diagnostic Services (except AIS) | $100 Copay | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 50% Coins | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Mental Health and Substance Dependency** | | |
| **Mental Health Office Services**[6] | | |
| Family Physician | $0 for first 3 visits, then $25 Copay | |
| Specialist | $60 Copay | |
| **Substance Dependency Office Services**[6] | | |
| Family Physician | $0 for first 3 visits, then $25 Copay | |
| Specialist | $60 Copay | |
| **Other Special Services** | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | |
| Office Visit Family Physician | $0 for first 3 visits, then $25 Copay | |
| Office Visit Specialist | $60 Copay | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | |
| Motorized Wheelchairs | $500 Copay | |
| All Other Services | $0 | |
| **Home Health Care** (50 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 50% Coins | |
| **Hospice** | $0 | |

# Silver Plans

| COST SHARING (amount member pays) | BlueOptions 1807 (Off Marketplace Only) | BlueSelect 1837 (Off Marketplace Only) | BlueCare 1867 (Off Marketplace Only) |
|---|---|---|---|
| **Financial Features** | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | |
| In-Network | $5,500 / $11,000 | | |
| Out-of-Network | $11,000 / $22,000 | | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | | | |
| In-Network | 20% | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | |
| In-Network | $9,000 / $18,000 | | |
| Out-of-Network | $18,000 / $36,000 | | Not Covered |
| **Office Services / Virtual Visits** | | | |
| **Physician Office Services / Virtual Visits** | | | |
| Family Physician (PCP[3]) Office Services | $35 Copay | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | |
| Specialist Office Services | $85 Copay | | |
| Specialist Virtual Visits (In-Network Providers Only) | $85 Copay | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | |
| **Preventive Care** | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | |
| **Prescription Drug Program** | | | |
| **Deductible** (must be met before drug cost share applies) | Not Applicable | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $35 | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $38 / $75 / 50% / 50% | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $88 | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $95 / $188 / 50% / NC | | |
| **Urgent and Emergency Medical Care** | | | |
| **Convenient Care Center** | $35 Copay | | |
| **Urgent Care Centers** | $85 Copay | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $625 Copay | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 20% Coins | | |
| **Hospital / Surgical** | | | |
| **Ambulatory Surgical Center Facility** (ASC) | $625 Copay | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 20% Coins | | |
| **Outpatient Hospital Facility Services** (per visit) | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 20% Coins | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 20% Coins | | |
| **Other Provider Services** | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 20% Coins | | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 20% Coins | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 20% Coins | | |
| **Outpatient Diagnostic Services** | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | |
| Diagnostic Services (except AIS) | $150 Copay | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $450 Copay | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $30 Copay | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 20% Coins | | |
| **Mental Health and Substance Dependency** | | | |
| **Mental Health Office Services**[6] | | | |
| Family Physician | $35 Copay | | |
| Specialist | $85 Copay | | |
| **Substance Dependency Office Services**[6] | | | |
| Family Physician | $35 Copay | | |
| Specialist | $85 Copay | | |
| **Other Special Services** | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | |
| Office Visit Family Physician | $35 Copay | | |
| Office Visit Specialist | $85 Copay | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 20% Coins | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | |
| Motorized Wheelchairs | $500 Copay | | |
| All Other Services | $0 | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 20% Coins | | |
| **Hospice** | $0 | | |

# Silver Plans

| COST SHARING (amount member pays) | BlueOptions 1808 (Off Marketplace Only) | BlueSelect 1838 (Off Marketplace Only) | BlueCare 1868 (Off Marketplace Only) |
|---|---|---|---|
| **Financial Features** | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | |
| In-Network | $3,600 / $7,200 | | |
| Out-of-Network | $7,200 / $14,400 | | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | | | |
| In-Network | 20% | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | |
| In-Network | $8,600 / $17,200 | | |
| Out-of-Network | $17,200 / $34,400 | | Not Covered |
| **Office Services / Virtual Visits** | | | |
| **Physician Office Services / Virtual Visits** | | | |
| Family Physician (PCP[3]) Office Services | $30 Copay | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | |
| Specialist Office Services | $75 Copay | | |
| Specialist Virtual Visits (In-Network Providers Only) | $75 Copay | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | |
| **Preventive Care** | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | |
| **Prescription Drug Program** | | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $25 | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $35 / $70 / 40%* / 40%* | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $63 | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $88 / $175 / 40%* / NC | | |
| **Urgent and Emergency Medical Care** | | | |
| **Convenient Care Center** | $30 Copay | | |
| **Urgent Care Centers** | $75 Copay | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 20% Coins | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 20% Coins | | |
| **Hospital / Surgical** | | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 20% Coins | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 20% Coins | | |
| **Outpatient Hospital Facility Services** (per visit) | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 20% Coins | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 20% Coins | | |
| **Other Provider Services** | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 20% Coins | | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 20% Coins | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 20% Coins | | |
| **Outpatient Diagnostic Services** | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | |
| Diagnostic Services (except AIS) | DED + 20% Coins | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 20% Coins | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $25 Copay | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 20% Coins | | |
| **Mental Health and Substance Dependency** | | | |
| **Mental Health Office Services**[6] | | | |
| Family Physician | $30 Copay | | |
| Specialist | $75 Copay | | |
| **Substance Dependency Office Services**[6] | | | |
| Family Physician | $30 Copay | | |
| Specialist | $75 Copay | | |
| **Other Special Services** | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | |
| Office Visit Family Physician | $30 Copay | | |
| Office Visit Specialist | $75 Copay | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 20% Coins | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | |
| Motorized Wheelchairs | $500 Copay | | |
| All Other Services | $0 | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Ntwork Not Covered | $0 | | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 20% Coins | | |
| **Hospice** | $0 | | |

