2024

Product Matrix

BlueOptions • BlueSelect • BlueCare • myBlue

Individual Markets

Florida Blue

Your local Blue Cross Blue Shield

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Updated Plan Numbering Scheme for New 2024 Plans

Starting with new plans introduced for 2024 and going forward, plan numbers will be constructed in the following fashion:

- **1st and 2nd characters** will represent the **year** the plan was introduced
  - Therefore, a plan introduced in 2024 will begin with "24"
- **3rd character** will represent the **plan's network**
  - **J** = BlueOptions
  - **K** = BlueCare
  - **L** = BlueSelect
  - **M** = myBlue
- **4th and 5th characters** will represent the **plan's service area**
  - Therefore, a plan that is offered in service area 2 will have a "02" as its 4th and 5th characters
- **6th character** is always **a dash**
- **7th and 8th characters** is **two-digit number** that is unique to the plan
- **Any characters after the 8th character are to denote things such as:**
  - If the plan is a CSR variant, a CMS Standardized plan, or if it includes Adult or Pediatric Dental benefits (see next page for details)

Examples of the Updated Plan Numbering Scheme for New Plans	
Current State for existing plans introduced from 2014-2023	**Future State for new plans introduced from 2024 onwards**
BlueOptions EPO **1410**	BlueOptions PPO **24J01-03**
BlueCare HMO **2157A**	BlueCare POS **24K02-21A**
BlueOptions EPO **2303AS**	BlueOptions **24J01-19AS**

Individual Product Matrix Guide

The following Alpha Characters will be used for each variant:

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

Ø (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.

Job Aid: 2024 Plan Crosswalk–On-Market Plans

Metal	Plan Description	Deductible	myBlue				
			SA 1	SA 2	SA 3	SA 5	SA 6
Platinum	Copay	$0	N/A	2015 pg. 13	N/A	**24M05-75 pg 13**	N/A
Gold	Copay	$0	N/A	2016 pg. 19	N/A	**24M05-74 pg 19**	N/A
	Stand Alone	$940	1605 pg. 16	2011 pg. 18	N/A	N/A	N/A
Silver	Richest Base	$4,750 / $5,500	N/A	2204 pg. 41	N/A	N/A	**24M06-50 pg 25**
	Buy Up	$6,000 / $5,000	2017 pg. 25	2010 pg. 25	N/A	N/A	N/A
	Low Cost	$4,100	2237 pg. 29	N/A	N/A	N/A	N/A
	New Lowest Cost	$7,600	N/A	**24M02-78 pg 29**	N/A	N/A	**24M06-76 pg 29**
	Connected Care	$4,000	N/A	N/A	2332 pg. 33	N/A	N/A
	NEW Connected Care Lowest Cost	$7,600	N/A	N/A	**24M03-70 pg 33**	N/A	N/A
Bronze	$0 DED	$0	2129 pg. 54	2149 pg. 54	N/A	N/A	N/A
	$0 DED Buy Down	$0	2329 pg. 55	2349 pg. 55	N/A	N/A	N/A
	Copay	$6,000	1601 pg. 53	2013 pg. 53	N/A	N/A	N/A
	Rich DED With VCP	$1,650	2219 pg. 58	N/A	N/A	N/A	N/A
	Rich DED Non VCP PCP	$1,700	N/A	2286 pg. 59	N/A	N/A	N/A

Note: Cost share may vary by network / New 2024 plans in bold

Metal	Plan Description	Deductible	BlueOptions	BlueSelect	BlueCare	
					SA 1	SA 2
Platinum	Copay	$0	**24J01-08 pg 11**	1457 pg. 11	**24K01-07 pg 11**	**24K02-15 pg 11**
	Buy Down	$1,000	**24J01-05 pg 12**	1451 pg. 12	**24K01-04 pg 12**	N/A
Gold	Copay	$0	**24J01-09 pg 14**	1535 pg. 14	**24K01-08 pg 14**	**24K02-20 pg 14**
	Buy Down	$1,500	**24J01-12 pg 17**	1835 pg. 17	**24K01-10 pg 17**	N/A
Silver	Buy Up	$5,950	**24J01-07 pg 37**	1456 pg. 37	**24K01-06 pg 37**	N/A
	Lowest Cost	$6,000 / $5,900	**24J01-03 pg 21**	1443 pg. 21	**24K01-02 pg 21**	**24K02-21 pg 21**
Bronze	$0 DED	$0	**24J01-17 pg 56**	2139 pg. 56	**24K01-25 pg 56**	**24K02-23 pg 56**
	Copay	$7,400	**24J01-04 pg 52**	1449 pg. 52	**24K01-03 pg 52**	**24K02-17 pg 52**
	HSA	$6,850	**24J01-10 pg 50**	1735 pg. 50	**24K01-09 pg 50**	N/A
	NEW Lowest Cost	$6,900	**24J01-06 pg 57**	**24L01-01 pg 57**	**24K01-05 pg 57**	**24K02-18 pg 57**

Job Aid: NBPP Migration Impacts

The Notice of Benefit and Payment Parameters (NBPP) issued by CMS mandates that carriers can only offer 4 traditional plans per metal level, per network. This has affected all product lines and will be described in detail.

myBlue Bronze Migration Impacts

Out of the current bronze offerings, 10 plans will be retired with membership migrating to similar plan designs.

2023 Plan Number	2023 Plan Number (Leon County)		2024 Plan Number	2024 Plan Number (Leon County)
2126	N/A		1601	N/A
2266	N/A		2219	N/A
1602	N/A		1601	N/A
2311S	N/A		2312S	N/A
2231	N/A		1601	N/A
2146	2146		2013	1601
2211	2211		2013	1601
2014	2014	→	2013	1601
2321S	2321S		2322S	2312S
N/A	2149		N/A	2129
N/A	2349		N/A	2329
N/A	2013		N/A	1601
N/A	2221X		N/A	2212X
N/A	2286		N/A	2219
N/A	2322S		N/A	2312S
N/A	2346		N/A	1601

myBlue Silver Migration Impacts

Out of the current silver offerings, 10 plans will be retired with membership migrating to similar plan designs.