# Silver Plans

| COST SHARING (amount member pays) | BlueOptions 2110 (Off Marketplace Only) | BlueSelect 2130 (Off Marketplace Only) | BlueCare 2160 (Off Marketplace Only) | BlueCare 2150 (Off Marketplace Only) |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $0 / $0 | | | |
| Out-of-Network | $500 / $1,000 | | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 0% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $8,550 / $17,100 | | | |
| Out-of-Network | $17,100 / $34,200 | | Not Covered | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $50 Copay | | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | $100 Copay | | | |
| Specialist Virtual Visits (In-Network Providers Only) | $100 Copay | | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | *$1,500 | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $25 | | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / $150* / $250* / $350* | | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $63 | | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / $375* / $625* / NC | | | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $50 Copay | | | |
| **Urgent Care Centers** | $100 Copay | | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $1,000 Copay | | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | $1,500 Copay | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | $2,500 Copay per day ($7,500 max) | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | $2,500 Copay | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | $2,500 Copay | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Provider Services at an ER** In-Network & Out-of-Network | $0 | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $0 | | | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | $250 Copay | | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $550 Copay | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $60 Copay | | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | $2,500 Copay | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $50 Copay | | | |
| Specialist | $100 Copay | | | |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $50 Copay | | | |
| Specialist | $100 Copay | | | |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $50 Copay | | | |
| Office Visit Specialist | $100 Copay | | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | $2,500 Copay | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | $500 Copay | | | |
| **Hospice** | $0 | | | |

# Bronze (HSA) Plans

| COST SHARING (amount member pays) | BlueOptions 1705 | BlueSelect 1735 | BlueCare 1765 | BlueCare 2155 (Off Marketplace Only) |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $6,850 / $13,700 | | | |
| Out-of-Network | $13,700 / $27,400 | | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 0% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 0% | | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $6,850 / $13,700 | | | |
| Out-of-Network | $13,700 / $27,400 | | Not Covered | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | DED | | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | DED | | | |
| Specialist Office Services | DED | | | |
| Specialist Virtual Visits (In-Network Providers Only) | DED | | | |
| **Allergy Injections** (per visit) Family Physician | DED | | | |
| **Medical Pharmacy** (low tier / standard tier) | DED / DED | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $0* | | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / $0* / $0* / $0* | | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $0* | | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / $0* / $0* / NC | | | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | DED | | | |
| **Urgent Care Centers** | DED | | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED | | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED | | | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED | | | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | DED | | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | DED | | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services** | | | | |
| Family Physician | DED | | | |
| Specialist | DED | | | |
| **Substance Dependency Office Services** | | | | |
| Family Physician | DED | | | |
| Specialist | DED | | | |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | DED | | | |
| Office Visit Specialist | DED | | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | DED | | | |
| All Other Services | DED | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | DED | | | |
| **Skilled Nursing Facility** (60 Days PBP) | DED | | | |
| **Hospice** | DED | | | |

# Bronze Plans

| COST SHARING (amount member pays) | BlueOptions 1705O | BlueSelect 1735O | BlueCare 1765O |
|---|---|---|---|
| **Financial Features** | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | |
| In-Network | $6,850 / $13,700 | | |
| Out-of-Network | $13,700 / $27,400 | | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | | | |
| In-Network | 0% | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 0% | | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | |
| In-Network | $6,850 / $13,700 | | |
| Out-of-Network | $13,700 / $27,400 | | Not Covered |
| **Office Services / Virtual Visits** | | | |
| **Physician Office Services / Virtual Visits** | | | |
| Family Physician (PCP[3]) Office Services | DED | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | |
| Specialist Office Services | DED | | |
| Specialist Virtual Visits (In-Network Providers Only) | DED | | |
| **Allergy Injections** (per visit) Family Physician | DED | | |
| **Medical Pharmacy** (low tier / standard tier) | DED / DED | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | |
| **Preventive Care** | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | |
| **Prescription Drug Program** | | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $0* | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / $0* / $0* / $0* | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $0* | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / $0* / $0* / NC | | |
| **Urgent and Emergency Medical Care** | | | |
| **Convenient Care Center** | DED | | |
| **Urgent Care Centers** | DED | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED | | |
| **Hospital / Surgical** | | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED | | |
| **Outpatient Hospital Facility Services** (per visit) | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED | | |
| **Other Provider Services** | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED | | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED | | |
| **Outpatient Diagnostic Services** | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | |
| Diagnostic Services (except AIS) | DED | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | DED | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED | | |
| **Mental Health and Substance Dependency** | | | |
| **Mental Health Office Services**[6] | | | |
| Family Physician | DED | | |
| Specialist | DED | | |
| **Substance Dependency Office Services**[6] | | | |
| Family Physician | DED | | |
| Specialist | DED | | |
| **Other Special Services** | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | |
| Office Visit Family Physician | DED | | |
| Office Visit Specialist | DED | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | |
| Motorized Wheelchairs | DED | | |
| All Other Services | DED | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | DED | | |
| **Skilled Nursing Facility** (60 Days PBP) | DED | | |
| **Hospice** | DED | | |

# Bronze Plans

| COST SHARING (amount member pays) | BlueOptions 1416, 1416P, 1416O | BlueSelect 1449, 1449P, 1449O | BlueCare 1483, 1483P, 1483O | BlueCare 2153, 2153O |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $7,400 / $14,800 | | | |
| Out-of-Network | $14,800 / $29,600 | | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 50% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $9,100 / $18,200 | | | |
| Out-of-Network | $18,200 / $36,400 | | Not Covered | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $0 for first 3 visits, then $40 Copay | | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | $70 Copay | | | |
| Specialist Virtual Visits (In-Network Providers Only) | $70 Copay | | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $30 | | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $40 / 50%* / 50%* / 50%* | | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $75 | | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $100 / 50%* / 50%* / NC | | | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $40 Copay | | | |
| **Urgent Care Centers** | $70 Copay | | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + $250 Copay | | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + $300 Copay | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + $400 Copay | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + $350 Copay | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + $350 Copay | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED | | | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED | | | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | DED + $100 Copay | | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + $100 Copay | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $25 Copay | | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + $350 Copay | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $0 for first 3 visits, then $40 Copay | | | |
| Specialist | $70 Copay | | | |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $0 for first 3 visits, then $40 Copay | | | |
| Specialist | $70 Copay | | | |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $0 for first 3 visits, then $40 Copay | | | |
| Office Visit Specialist | $70 Copay | | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + $350 Copay | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 50% Coins | | | |
| **Hospice** | $0 | | | |

# Bronze Plans

| COST SHARING (amount member pays) | myBlue 1601, 1601P, 1601O | myBlue 2013, 2013O |
|---|---|---|
| **Financial Features** | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | |
| In-Network | $8,000 / $16,000 | |
| Out-of-Network | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | |
| In-Network | 50% | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | |
| In-Network | $9,100 / $18,200 | |
| Out-of-Network | Not Covered | |
| **Office Services / Virtual Visits** | | |
| **Physician Office Services / Virtual Visits** | | |
| Family Physician (PCP[3]) Office Services | $0 for first 3 visits, then $45 Copay | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | |
| Specialist Office Services | $85 Copay | |
| Specialist Virtual Visits (In-Network Providers Only) | $85 Copay | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | |
| **Preventive Care** | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | |
| **Prescription Drug Program** | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $30 | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $40 / 50%* / 50%* / NA | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $75 | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $100 / 50%* / 50%* / NA | |
| **Urgent and Emergency Medical Care** | | |
| **Convenient Care Center** | $45 Copay | |
| **Urgent Care Centers** | $85 Copay | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 50% Coins | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins | |
| **Hospital / Surgical** | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 50% Coins | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 50% Coins | |
| **Outpatient Hospital Facility Services** (per visit) | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Other Provider Services** | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED | |
| **Outpatient Diagnostic Services** | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | |
| Diagnostic Services (except AIS) | DED + 50% Coins | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 50% Coins | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $35 Copay | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Mental Health and Substance Dependency** | | |
| **Mental Health Office Services**[6] | | |
| Family Physician | $0 for the first 3 visits, then $45 Copay | |
| Specialist | $85 Copay | |
| **Substance Dependency Office Services**[6] | | |
| Family Physician | $0 for the first 3 visits, then $45 Copay | |
| Specialist | $85 Copay | |
| **Other Special Services** | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | |
| Office Visit Family Physician | $0 for the first 3 visits, then $45 Copay | |
| Office Visit Specialist | $85 Copay | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | |
| Motorized Wheelchairs | $500 Copay | |
| All Other Services | $0 | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 50% Coins | |
| **Hospice** | $0 | |

# Bronze Plans

| COST SHARING (amount member pays) | BlueOptions 1419, 1419O | BlueSelect 1452, 1452O | BlueCare 1486, 1486O | BlueCare 2154, 2154O |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $6,900 / $13,800 | | | |
| Out-of-Network | $13,800 / $27,600 | | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 50% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $9,100 / $18,200 | | | |
| Out-of-Network | $18,200 / $36,400 | | Not Covered | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $40 Copay | | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | $85 Copay | | | |
| Specialist Virtual Visits (In-Network Providers Only) | $85 Copay | | | |
| **Allergy Injections** (per visit) Family Physician | DED + 50% Coins | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / 50%* | | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / 50%* / 50%* / 50%* | | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / 50%* | | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / 50%* / 50%* / NC | | | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $40 Copay | | | |
| **Urgent Care Centers** | DED + 50% Coins | | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 50% Coins | | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 50% Coins | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 50% Coins | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 50% Coins | | | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 50% Coins | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 50% Coins | | | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | DED + 50% Coins | | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 50% Coins | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $15 Copay | | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $40 Copay | | | |
| Specialist | $85 Copay | | | |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $40 Copay | | | |
| Specialist | $85 Copay | | | |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $40 Copay | | | |
| Office Visit Specialist | $85 Copay | | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 50% Coins | | | |
| **Hospice** | $0 | | | |

# Bronze Plans

| COST SHARING (amount member pays) | myBlue 1602, 1602O | myBlue 2014, 2014O |
|---|---|---|
| **Financial Features** | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | |
| In-Network | $7,500 / $15,000 | |
| Out-of-Network | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | |
| In-Network | 50% | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | |
| In-Network | $9,100 / $18,200 | |
| Out-of-Network | Not Covered | |
| **Office Services / Virtual Visits** | | |
| **Physician Office Services / Virtual Visits** | | |
| Family Physician (PCP[3]) Office Services | $40 Copay | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | |
| Specialist Office Services | $85 Copay | |
| Specialist Virtual Visits (In-Network Providers Only) | $85 Copay | |
| **Allergy Injections** (per visit) Family Physician | DED + 50% Coins | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | |
| **Preventive Care** | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | |
| **Prescription Drug Program** | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / 50%* | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / 50%* / 50%* / NA | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / 50%* | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / 50%* / 50%* / NA | |
| **Urgent and Emergency Medical Care** | | |
| **Convenient Care Center** | $40 Copay | |
| **Urgent Care Centers** | DED + 50% Coins | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 50% Coins | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins | |
| **Hospital / Surgical** | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 50% Coins | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 50% Coins | |
| **Outpatient Hospital Facility Services** (per visit) | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Other Provider Services** | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 50% Coins | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 50% Coins | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 50% Coins | |
| **Outpatient Diagnostic Services** | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | |
| Diagnostic Services (except AIS) | DED + 50% Coins | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 50% Coins | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $20 Copay | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Mental Health and Substance Dependency** | | |
| **Mental Health Office Services**[6] | | |
| Family Physician | $40 Copay | |
| Specialist | $85 Copay | |
| **Substance Dependency Office Services**[6] | | |
| Family Physician | $40 Copay | |
| Specialist | $85 Copay | |
| **Other Special Services** | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | |
| Office Visit Family Physician | $40 Copay | |
| Office Visit Specialist | $85 Copay | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | |
| Motorized Wheelchairs | $500 Copay | |
| All Other Services | $0 | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 50% Coins | |
| **Hospice** | $0 | |