2023 Plan Number	2023 Plan Number (Leon County)		2024 Plan Number CC Counties	2024 Plan Number Non-CC Counties	2024 Plan Number (Leon County)
1710	N/A		2017	**24M06-50**	N/A
1603	N/A		2017	**24M06-50**	N/A
1604	N/A		2017	**24M06-50**	N/A
2127	N/A		2017	2017	N/A
2337	N/A		2237	2237	N/A
2230	N/A	→	2332	N/A	N/A
N/A	2204		N/A	N/A	2017
N/A	2010		N/A	N/A	2017
N/A	2323S		N/A	N/A	2313S
N/A	2220X		N/A	N/A	2210X
N/A	2347		N/A	N/A	2332
N/A	2348		N/A	N/A	2332

myBlue Gold Migration Impacts

3 plans will be retired specifically in Leon County. No other myBlue Gold plans will be closed.

2023 Plan Number (Leon County)		2024 Plan Number (Leon County)
2016		**24M05-74**
2011	→	1605
2325S		2314S

myBlue Platinum Migration Impacts

2 plans will be retired specifically in Leon County. No other myBlue Platinum plans will be closed.

2023 Plan Number (Leon County)		2024 Plan Number (Leon County)
2015	→	**24M05-75**
2324S		**24M05-00S**

Job Aid: BlueOptions, BlueCare, BlueSelect On-Market Plan Migrations

BlueOptions On-Market Migration Impacts

Metal	2023 BlueOptions EPO/PPO		2024 BlueOptions PPO
Platinum	1424	→	24J01-08
	2305S		24J01-21S
	1418		24J01-05
Gold	1505		24J01-09
	1805		24J01-12
	2304S		24J01-20S
Silver	1431		24J01-07
	1423		24J01-07
	2303S		24J01-19S
	1410		24J01-03
Bronze	2119		24J01-17
	2319		24J01-17
	1416		24J01-04
	2302S		24J01-18S
	1705		24J01-10
	1419		24J01-06
	2301S		24J01-06

BlueSelect On-Market Migration Impacts

Metal	2023 BlueSelect		2024 BlueSelect
Silver	1464	→	1456
Bronze	2339		2139
	1452		24L01-01
	2341S		24L01-01

BlueCare On-Market Migration Impacts

Metal	2023 BlueCareHMO			2024 BlueCare POS	
	SA 1	SA 2		SA 1	SA 2
Platinum	1491	2151	→	24K01-07	24K02-15
	2365S	2355S		24K01-34S	24K02-29S
	1485	N/A		24K01-04	N/A
Gold	1565	2156		24K01-08	24K02-20
	1865	N/A		24K01-10	N/A
	2364S	2354S		24K01-33S	24K02-28S
Silver	1498	N/A		24K01-06	N/A
	1490	N/A		24K01-06	N/A
	2363S	2353S		24K01-32S	24K01-27S
	1477	2157		24K01-02	24K02-21
Bronze	2179	2159		24K01-25	24K02-23
	2379	2359		24K01-25	24K02-23
	1483	2153		24K01-03	24K02-17
	2362S	2352S		24K01-31S	24K02-26S
	1765	N/A		24K01-09	N/A
	1486	2154		24K01-05	24K02-18
	2361S	2351S		24K01-05	24K02-18

Job Aid: 2024 Plan Crosswalk—Off-Market Only Plans

Metal	Plan Description	Deductible	BlueOptions	BlueSelect	BlueCare		myBlue	
					SA 1	SA 2	SA 1	SA 2
Gold Off Only	**Stand Alone**	$1,750	**24J01-11 pg 15**	N/A	N/A	N/A	N/A	N/A
Silver Off Only	**$0 DED**	$0	**24J01-16 pg 49**	2130 pg. 49	**24K01-24 pg 49**	**24K02-14 pg 49**	N/A	N/A
	Richest	$5,500	**24J01-14 pg 47**	1837 pg. 47	**24K01-12 pg 47**	N/A	N/A	N/A
	Buy Up	$3,600	**24J01-15 pg 48**	1838 pg. 48	**24K01-13 pg 48**	N/A	N/A	N/A
	Lower Cost	$5,850	**24J01-13 pg 45**	1836 pg. 45	**24K01-11 pg 45**	**24K02-16 pg 45**	N/A	N/A
	HSA	$5,000	**24J01-02 pg 20**	1442 pg. 20	**24K01-01 pg 20**	**24K02-22 pg 20**	N/A	N/A
	myBlueX	$4,500	N/A	N/A	N/A	N/A	2210X pg. 46	2220X pg. 46
Bronze Off Only	**Copay w/ Ped Dental**	$7,400	**24J01-04P pg 52**	1449P pg 52	**24K01-03P pg 52**	N/A	1601P pg 53	N/A
	HSA	$7,050	N/A	N/A	N/A	**24K02-19 pg 50**	N/A	N/A
	myBlueX	$8,000 / $7,400	N/A	N/A	N/A	N/A	2212X pg. 60	2221X pg.60

Note: Cost share may vary by network / New 2024 plans in bold

Job Aid: BlueOptions and BlueCare Off-Market Only Plan Migrations

BlueOptions Off-Market Only Migration Impacts

Metal	2023 BlueOptions EPO/PPO		2024 BlueOptions PPO
Gold	1801	→	**24J01-11**
Silver	2110	→	**24J01-16**
	1807	→	**24J01-14**
	1808	→	**24J01-15**
	1806	→	**24J01-13**
	1409	→	**24J01-02**