# Bronze Plans

| COST SHARING (amount member pays) | myBlue 2211, 2211O |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $7,800 / $15,600 |
| Out-of-Network | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 40% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $9,100 / $18,200 |
| Out-of-Network | Not Covered |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | $60 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | $80 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $80 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $25 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / 40%* / 45%* / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $63 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / 40%* / 45%* / NA |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | $60 Copay |
| **Urgent Care Centers** | $80 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 40% Coins |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 40% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 40% Coins |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 40% Coins |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 40% Coins |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 40% Coins |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 40% Coins |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 40% Coins |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 40% Coins |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | DED + 40% Coins |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 40% Coins |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $35 Copay |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 40% Coins |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | $60 Copay |
| Specialist | $80 Copay |
| **Substance Dependency Office Services**[6] | |
| Family Physician | $60 Copay |
| Specialist | $80 Copay |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | $60 Copay |
| Office Visit Specialist | $80 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 40% Coins |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | $500 Copay |
| All Other Services | $0 |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 40% Coins |
| **Hospice** | $0 |

# Bronze Plans

| COST SHARING (amount member pays) | myBlue 2129, 2129O | myBlue 2149, 2149O |
|---|---|---|
| **Financial Features** | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | |
| In-Network | $0 / $0 | |
| Out-of-Network | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | |
| In-Network | 50% | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | |
| In-Network | $9,100 / $18,200 | |
| Out-of-Network | Not Covered | |
| **Office Services / Virtual Visits** | | |
| **Physician Office Services / Virtual Visits** | | |
| Family Physician (PCP[3]) Office Services | $35 Copay | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | |
| Specialist Office Services | $80 Copay | |
| Specialist Virtual Visits (In-Network Providers Only) | $80 Copay | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | |
| **Preventive Care** | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | |
| **Prescription Drug Program** | | |
| **Deductible** (must be met before drug cost share applies) | *$3,400 | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $25 | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $30 / $300 / 50%* / NA | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $63 | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $75 / $750 / 50%* / NA | |
| **Urgent and Emergency Medical Care** | | |
| **Convenient Care Center** | $35 Copay | |
| **Urgent Care Centers** | $80 Copay | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $1,100 Copay | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins | |
| **Hospital / Surgical** | | |
| **Ambulatory Surgical Center Facility** (ASC) | $1,200 Copay | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | $3,000 Copay per day ($6,000 max) | |
| **Outpatient Hospital Facility Services** (per visit) | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | $1,500 Copay | |
| All Other Services (BlueOptions - Option 1 / Option 2) | $1,500 Copay | |
| **Other Provider Services** | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $300 Copay | |
| **Provider Services at an ER** In-Network & Out-of-Network | $300 Copay | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $300 Copay | |
| **Outpatient Diagnostic Services** | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | |
| Diagnostic Services (except AIS) | $115 Copay | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $350 Copay | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $30 Copay | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | $1,500 Copay | |
| **Mental Health and Substance Dependency** | | |
| **Mental Health Office Services**[6] | | |
| Family Physician | $35 Copay | |
| Specialist | $80 Copay | |
| **Substance Dependency Office Services**[6] | | |
| Family Physician | $35 Copay | |
| Specialist | $80 Copay | |
| **Other Special Services** | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | |
| Office Visit Family Physician | $35 Copay | |
| Office Visit Specialist | $80 Copay | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | $1,500 Copay | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | |
| Motorized Wheelchairs | $500 Copay | |
| All Other Services | $0 | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 50% Coins | |
| **Hospice** | $0 | |

# Bronze Plans

| COST SHARING (amount member pays) | myBlue 2329, 2329O | myBlue 2349, 2349O |
|---|---|---|
| **Financial Features** | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | |
| In-Network | $0 / $0 | |
| Out-of-Network | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | |
| In-Network | 50% | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | |
| In-Network | $9,100 / $18,200 | |
| Out-of-Network | Not Covered | |
| **Office Services / Virtual Visits** | | |
| **Physician Office Services / Virtual Visits** | | |
| Family Physician (PCP[3]) Office Services | $75 Copay | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | |
| Specialist Office Services | $100 Copay | |
| Specialist Virtual Visits (In-Network Providers Only) | $100 Copay | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | |
| **Preventive Care** | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | |
| **Prescription Drug Program** | | |
| **Deductible** (must be met before drug cost share applies) | *$4,000 | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $35 | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $40 / $300 / 50%* / NA | $150 / $300 / 50%* / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $88 | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $100 / $750 / 50%* / NA | $375 / $750 / 50%* / NA |
| **Urgent and Emergency Medical Care** | | |
| **Convenient Care Center** | $75 Copay | |
| **Urgent Care Centers** | $100 Copay | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $1,200 Copay | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins | |
| **Hospital / Surgical** | | |
| **Ambulatory Surgical Center Facility** (ASC) | $1,500 Copay | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | $3,000 Copay per day ($6,000 max) | |
| **Outpatient Hospital Facility Services** (per visit) | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | $2,000 Copay | |
| All Other Services (BlueOptions - Option 1 / Option 2) | $2,000 Copay | |
| **Other Provider Services** | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $300 Copay | |
| **Provider Services at an ER** In-Network & Out-of-Network | $300 Copay | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | $300 Copay | |
| **Outpatient Diagnostic Services** | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | |
| Diagnostic Services (except AIS) | $150 Copay | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $500 Copay | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $75 Copay | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | $2,000 Copay | |
| **Mental Health and Substance Dependency** | | |
| **Mental Health Office Services**[6] | | |
| Family Physician | $75 Copay | |
| Specialist | $100 Copay | |
| **Substance Dependency Office Services**[6] | | |
| Family Physician | $75 Copay | |
| Specialist | $100 Copay | |
| **Other Special Services** | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | |
| Office Visit Family Physician | $75 Copay | |
| Office Visit Specialist | $100 Copay | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | $2,000 Copay | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | |
| Motorized Wheelchairs | $500 Copay | |
| All Other Services | $0 | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 50% Coins | |
| **Hospice** | $0 | |