BlueCare Off-Market Only Migration Impacts

Metal	2023 BlueCare HMO		2024 BlueCare POS	
	SA 1	SA 2	SA 1	SA 2
Silver	2160	2150	**24K01-24**	**24K02-14**
	1867	N/A	**24K01-12**	N/A
	1868	N/A	**24K01-13**	N/A
	1866	2152	**24K01-11**	**24K02-16**
	1476	2158	**24K01-01**	**24K02-22**
Bronze	N/A	2155	N/A	**24K02-19**

myBlue and BlueCare Plan Service Areas

County	MYB	MYB CC	BCR	County	MYB	MYB CC	BCR	County	MYB	MYB CC	BCR
Alachua	SA 1/5/6	N/A	SA 1	Hendry	N/A	N/A	SA 1	Orange	SA 1/5	SA 3	SA 2
Baker	SA 1/5/6	N/A	SA 1	Hernando	SA 1/5/6	N/A	SA 1	Osceola	SA 1/5	SA 3	SA 2
Bay	SA 1/5/6	N/A	SA 1	Highlands	SA 1/5/6	N/A	N/A	Palm Beach	SA 1/5	SA 3	SA 2
Bradford	SA 1/5/6	N/A	SA 1	Hillsborough	SA 1/5	SA 3	SA 2	Pasco	SA 1/5/6	N/A	SA 2
Brevard	N/A	N/A	SA 1	Holmes	SA 1/5/6	N/A	N/A	Pinellas	SA 1/5/6	N/A	SA 2
Broward	SA 1	SA3	SA 2	Indian River	SA 2	N/A	N/A	Polk	SA 1/5/6	N/A	SA 1
Calhoun	SA 1/5/6	N/A	N/A	Jackson	SA 1/5/6	N/A	N/A	Putnam	SA 1/5/6	N/A	N/A
Charlotte	SA 1/5/6	N/A	SA 1	Jefferson	SA 2	N/A	N/A	Santa Rosa	SA 1/5/6	N/A	SA 1
Citrus	SA 1/5/6	N/A	SA 1	Lake	SA 1/5/6	N/A	SA 1	Sarasota	SA 2	N/A	SA 1
Clay	SA 1/5/6	N/A	SA 1	Lee	SA 2	N/A	SA 1	Seminole	SA 1/5	SA 3	SA 2
Collier	SA 2	N/A	SA 1	Leon	SA 1/5	SA 3	N/A	**St. Johns**	**SA 1/5/6**	N/A	SA 1
Columbia	SA 1/5/6	N/A	SA 1	Levy	SA 1/5/6	N/A	SA 1	St. Lucie	SA 1/5/6	N/A	SA 1
Desoto	N/A	N/A	SA 1	Liberty	SA 1/5/6	N/A	N/A	Sumter	SA 1/5/6	N/A	SA 1
Dixie	SA 1/5/6	N/A	SA 1	Madison	SA 1/5/6	N/A	N/A	Suwanee	SA 1/5/6	N/A	SA 1
Duval	SA 1/5/6	N/A	SA 2	Manatee	SA 1/5/6	N/A	SA 1	**Taylor**	**SA 1/5/6**	N/A	N/A
Escambia	SA 1/5/6	N/A	SA 1	Marion	SA 1/5/6	N/A	SA 1	**Union**	**SA 1/5/6**	N/A	N/A
Flagler	N/A	N/A	SA 1	Martin	SA 1/5/6	N/A	SA 1	Volusia	N/A	N/A	SA 1
Franklin	SA 1/5/6	N/A	N/A	Miami-Dade	SA 1	SA 3	SA 2	Wakulla	SA 2	N/A	N/A
Gadsden	SA 1/5/6	N/A	N/A	Nassau	SA 2	N/A	SA 1	Walton	SA 1/5/6	N/A	SA 1
Gilchrist	SA 1/5/6	N/A	SA 1	Okaloosa	SA 1/5/6	N/A	SA 1				
Hardee	SA 1/5/6	N/A	N/A	Okeechobee	SA 1/5/6	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
Eyeglass 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 Llenticular 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, and 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 X-rays (Bitewing) Space Maintainers Sealants	$0
Basic Services	No Waiting Period
Anesthesia Emergency Treatment (Palliative Care) Fillings (Complete Series) Extractions Minor Endodontics Minor Periodontics Minor Prosthodontics	$0
Major Services	No Waiting Period
Major Endodontics Major Periodontics Major Prosthodontics Medically Necessary Implants (Prior Authorization Is Required)	$0
Medically Necessary Orthodontics	No Waiting Period
Prior Authorization ils 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 Oral Evaluation X-rays (Bitewing)	$0
Basic Services	No Waiting Period
Extractions Fillings X-rays (Complete Series)	50% After Deductible
Major Services	No Waiting Period
Periodontal Maintenance, and Root Planing (Deep Cleanings)	50% After Deductible
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 24J01-08, 24J01-08O	BlueSelect 1457, 1457O	BlueCare 24K01-07, 24K01-07O	BlueCare 24K02-15, 24K02-15O
Financial Features				
Deductible (DED)[1] (Per Person / Family Aggregate)				
In-Network	$0 / $0			
Out-of-Network	$500 / Not Applicable			
Coinsurance (Coins)[2] (Amount Member Pays)				
In-Network	20%			
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%			
Out-of-Pocket Maximum (Per Person / Family Aggregate)				
In-Network	$2,000 / $4,000			
Out-of-Network	$12,500 / $25,000			
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			
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 (INN4) [&] 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0			
Provider Services at an ER In-Network & Out-of-Network	$0			
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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	$10 Copay			
Substance Dependency Office Services[6]				
Family Physician	$10 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	$10 Copay			
Office Visit Specialist	$20 Copay			
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	$300 Copay			
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered				
Motorized Wheelchairs	$500 Copay			
All Other Services	$0			
Home Health Care (60 Visits PBP) In-Network 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 24J01-05, 24J01-05O	BlueSelect 1451, 1451O	BlueCare 24K01-04, 24K01-04O
Financial Features			
Deductible (DED)[1] (Per Person / Family Aggregate)			
In-Network	$1,000 / $2,000		
Out-of-Network	$2,000 / $4,000		
Coinsurance (Coins)[2] (Amount Member Pays)			
In-Network	10%		
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%		
Out-of-Pocket Maximum (Per Person / Family Aggregate)			
In-Network	$4,000 / $8,000		
Out-of-Network	$8,000 / $16,000		
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		
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 / $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	$35 Copay		
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0		
Provider Services at an ER In-Network & Out-of-Network	$0		
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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	$15 Copay		
Substance Dependency Office Services[6]			
Family Physician	$15 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	$15 Copay		
Office Visit Specialist	$35 Copay		
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 10% Coins		
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered			
Motorized Wheelchairs	$500 Copay		
All Other Services	$0		
Home Health Care (60 Visits PBP) In-Network 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	myBlue 24M05-75, 24M05-75O
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 (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	
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 (INN4) [&] 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0	
Provider Services at an ER In-Network & Out-of-Network	$0	
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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	$80 Copay
Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.)	$150 Copay	
Independent Clinical Lab (e.g., Blood Work) In-Network 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	$10 Copay	
Substance Dependency Office Services[6]		
Family Physician	$10 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	$10 Copay	
Office Visit Specialist	$20 Copay	
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	$300 Copay	
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered		
Motorized Wheelchairs	$500 Copay	
All Other Services	$0	
Home Health Care (60 Visits PBP) In-Network 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 24J01-09, 24J01-09O	BlueSelect 1535, 1535O	BlueCare 24K01-08, 24K01-08O	BlueCare 24K02-20, 24K02-20O
Financial Features				
Deductible (DED)[1] (Per Person / Family Aggregate)				
In-Network	$0 / $0			
Out-of-Network	$500 / Not Applicable			
Coinsurance (Coins)[2] (Amount Member Pays)				
In-Network	40%			
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%			
Out-of-Pocket Maximum (Per Person / Family Aggregate)				
In-Network	$6,250 / $12,500			