# Bronze Plans

| COST SHARING (amount member pays) | BlueOptions 2119, 2119O | BlueSelect 2139, 2139O | BlueCare 2179, 2179O | BlueCare 2159, 2159O |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $0 / $0 | | | |
| Out-of-Network | $500 / $1,000 | | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 50% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $9,100 / $18,200 | | | |
| Out-of-Network | $18,200 / $36,400 | | Not Covered | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $50 Copay | | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | $85 Copay | | $70 Copay | |
| Specialist Virtual Visits (In-Network Providers Only) | $85 Copay | | $70 Copay | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | *$3,000 | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $30 | | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $35 / $200 / 50%* / 50%* | | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $75 | | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $88 / $500 / 50%* / NC | | | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $50 Copay | | | |
| **Urgent Care Centers** | $85 Copay | | $70 Copay | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $900 Copay | | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | $1,000 Copay | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | $3,000 Copay per day ($6,000 max) | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | $1,500 Copay | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | $1,500 Copay | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 50% Coins | | $300 Copay | |
| **Provider Services at an ER** In-Network & Out-of-Network | $300 Copay | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 50% Coins | | $300 Copay | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | $150 Copay | | $115 Copay | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $300 Copay | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $60 Copay | | $30 Copay | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | $1,500 Copay | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $50 Copay | | | |
| Specialist | $85 Copay | | $70 Copay | |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $50 Copay | | | |
| Specialist | $85 Copay | | $70 Copay | |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $50 Copay | | | |
| Office Visit Specialist | $85 Copay | | $70 Copay | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | $1,500 Copay | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 50% Coins | | | |
| **Hospice** | $0 | | | |

# Bronze Plans

| COST SHARING (amount member pays) | BlueOptions 2319, 2319O | BlueSelect 2339, 2339O | BlueCare 2379, 2379O | BlueCare 2359, 2359O |
|---|---|---|---|---|
| **Financial Features** | | | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | | | |
| In-Network | $0 / $0 | | $0 / NA | |
| Out-of-Network | $500 / $1,000 | | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | | | |
| In-Network | 50% | | | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | 50% | | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | | | |
| In-Network | $9,100 / $18,200 | | | |
| Out-of-Network | $18,200 / $36,400 | | Not Covered | |
| **Office Services / Virtual Visits** | | | | |
| **Physician Office Services / Virtual Visits** | | | | |
| Family Physician (PCP[3]) Office Services | $75 Copay | | | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | | | |
| Specialist Office Services | $100 Copay | | | |
| Specialist Virtual Visits (In-Network Providers Only) | $100 Copay | | | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | | | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | | | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | | | |
| **Preventive Care** | | | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | | | |
| **Prescription Drug Program** | | | | |
| **Deductible** (must be met before drug cost share applies) | *$4,000 | | | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $35 | | | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $40 / $250 / 50%* / 50%* | | | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $88 | | | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $100 / $625 / 50%* / NC | | | |
| **Urgent and Emergency Medical Care** | | | | |
| **Convenient Care Center** | $75 Copay | | | |
| **Urgent Care Centers** | $100 Copay | | | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | $1,200 Copay | | | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins | | | |
| **Hospital / Surgical** | | | | |
| **Ambulatory Surgical Center Facility** (ASC) | $1,500 Copay | | | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | $3,000 Copay per day ($6,000 max) | | | |
| **Outpatient Hospital Facility Services** (per visit) | | | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | $2,000 Copay | | | |
| All Other Services (BlueOptions - Option 1 / Option 2) | $2,000 Copay | | | |
| **Other Provider Services** | | | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 50% Coins | | $300 Copay | |
| **Provider Services at an ER** In-Network & Out-of-Network | $300 Copay | | | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 50% Coins | | $300 Copay | |
| **Outpatient Diagnostic Services** | | | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | | | |
| Diagnostic Services (except AIS) | $150 Copay | | | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | $500 Copay | | | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $75 Copay | | | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | $2,000 Copay | | | |
| **Mental Health and Substance Dependency** | | | | |
| **Mental Health Office Services**[6] | | | | |
| Family Physician | $75 Copay | | | |
| Specialist | $100 Copay | | | |
| **Substance Dependency Office Services**[6] | | | | |
| Family Physician | $75 Copay | | | |
| Specialist | $100 Copay | | | |
| **Other Special Services** | | | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | | | |
| Office Visit Family Physician | $75 Copay | | | |
| Office Visit Specialist | $100 Copay | | | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | $2,000 Copay | | | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | | | |
| Motorized Wheelchairs | $500 Copay | | | |
| All Other Services | $0 | | | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | | | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 50% Coins | | | |
| **Hospice** | $0 | | | |

# Bronze Plans

| COST SHARING (amount member pays) | myBlue 2126, 2126O | myBlue 2146, 2146O |
|---|---|---|
| **Financial Features** | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | |
| In-Network | $8,200 / $16,400 | |
| Out-of-Network | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | |
| In-Network | 50% | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins/Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered - except for emergency services) | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | |
| In-Network | $9,100 / $18,200 | |
| Out-of-Network | Not Covered | |
| **Office Services/Virtual Visits** | | |
| **Physician Office Services/Virtual Visits** | | |
| Family Physician (PCP[3]) Office Services | $0 for first 3 visits, then $35 Copay | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | |
| Specialist Office Services | $85 Copay | |
| Specialist Virtual Visits (In-Network Providers Only) | $85 Copay | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | |
| **Preventive Care** | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | |
| **Prescription Drug Program** | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $30 | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $40 / 50%* / 50%* / NA | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $88 | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $100 / 50%* / 50%* / NA | |
| **Urgent and Emergency Medical Care** | | |
| **Convenient Care Center** | $35 Copay | |
| **Urgent Care Centers** | $65 Copay | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 50% Coins | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins | |
| **Hospital / Surgical** | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 50% Coins | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation/Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 50% Coins | |
| **Outpatient Hospital Facility Services** (per visit) | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Other Provider Services** | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 50% Coins | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 50% Coins | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 50% Coins | |
| **Outpatient Diagnostic Services** | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | |
| Diagnostic Services (except AIS) | DED + 50% Coins | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 50% Coins | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $25 Copay | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Mental Health and Substance Dependency** | | |
| **Mental Health Office Services**[6] | | |
| Family Physician | $0 for first 3 visits, then $35 Copay | |
| Specialist | $85 Copay | |
| **Substance Dependency Office Services**[6] | | |
| Family Physician | $0 for first 3 visits, then $35 Copay | |
| Specialist | $85 Copay | |
| **Other Special Services** | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | |
| Office Visit Family Physician | $0 for first 3 visits, then $35 Copay | |
| Office Visit Specialist | $85 Copay | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | |
| Motorized Wheelchairs | $500 Copay | |
| All Other Services | $0 | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 50% Coins | |
| **Hospice** | $0 | |

# Bronze Plans

| COST SHARING (amount member pays) | myBlue 2219, 2219O |
|---|---|
| **Financial Features** | |
| **Deductible (DED)**[1] (per person / family aggregate) | |
| In-Network | $2,400 / $4,800 |
| Out-of-Network | Not Covered |
| **Coinsurance (Coins)**[2] (amount member pays) | |
| In-Network | 50% |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered |
| **Out-of-Pocket Maximum** (per person / family aggregate) | |
| In-Network | $9,100 / $18,200 |
| Out-of-Network | Not Covered |
| **Office Services / Virtual Visits** | |
| **Physician Office Services / Virtual Visits** | |
| Family Physician (PCP[3]) Office Services | DED + 50% Coins |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay |
| Specialist Office Services | $155 Copay |
| Specialist Virtual Visits (In-Network Providers Only) | $155 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max |
| **Preventive Care** | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 |
| **Prescription Drug Program** | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $5 / $35 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $40 / 50%* / 50%* / NA |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $88 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $100 / $0* / $0* / NA |
| **Urgent and Emergency Medical Care** | |
| **Convenient Care Center** | DED + 50% Coins |
| **Urgent Care Centers** | $155 Copay |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 50% Coins |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins |
| **Hospital / Surgical** | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 50% Coins |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 50% Coins |
| **Outpatient Hospital Facility Services** (per visit) | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins |
| **Other Provider Services** | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 50% Coins |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 50% Coins |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 50% Coins |
| **Outpatient Diagnostic Services** | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | |
| Diagnostic Services (except AIS) | DED + 50% Coins |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 50% Coins |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | DED + 50% Coins |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 50% Coins |
| **Mental Health and Substance Dependency** | |
| **Mental Health Office Services**[6] | |
| Family Physician | $155 Copay |
| Specialist | $155 Copay |
| **Substance Dependency Office Services**[6] | |
| Family Physician | $155 Copay |
| Specialist | $155 Copay |
| **Other Special Services** | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | |
| Office Visit Family Physician | DED + 50% Coins |
| Office Visit Specialist | $155 Copay |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 50% Coins |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | |
| Motorized Wheelchairs | $500 Copay |
| All Other Services | $0 |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 50% Coins |
| **Hospice** | $0 |

# Bronze Plans

| COST SHARING (amount member pays) | myBlue 2266, 2266O | myBlue 2286, 2286O |
|---|---|---|
| **Financial Features** | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | |
| In-Network | $2,700 / $5,400 | |
| Out-of-Network | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | |
| In-Network | 50% | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | |
| In-Network | $9,100 / $18,200 | |
| Out-of-Network | Not Covered | |
| **Office Services / Virtual Visits** | | |
| **Physician Office Services / Virtual Visits** | | |
| Family Physician (PCP[3]) Office Services | $85 Copay | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | |
| Specialist Office Services | $155 Copay | |
| Specialist Virtual Visits (In-Network Providers Only) | $155 Copay | |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | |
| **Preventive Care** | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | |
| **Prescription Drug Program** | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $5 / $35 | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $40 / 50%* / 50%* / NA | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $88 | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $100 / $0* / $0* / NA | |
| **Urgent and Emergency Medical Care** | | |
| **Convenient Care Center** | $85 Copay | |
| **Urgent Care Centers** | $155 Copay | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 50% Coins | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins | |
| **Hospital / Surgical** | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 50% Coins | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 50% Coins | |
| **Outpatient Hospital Facility Services** (per visit) | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Other Provider Services** | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 50% Coins | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 50% Coins | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 50% Coins | |
| **Outpatient Diagnostic Services** | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | |
| Diagnostic Services (except AIS) | DED + 50% Coins | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 50% Coins | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | DED + 50% Coins | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Mental Health and Substance Dependency** | | |
| **Mental Health Office Services**[6] | | |
| Family Physician | $85 Copay | |
| Specialist | $155 Copay | |
| **Substance Dependency Office Services**[6] | | |
| Family Physician | $85 Copay | |
| Specialist | $155 Copay | |
| **Other Special Services** | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | |
| Office Visit Family Physician | $85 Copay | |
| Office Visit Specialist | $155 Copay | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | |
| Motorized Wheelchairs | $500 Copay | |
| All Other Services | $0 | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 50% Coins | |
| **Hospice** | $0 | |