Out-of-Network	$12,500 / $25,000			
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			
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 (INN4) [&] 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0			
Provider Services at an ER In-Network & Out-of-Network	$0			
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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 BlueSelect: Out-of-Network Not Covered				
Motorized Wheelchairs	$500 Copay			
All Other Services	$0			
Home Health Care (60 Visits PBP) In-Network 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 24J01-11 (Off Marketplace Only)
Financial Features	
Deductible (DED)[1] (Per Person / Family Aggregate)	
In-Network	$1,750 / $3,500
Out-of-Network	$3,500 / $7,000
Coinsurance (Coins)[2] (Amount Member Pays)	
In-Network	10%
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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
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 (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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 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 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 (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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
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 (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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	$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	$90 Copay
Office Visit Specialist	$120 Copay
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 20% Coins
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered	
Motorized Wheelchairs	$500 Copay
All Other Services	$0
Home Health Care (60 Visits PBP) In-Network 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 24J01-12, 24J01-12O	BlueSelect 1835, 1835O	BlueCare 24K01-10, 24K01-10O
Financial Features			
Deductible (DED)[1] (Per Person / Family Aggregate)			
In-Network	$1,500 / $3,000		
Out-of-Network	$3,000 / $6,000		
Coinsurance (Coins)[2] (Amount Member Pays)			
In-Network	20%		
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%		
Out-of-Pocket Maximum (Per Person / Family Aggregate)			
In-Network	$5,900 / $11,800		
Out-of-Network	$12,500 / $25,000		
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		
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 (INN4) & Out-of-Network	$500 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$10 Copay		
Provider Services at an ER In-Network & Out-of-Network	$10 Copay		
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$10 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.)	$325 Copay		
Independent Clinical Lab (e.g., Blood Work) In-Network 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 BlueSelect: Out-of-Network Not Covered			
Motorized Wheelchairs	$500 Copay		
All Other Services	$0		
Home Health Care (60 Visits PBP) In-Network 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 (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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
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 (INN4) [&] 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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 BlueSelect: Out-of-Network Not Covered	
Motorized Wheelchairs	$500 Copay
All Other Services	$0
Home Health Care (60 Visits PBP) In-Network 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	myBlue 24M05-74, 24M05-74O
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 (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$5,950 / $11,900	
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	
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 (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0	
Provider Services at an ER In-Network & Out-of-Network	$0	
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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	$145 Copay
Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.)	$250 Copay	
Independent Clinical Lab (e.g., Blood Work) In-Network BlueSelect: Out-of-Network Not Covered	$25 Copay	$40 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 BlueSelect: Out-of-Network Not Covered		
Motorized Wheelchairs	$500 Copay	
All Other Services	$0	
Home Health Care (60 Visits PBP) In-Network 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 24J01-02 (Off Marketplace Only)	BlueSelect 1442 (Off Marketplace Only)	BlueCare 24K01-01 (Off Marketplace Only)	BlueCare 24K02-22 (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			
Coinsurance (Coins)[2] (Amount Member Pays)				
In-Network	10%			
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%			
Out-of-Pocket Maximum (Per Person / Family Aggregate)				
In-Network	$7,000 / $14,000			
Out-of-Network	$14,000 / $28,000			
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 (INN4) [&] 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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 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 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 24J01-03, 24J01-03O	BlueSelect 1443, 1443O	BlueCare 24K01-02, 24K01-02O	BlueCare 24K02-21, 24K02-21O
Financial Features				
Deductible (DED)[1] (Per Person / Family Aggregate)				
In-Network	$6,000 / $12,000			
Out-of-Network	$12,000 / $24,000			
Coinsurance (Coins)[2] (Amount Member Pays)				
In-Network	50%			
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%			
Out-of-Pocket Maximum (Per Person / Family Aggregate)				
In-Network	$8,000 / $16,000			
Out-of-Network	$16,000 / $32,000			
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			
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	$85 Copay			
Urgent Care Centers	DED + $100 Copay			
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) & Out-of-Network	INN DED + $675 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0			
Provider Services at an ER In-Network & Out-of-Network	$0			
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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)	$110 Copay			
Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.)	DED + 50% Coins			
Independent Clinical Lab (e.g., Blood Work) In-Network 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	$85 Copay			
Specialist	$85 Copay			
Substance Dependency Office Services[6]				
Family Physician	$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	$85 Copay			
Office Visit Specialist	DED + $100 Copay			
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 50% Coins			
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered				
Motorized Wheelchairs	$500 Copay			
All Other Services	$0			
Home Health Care (60 Visits PBP) In-Network 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 24J01-03A	BlueSelect 1443A	BlueCare 24K01-02A	BlueCare 24K02-21A
Financial Features				
Deductible (DED)[1] (Per Person / Family Aggregate)				
In-Network	$6,000 / $12,000			
Out-of-Network	$12,000 / $24,000			
Coinsurance (Coins)[2] (Amount Member Pays)				
In-Network	40%			
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%			
Out-of-Pocket Maximum (Per Person / Family Aggregate)				
In-Network	$7,550 / $15,100			
Out-of-Network	$16,000 / $32,000			
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			
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	$85 Copay			
Urgent Care Centers	$100 Copay			
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) & Out-of-Network	$675 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0			
Provider Services at an ER In-Network & Out-of-Network	$0			
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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)	$110 Copay			
Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.)	DED + 40% Coins			
Independent Clinical Lab (e.g., Blood Work) In-Network 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	$85 Copay			
Specialist	$85 Copay			
Substance Dependency Office Services[6]				
Family Physician	$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	$85 Copay			
Office Visit Specialist	$100 Copay			
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 40% Coins			
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered				
Motorized Wheelchairs	$500 Copay			
All Other Services	$0			
Home Health Care (60 Visits PBP) In-Network 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 24J01-03B	BlueSelect 1443B	BlueCare 24K01-02B	BlueCare 24K02-21B
Financial Features				
Deductible (DED)[1] (Per Person / Family Aggregate)				
In-Network	$0 / $0			
Out-of-Network	$12,000 / $24,000			
Coinsurance (Coins)[2] (Amount Member Pays)				
In-Network	40%			
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%			
Out-of-Pocket Maximum (Per Person / Family Aggregate)				
In-Network	$3,150 / $6,300			
Out-of-Network	$16,000 / $32,000			
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			
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)	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	$70 Copay			
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) & Out-of-Network	$675 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0			
Provider Services at an ER In-Network & Out-of-Network	$0			
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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.)	40% Coins			
Independent Clinical Lab (e.g., Blood Work) In-Network 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	$5 Copay			
Substance Dependency Office Services[6]				
Family Physician	$5 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	$5 Copay			
Office Visit Specialist	$70 Copay			
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	40% Coins			
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered				
Motorized Wheelchairs	$500 Copay			
All Other Services	$0			
Home Health Care (60 Visits PBP) In-Network 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 24J01-03C	BlueSelect 1443C	BlueCare 24K01-02C	BlueCare 24K02-21C
Financial Features				
Deductible (DED)[1] (Per Person / Family Aggregate)				
In-Network	$0 / $0			
Out-of-Network	$12,000 / $24,000			
Coinsurance (Coins)[2] (Amount Member Pays)				
In-Network	25%			
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%			
Out-of-Pocket Maximum (Per Person / Family Aggregate)				
In-Network	$2,350 / $4,700			
Out-of-Network	$16,000 / $32,000			
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			
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 (INN4) [&] 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0			
Provider Services at an ER In-Network & Out-of-Network	$0			
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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	$1 Copay			
Substance Dependency Office Services[6]				
Family Physician	$0 for first 3 visits, then $1 Copay			
Specialist	$1 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 BlueSelect: Out-of-Network Not Covered				
Motorized Wheelchairs	$500 Copay			
All Other Services	$0			
Home Health Care (60 Visits PBP) In-Network 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 24M06-50, 24M06-50O	myBlue 2010, 2010O	myBlue 2017, 2017O
Financial Features			
Deductible (DED)[1] (Per Person / Family Aggregate)			
In-Network	$5,500 / $11,000	$5,000 / $10,000	$6,000 / $12,000
Out-of-Network	Not Covered		
Coinsurance (Coins)[2] (Amount Member Pays)			
In-Network	50%		
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$7,500 / $15,000
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
Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only)	$0		
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 / $35*	$0 / $4 / $25	$0 / $4 / $35*
Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7	$40 / $55* / 50%* / NA	$30 / $55* / 50%* / NA	$40 / $55* / 50%* / NA
Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3	$0 / $0 / $88*	$0 / $0 / $63	$0 / $0 / $88*
Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7	$100 / $138* / 50%* / NA	$75 / $138* / 50%* / NA	$100 / $138* / 50%* / NA
Urgent and Emergency Medical Care			
Convenient Care Center	$110 Copay	$100 Copay	$110 Copay
Urgent Care Centers	DED + $100 Copay		DED + $150 Copay
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) & Out-of-Network	INN DED + $750 Copay	INN DED + $650 Copay	INN DED + $675 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0		
Provider Services at an ER In-Network & Out-of-Network	$0		
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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)	$105 Copay	$50 Copay	$70 Copay
Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.)	DED + 50% Coins		
Independent Clinical Lab (e.g., Blood Work) In-Network BlueSelect: Out-of-Network Not Covered	$17 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	$55 Copay	$65 Copay	
Specialist	$55 Copay	$65 Copay	
Substance Dependency Office Services[6]			
Family Physician	$55 Copay	$65 Copay	
Specialist	$55 Copay	$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	$110 Copay	$100 Copay	$110 Copay
Office Visit Specialist	DED + $100 Copay		
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 50% Coins		
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered			
Motorized Wheelchairs	$500 Copay		
All Other Services	$0		
Home Health Care (60 Visits PBP) In-Network 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 24M06-50A	myBlue 2010A	myBlue 2017A
Financial Features			
Deductible (DED)[1] (Per Person / Family Aggregate)			
In-Network	$2,650 / $5,300	$2,750 / $5,500	
Out-of-Network	Not Covered		
Coinsurance (Coins)[2] (Amount Member Pays)			
In-Network	40%		
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$7,550 / $15,100	$7,500 / $15,000
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
Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only)	$0		
Specialist Office Services	$100 Copay		$90 Copay
Specialist Virtual Visits (In-Network Providers Only)	$100 Copay		$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 / $30	$0 / $4 / $25	$0 / $4 / $30
Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7	$35 / $55* / 50%* / NA	$30 / $55* / 50%* / NA	$35 / $55* / 50%* / NA
Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3	$0 / $0 / $75	$0 / $0 / $63	$0 / $0 / $75
Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7	$88 / $138* / 50%* / NA	$75 / $138* / 50%* / NA	$88 / $138* / 50%* / NA