# Bronze Plans

| COST SHARING (amount member pays) | myBlue 2212X (Off Marketplace Only) | myBlue 2221X (Off Marketplace Only) |
|---|---|---|
| **Financial Features** | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | |
| In-Network | $8,000 / $16,000 | $7,400 / $14,800 |
| Out-of-Network | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | |
| In-Network | 50% | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | |
| In-Network | $9,100 / $18,200 | |
| Out-of-Network | Not Covered | |
| **Office Services / Virtual Visits** | | |
| **Physician Office Services / Virtual Visits** | | |
| Family Physician (PCP[3]) Office Services | $0 for first 3 visits, then $20 Copay | $0 Copay |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | |
| Specialist Office Services | $95 Copay | |
| Specialist Virtual Visits (In-Network Providers Only) | $95 Copay | |
| **Allergy Injections** (per visit) Family Physician | DED + 50% Coins | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | |
| **Preventive Care** | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | |
| **Prescription Drug Program** | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $25 | $0 / $4 / $35 |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $40 / 50%* / 50%* / NA | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $63 | $0 / $0 / $88 |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $100 / 50%* / 50%* / NA | |
| **Urgent and Emergency Medical Care** | | |
| **Convenient Care Center** | $20 Copay | $0 Copay |
| **Urgent Care Centers** | $95 Copay | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 50% Coins | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins | |
| **Hospital / Surgical** | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 50% Coins | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 50% Coins | |
| **Outpatient Hospital Facility Services** (per visit) | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Other Provider Services** | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 50% Coins | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 50% Coins | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 50% Coins | |
| **Outpatient Diagnostic Services** | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | |
| Diagnostic Services (except AIS) | DED + 50% Coins | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 50% Coins | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | $35 Copay | $25 Copay |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Mental Health and Substance Dependency** | | |
| **Mental Health Office Services**[6] | | |
| Family Physician | $0 for first 3 visits, then $20 Copay | $0 Copay |
| Specialist | $95 Copay | |
| **Substance Dependency Office Services**[6] | | |
| Family Physician | $0 for first 3 visits, then $20 Copay | $0 Copay |
| Specialist | $95 Copay | |
| **Other Special Services** | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | |
| Office Visit Family Physician | $0 for first 3 visits, then $20 Copay | $0 Copay |
| Office Visit Specialist | $95 Copay | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | |
| Motorized Wheelchairs | $500 Copay | |
| All Other Services | $0 | |
| **Home Health Care** (50 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 50% Coins | |
| **Hospice** | $0 | |

# Bronze Plans

| COST SHARING (amount member pays) | myBlue Connected Care 2231, 2231O | myBlue Connected Care 2346, 2346O |
|---|---|---|
| **Financial Features** | | |
| **Deductible (DED)**[1] (per person / family aggregate) | | |
| In-Network | $6,500 / $13,000 | |
| Out-of-Network | Not Covered | |
| **Coinsurance (Coins)**[2] (amount member pays) | | |
| In-Network | 50% | |
| Out-of-Network<br>(For BlueOptions and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below)<br>(For BlueCare and myBlue plans out-of-network services are not covered — except for emergency services) | Not Covered | |
| **Out-of-Pocket Maximum** (per person / family aggregate) | | |
| In-Network | $9,100 / $18,200 | |
| Out-of-Network | Not Covered | |
| **Office Services / Virtual Visits** | | |
| **Physician Office Services / Virtual Visits** | | |
| Family Physician (PCP[3]) Office Services | DED + 50% Coins | |
| Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only) | $0 Copay | |
| Specialist Office Services | $135 Copay | |
| Specialist Virtual Visits (In-Network Providers Only) | $20 Copay | $135 Copay |
| **Allergy Injections** (per visit) Family Physician | $5 Copay | |
| **Medical Pharmacy** (low tier / standard tier) | $30 / $60 Copay | |
| Medical pharmacy cost-share is for each drug administered per visit up to the monthly OOP max, in addition to the Physician Office Services cost-share. It does not include immunizations and allergy injections. | $120 / $240 In-Network Monthly Member OOP Max | |
| **Preventive Care** | | |
| **Routine Adult and Child Preventive Services, Wellness Services, and Immunizations** | $0 | |
| **Prescription Drug Program** | | |
| **Deductible** (must be met before drug cost share applies) | *INN Health DED | |
| Retail - Tier 1 / Tier 2 / Tier 3 | $0 / $4 / $35* | |
| Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $40 / 50%* / 50%* / NA | |
| Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3 | $0 / $0 / $88* | |
| Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7 | $100 / $0* / $0* / NA | |
| **Urgent and Emergency Medical Care** | | |
| **Convenient Care Center** | DED + 50% Coins | |
| **Urgent Care Centers** | $135 Copay | |
| **Emergency Room Facility Services** (ER) (per visit) In-Network (INN[4]) & Out-of-Network | INN DED + 50% Coins | |
| **Ambulance Services** In-Network and Out-of-Network | INN DED + 50% Coins | |
| **Hospital / Surgical** | | |
| **Ambulatory Surgical Center Facility** (ASC) | DED + 50% Coins | |
| **Inpatient Hospital Facility:** (BlueOptions - Option 1 / Option 2)<br>**Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5]) | DED + 50% Coins | |
| **Outpatient Hospital Facility Services** (per visit) | | |
| Therapy Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| All Other Services (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Other Provider Services** | | |
| **Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 50% Coins | |
| **Provider Services at an ER** In-Network & Out-of-Network | INN DED + 50% Coins | |
| **Radiology, Pathology and Anesthesiology Provider Services at a Hospital**<br>BlueOptions and BlueSelect: In-Network & Out-of-Network<br>BlueCare and myBlue: In-Network | INN DED + 50% Coins | |
| **Outpatient Diagnostic Services** | | |
| **Independent Diagnostic Testing Facility Services** (per visit) (e.g., X-rays) (Includes Provider Services) | | |
| Diagnostic Services (except AIS) | DED + 50% Coins | |
| Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.) | DED + 50% Coins | |
| **Independent Clinical Lab** (e.g., blood work) In-Network<br>BlueSelect: Out-of-Network Not Covered | DED + 50% Coins | |
| **Outpatient Hospital Facility Services** (per visit) (e.g., blood work and X-rays) (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Mental Health and Substance Dependency** | | |
| **Mental Health Office Services**[6] | | |
| Family Physician | $135 Copay | |
| Specialist | $135 Copay | |
| **Substance Dependency Office Services**[6] | | |
| Family Physician | $135 Copay | |
| Specialist | $135 Copay | |
| **Other Special Services** | | |
| **Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations** (35 Visits PBP) | | |
| Office Visit Family Physician | DED + 50% Coins | |
| Office Visit Specialist | $135 Copay | |
| Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2) | DED + 50% Coins | |
| **Durable Medical Equipment** In-Network<br>BlueSelect: Out-of-Network Not Covered | | |
| Motorized Wheelchairs | $500 Copay | |
| All Other Services | $0 | |
| **Home Health Care** (60 Visits PBP) In-Network<br>BlueSelect: Out-of-Network Not Covered | $0 | |
| **Skilled Nursing Facility** (60 Days PBP) | DED + 50% Coins | |
| **Hospice** | $0 | |