Urgent and Emergency Medical Care			
Convenient Care Center	$50 Copay	$80 Copay	$60 Copay
Urgent Care Centers	$100 Copay		$90 Copay
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) & Out-of-Network	$750 Copay	$650 Copay	$675 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0		
Provider Services at an ER In-Network & Out-of-Network	$0		
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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)	$105 Copay	$50 Copay	$70 Copay
Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.)	DED + 40% Coins		
Independent Clinical Lab (e.g., Blood Work) In-Network BlueSelect: Out-of-Network Not Covered	$17 Copay	$25 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
Specialist	$50 Copay	$65 Copay	$60 Copay
Substance Dependency Office Services[6]			
Family Physician	$50 Copay	$65 Copay	$60 Copay
Specialist	$50 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
Office Visit Specialist	$100 Copay		$90 Copay
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 40% Coins		
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered			
Motorized Wheelchairs	$500 Copay		
All Other Services	$0		
Home Health Care (60 Visits PBP) In-Network 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 24M06-50B	myBlue 2010B	myBlue 2017B
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 (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$3,050 / $6,100	$2,700 / $5,400	$3,050 / $6,100
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
Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only)	$0		
Specialist Office Services	$40 Copay	$70 Copay	$55 Copay
Specialist Virtual Visits (In-Network Providers Only)	$40 Copay	$70 Copay	$55 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	$15 Copay	$40 Copay	$25 Copay
Urgent Care Centers	$40 Copay	$70 Copay	$55 Copay
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) & Out-of-Network	$675 Copay	$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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0		
Provider Services at an ER In-Network & Out-of-Network	$0		
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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	$50 Copay	$65 Copay
Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.)	40% Coins		
Independent Clinical Lab (e.g., Blood Work) In-Network BlueSelect: Out-of-Network Not Covered	$15 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
Specialist	$15 Copay	$40 Copay	$25 Copay
Substance Dependency Office Services[6]			
Family Physician	$15 Copay	$40 Copay	$25 Copay
Specialist	$15 Copay	$40 Copay	$25 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
Office Visit Specialist	$40 Copay	$70 Copay	$55 Copay
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	40% Coins		
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered			
Motorized Wheelchairs	$500 Copay		
All Other Services	$0		
Home Health Care (60 Visits PBP) In-Network 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 24M06-50C	myBlue 2010C	myBlue 2017C
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 (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$2,300 / $4,600	$1,200 / $2,400	$1,750 / $3,500
Out-of-Network	Not Covered		
Office Services / Virtual Visits			
Physician Office Services / Virtual Visits			
Family Physician (PCP[3]) Office Services	$0		
Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only)	$0		
Specialist Office Services	$5 Copay	$10 Copay	$15 Copay
Specialist Virtual Visits (In-Network Providers Only)	$5 Copay	$10 Copay	$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 / $0 / $3	$0 / $0 / $0	$0 / $0 / $3
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 / $8	$0 / $0 / $0	$0 / $0 / $8
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		
Urgent Care Centers	$5 Copay	$10 Copay	$15 Copay
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) & Out-of-Network	$150 Copay	$325 Copay	$200 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0		
Provider Services at an ER In-Network & Out-of-Network	$0		
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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	$50 Copay	$15 Copay
Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.)	25% Coins		
Independent Clinical Lab (e.g., Blood Work) In-Network BlueSelect: Out-of-Network Not Covered	$0	$15	$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		
Specialist	$0		
Substance Dependency Office Services[6]			
Family Physician	$0		
Specialist	$0		
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		
Office Visit Specialist	$5 Copay	$10 Copay	$15 Copay
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	25% Coins		
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered			
Motorized Wheelchairs	$500 Copay		
All Other Services	$0		
Home Health Care (60 Visits PBP) In-Network 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 24M02-78, 24M02-78D, 24M02-78O, 24M02-78OD	myBlue 24M06-76, 24M06-76D, 24M06-76O, 24M06-76OD
Financial Features			
Deductible (DED)[1] (Per Person / Family Aggregate)			
In-Network	$4,100 / $8,200	$7,600 / $15,200	
Out-of-Network	Not Covered		
Coinsurance (Coins)[2] (Amount Member Pays)			
In-Network	50%		
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$9,450 / $18,900	$9,300 / $18,600	$9,200 / $18,400
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		
Specialist Office Services	DED + $85 Copay	DED + $100 Copay	
Specialist Virtual Visits (In-Network Providers Only)	DED + $85 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 / $30*	$0 / $4 / $40*	
Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7	$35 / $55* / 50%* / NA	$55 / $70* / 50%* / NA	
Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3	$0 / $0 / $75*	$0 / $0 / $100*	
Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7	$88 / $138* / 50%* / NA	$138 / $175* / 50%* / NA	
Urgent and Emergency Medical Care			
Convenient Care Center	$60 Copay	$50 Copay	
Urgent Care Centers	DED + $85 Copay	DED + $100 Copay	
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0		
Provider Services at an ER In-Network & Out-of-Network	$0		
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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	$10 Copay	
Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.)	DED + 50% Coins		
Independent Clinical Lab (e.g., Blood Work) In-Network BlueSelect: Out-of-Network Not Covered	$20 Copay	$10 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	$60 Copay	$0	$10 Copay
Specialist	$60 Copay	$0	$10 Copay
Substance Dependency Office Services[6]			
Family Physician	$60 Copay	$0	$10 Copay
Specialist	$60 Copay	$0	$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	$60 Copay	$50 Copay	
Office Visit Specialist	DED + $85 Copay	DED + $100 Copay	
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 50% Coins		
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered			
Motorized Wheelchairs	$500 Copay		
All Other Services	$0		
Home Health Care (60 Visits PBP) In-Network BlueSelect: Out-of-Network Not Covered	$0		
Skilled Nursing Facility (60 Days PBP)	$500 Copay	$700 Copay	
Hospice	$0		

Silver Plans

COST SHARING (Amount Member Pays)	myBlue 2237A, 2237AD	myBlue 24M02-78A, 24M02-78AD	myBlue 24M06-76A, 24M06-76AD
Financial Features			
Deductible (DED)[1] (Per Person / Family Aggregate)			
In-Network	$4,100 / $8,200	$7,525 / $15,050	
Out-of-Network	Not Covered		
Coinsurance (Coins)[2] (Amount Member Pays)			
In-Network	40%	50%	
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$7,550 / $15,100		
Out-of-Network	Not Covered		
Office Services / Virtual Visits			
Physician Office Services / Virtual Visits			
Family Physician (PCP[3]) Office Services	$45 Copay	$50 Copay	
Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only)	$0		
Specialist Office Services	$75 Copay	$80 Copay	
Specialist Virtual Visits (In-Network Providers Only)	$75 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	$0 / $4 / $40*	
Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7	$35 / $55* / 50%* / NA	$55 / $70* / 50%* / NA	
Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3	$0 /$0 / $75	$0 / $0 / $100*	
Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7	$88 / $138* / 50%* / NA	$138 / $175* / 50%* / NA	
Urgent and Emergency Medical Care			
Convenient Care Center	$45 Copay	$50 Copay	
Urgent Care Centers	$75 Copay	$80 Copay	
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) [&] 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0		
Provider Services at an ER In-Network & Out-of-Network	$0		
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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	$10 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 BlueSelect: Out-of-Network Not Covered	$20 Copay	$10 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	$45 Copay	$0	$10 Copay
Specialist	$45 Copay	$0	$10 Copay
Substance Dependency Office Services[6]			
Family Physician	$45 Copay	$0	$10 Copay
Specialist	$45 Copay	$0	$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	$45 Copay	$50 Copay	
Office Visit Specialist	$75 Copay	$80 Copay	
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 40% Coins	DED + 50% Coins	
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered			
Motorized Wheelchairs	$500 Copay		
All Other Services	$0		
Home Health Care (60 Visits PBP) In-Network BlueSelect: Out-of-Network Not Covered	$0		
Skilled Nursing Facility (60 Days PBP)	$500 Copay	$700 Copay	
Hospice	$0		

Silver Plans

COST SHARING (Amount Member Pays)	myBlue 2237B, 2237BD	myBlue 24M02-78B, 24M02-78BD	myBlue 24M06-76B, 24M06-76BD
Financial Features			
Deductible (DED)[1] (Per Person / Family Aggregate)			
In-Network	$0 / $0	$500 / $1,000	
Out-of-Network	Not Covered		
Coinsurance (Coins)[2] (Amount Member Pays)			
In-Network	40%	50%	
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$3,150 / $6,300	
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		
Specialist Office Services	$35 Copay	$50 Copay	
Specialist Virtual Visits (In-Network Providers Only)	$35 Copay	$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	*INN Health DED	
Retail - Tier 1 / Tier 2 / Tier 3	$0 / $4 / $30	$0 / $4 / $35	
Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7	$35 / $53 / 50% / NA	$40 / $60* / 50%* / NA	
Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3	$0 / $0 / $75	$0 / $0 / $88	
Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7	$88 / $133 / 50% / NA	$100 / $150* / 50%* / NA	
Urgent and Emergency Medical Care			
Convenient Care Center	$10 Copay		
Urgent Care Centers	$35 Copay	$50 Copay	
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0		
Provider Services at an ER In-Network & Out-of-Network	$0		
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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	$0	
Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.)	40% Coins	DED + 50% Coins	
Independent Clinical Lab (e.g., Blood Work) In-Network BlueSelect: Out-of-Network Not Covered	$15 Copay	$0	
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	$10 Copay	$0	
Specialist	$10 Copay	$0	
Substance Dependency Office Services[6]			
Family Physician	$10 Copay	$0	
Specialist	$10 Copay	$0	
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	$35 Copay	$50 Copay	
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	40% Coins	DED + 50% Coins	
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered			
Motorized Wheelchairs	$500 Copay		
All Other Services	$0		
Home Health Care (60 Visits PBP) In-Network BlueSelect: Out-of-Network Not Covered	$0		
Skilled Nursing Facility (60 Days PBP)	$350 Copay	$400 Copay	
Hospice	$0		

Silver Plans

COST SHARING (Amount Member Pays)	myBlue 2237C, 2237CD	myBlue 24M02-78C, 24M02-78CD	myBlue 24M06-76C, 24M06-76CD
Financial Features			
Deductible (DED)[1] (Per Person / Family Aggregate)			
In-Network	$0 / $0	$100 / $200	
Out-of-Network	Not Covered		
Coinsurance (Coins)[2] (Amount Member Pays)			
In-Network	25%	50%	
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$1,625 / $3,250	$1,775 / $3,550	$1,800 / $3,600
Out-of-Network	Not Covered		
Office Services / Virtual Visits			
Physician Office Services / Virtual Visits			
Family Physician (PCP[3]) Office Services	$0	$1 Copay	
Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only)	$0		
Specialist Office Services	$5 Copay	$10 Copay	$8 Copay
Specialist Virtual Visits (In-Network Providers Only)	$5 Copay	$10 Copay	$8 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	*INN Health DED	
Retail - Tier 1 / Tier 2 / Tier 3	$0 / $0 / $0		
Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7	$11 / $22 / 50% / NA	$15 / $25 / 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	$38 / $63 / 50%* / NA	
Urgent and Emergency Medical Care			
Convenient Care Center	$0	$1 Copay	
Urgent Care Centers	$5 Copay	$10 Copay	$8 Copay
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) [&] Out-of-Network	25% Coins	INN DED + 50% Coins	
Ambulance Services In-Network and Out-of-Network	25% Coins	INN DED + 50% Coins	
Hospital / Surgical			
Ambulatory Surgical Center Facility (ASC)	25% Coins	DED + 50% Coins	
Inpatient Hospital Facility: (BlueOptions - Option 1 / Option 2) **Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5])	25% Coins	DED + 50% Coins	
Outpatient Hospital Facility Services (Per Visit)			
Therapy Services (BlueOptions - Option 1 / Option 2)	25% Coins	DED + 50% Coins	
All Other Services (BlueOptions - Option 1 / Option 2)	25% Coins	DED + 50% Coins	
Other Provider Services			
Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0		
Provider Services at an ER In-Network & Out-of-Network	$0		
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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	$0	
Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.)	25% Coins	DED + 50% Coins	
Independent Clinical Lab (e.g., Blood Work) In-Network BlueSelect: Out-of-Network Not Covered	$5 Copay	$0	
Outpatient Hospital Facility Services (Per Visit) (e.g., Blood Work and X-rays) (BlueOptions - Option 1 / Option 2)	25% Coins	DED + 50% Coins	
Mental Health and Substance Dependency			
Mental Health Office Services[6]			
Family Physician	$0		
Specialist	$0		
Substance Dependency Office Services[6]			
Family Physician	$0		
Specialist	$0		
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	$1 Copay	
Office Visit Specialist	$5 Copay	$10 Copay	$8 Copay
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	25% Coins	DED + 50% Coins	
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered			
Motorized Wheelchairs	$500 Copay		
All Other Services	$0		
Home Health Care (60 Visits PBP) In-Network BlueSelect: Out-of-Network Not Covered	$0		
Skilled Nursing Facility (60 Days PBP)	$250 Copay	$300 Copay	
Hospice	$0		