# Cost Share Reduction for American Indian (AI / AN <300% FPL) Plans

## BlueOptions

| Platinum Plans | Gold Plans | Silver Plans | Bronze Plans |
|---|---|---|---|
| 1418U | 1505U | 1410U | 1416U |
| 1424U | 1805U | 1423U | 1419U |
| | | 1431U | 1705U |
| | | | 2119U |
| | | | 2319U |

## BlueSelect

| Platinum Plans | Gold Plans | Silver Plans | Bronze Plans |
|---|---|---|---|
| 1451U | 1535U | 1443U | 1449U |
| 1457U | 1835U | 1456U | 1452U |
| | | 1464U | 1735U |
| | | | 2139U |
| | | | 2339U |

## BlueCare

| Platinum Plans | Gold Plans | Silver Plans | Bronze Plans |
|---|---|---|---|
| 1485U | 1565U | 1477U | 1483U |
| 1491U | 1865U | 1490U | 1486U |
| 2151U | 2156U | 1498U | 1765U |
| | | 2157U | 2153U |
| | | | 2154U |
| | | | 2159U |
| | | | 2179U |
| | | | 2379U |
| | | | 2359U |

## myBlue

| Platinum Plans | Gold Plans | Silver Plans | Bronze Plans |
|---|---|---|---|
| 2015U | 1605U | 1603U | 1601U |
| | 2011U | 1604U | 1602U |
| | 2016U | 1710U | 2013U |
| | | 2010U | 2014U |
| | | 2017U | 2126U |
| | | 2127U | 2129U |
| | | 2204U | 2146U |
| | | 2230U | 2149U |
| | | 2237U | 2211U |
| | | 2237UD | 2219U |
| | | 2337U | 2231U |
| | | 2337UD | 2266U |
| | | 2332U | 2286U |
| | | 2332UD | 2329U |
| | | 2348U | 2349U |
| | | 2348UD | 2346U |
| | | 2347U | |

# On/Off-Market Standardized Plans

CMS is requiring issuers to offer standardized plan options on every network and metal. Based on this guidance, Florida Blue will offer the following set of standardized plans for 2023.

**Note:** Standardized plans do not have reduced cost shares for Virtual Visits, Value Choice Providers, or Condition Care Rx.

## Florida Blue's 2023 standardized plan offerings:

| Metal | Plan Description | Deductible | BlueOptions | BlueSelect | BlueCare | | myBlue | |
|---|---|---|---|---|---|---|---|---|
| | | | | | SA 1 | SA 2 | SA 1 | SA 2 |
| **Platinum** | **Standardized** | $0 | **2305S** | **2345S** | **2365S** | **2355S** | *N/A* | **2324S** |
| **Gold** | **Standardized** | $2,000 | **2304S** | **2344S** | **2364S** | **2354S** | **2314S** | **2325S** |
| **Silver** | **Standardized** | $5,800 | **2303S** | **2343S** | **2363S** | **2353S** | **2313S** | **2323S** |
| | | $5,700 | **2303AS** | **2343AS** | **2363AS** | **2353AS** | **2313AS** | **2323AS** |
| | | $800 | **2303BS** | **2343BS** | **2363BS** | **2353BS** | **2313BS** | **2323BS** |
| | | $0 | **2303CS** | **2343CS** | **2363CS** | **2353CS** | **2313CS** | **2323CS** |
| **Bronze** | **Standardized Expanded** | $7,500 | **2302S** | **2342S** | **2362S** | **2352S** | **2312S** | **2322S** |
| | **Standardized** | $9,100 | **2301S** | **2341S** | **2361S** | **2351S** | **2311S** | **2321S** |

**Note:** American Indian / Alaska Native variants available for all standardized plans
**Note:** Cost share may vary by network / New 2023 plans in bold

### Covered benefits and member cost shares for Florida Blue's 2023 standardized plans can be found in the following resources:

- **Summary of Benefits and Coverage (SBC):** https://www.floridablue.com/sbc/search/byplan — enter the standardized plan number in the search field (for example: 2305S or 2353AS). SBC's provide an overview of covered benefits and cost shares.
- **Plan Contracts:** https://www.floridablue.com/plancontracts/individual — enter the standardized plan number in the search field (for example: 2305S or 2353AS). Plan Contracts provide a 100+ page description of all covered benefits and cost shares.

Florida Blue

Your local Blue Cross Blue Shield

Florida Blue is an Independent Licensee of the Blue Cross Blue Shield Association.

84068-0922R