Silver Plans

COST SHARING (Amount Member Pays)	myBlue Connected Care 2332, 2332D, 2332O, 2332OD	myBlue Connected Care 24M03-70, 24M03-70D, 24M03-70O, 24M03-70OD
Financial Features		
Deductible (DED)[1] (Per Person / Family Aggregate)		
In-Network	$4,000 / $8,000	$7,600 / $15,200
Out-of-Network	Not Covered	
Coinsurance (Coins)[2] (Amount Member Pays)		
In-Network	50%	
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$8,000 / $16,000	$9,450 / $18,900
Out-of-Network	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	
Specialist Office Services	DED + $100 Copay	DED + $110 Copay
Specialist Virtual Visits (In-Network Providers Only)	DED + $100 Copay	DED + $110 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 / $40*
Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7	$40 / $55* / 50%* / NA	$45 / $70* / 50%* / NA
Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3	$0 / $0 / $88*	$0 / $0 / $100*
Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7	$100 / $138* / 50%* / NA	$113 / $175* / 50%* / NA
Urgent and Emergency Medical Care		
Convenient Care Center	$80 Copay	
Urgent Care Centers	DED + $100 Copay	DED + $110 Copay
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	DED + 50% Coins	$0
Provider Services at an ER In-Network & Out-of-Network	$0	
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	DED + 50% Coins	$0
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (Per Visit) (e.g., X-rays) (Includes Provider Services)		
Diagnostic Services (Except AIS)	$40 Copay	$35 Copay
Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.)	DED + 50% Coins	
Independent Clinical Lab (e.g., Blood Work) In-Network BlueSelect: Out-of-Network Not Covered	$25 Copay	$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	$20 Copay
Specialist	$80 Copay	$20 Copay
Substance Dependency Office Services[6]		
Family Physician	$80 Copay	$20 Copay
Specialist	$80 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	$80 Copay	
Office Visit Specialist	DED + $100 Copay	DED + $110 Copay
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 50% Coins	
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered		
Motorized Wheelchairs	$500 Copay	
All Other Services	$0	
Home Health Care (60 Visits PBP) In-Network BlueSelect: Out-of-Network Not Covered	$0	
Skilled Nursing Facility (60 Days PBP)	$500 Copay	$700 Copay
Hospice	$0	

Silver Plans

COST SHARING (Amount Member Pays)	myBlue Connected Care 2332A, 2332AD	myBlue Connected Care 24M03-70A, 24M03-70AD
Financial Features		
Deductible (DED)[1] (Per Person / Family Aggregate)		
In-Network	$3,200 / $6,400	$7,525 / $15,050
Out-of-Network	Not Covered	
Coinsurance (Coins)[2] (Amount Member Pays)		
In-Network	50%	
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$7,550 / $15,100
Out-of-Network	Not Covered	
Office Services / Virtual Visits		
Physician Office Services / Virtual Visits		
Family Physician (PCP[3]) Office Services	$50 Copay	$60 Copay
Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only)	$0	
Specialist Office Services	$90 Copay	$105 Copay
Specialist Virtual Visits (In-Network Providers Only)	$90 Copay	$105 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 / $40*
Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7	$35 / $55* / 50%* / NA	$45 / $70* / 50%* / NA
Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3	$0 / $0 / $75	$0 / $0 / $100*
Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7	$88 / $138* / 50%* / NA	$113 / $175* / 50%* / NA
Urgent and Emergency Medical Care		
Convenient Care Center	$50 Copay	$60 Copay
Urgent Care Centers	$90 Copay	$105 Copay
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) [&] 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	DED + 50% Coins	$0
Provider Services at an ER In-Network & Out-of-Network	$0	
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	DED + 50% Coins	$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.)	DED + 50% Coins	
Independent Clinical Lab (e.g., Blood Work) In-Network 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	$50 Copay	$20 Copay
Specialist	$50 Copay	$20 Copay
Substance Dependency Office Services[6]		
Family Physician	$50 Copay	$20 Copay
Specialist	$50 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	$50 Copay	$60 Copay
Office Visit Specialist	$90 Copay	$105 Copay
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 50% Coins	
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered		
Motorized Wheelchairs	$500 Copay	
All Other Services	$0	
Home Health Care (60 Visits PBP) In-Network BlueSelect: Out-of-Network Not Covered	$0	
Skilled Nursing Facility (60 Days PBP)	$500 Copay	$700 Copay
Hospice	$0	

Silver Plans

COST SHARING (Amount Member Pays)

	myBlue Connected Care 2332B, 2332BD	myBlue Connected Care 24M03-70B, 24M03-70BD
Financial Features		
Deductible (DED)[1] (Per Person / Family Aggregate)		
In-Network	$500 / $1,000	
Out-of-Network	Not Covered	
Coinsurance (Coins)[2] (Amount Member Pays)		
In-Network	50%	
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$3,150 / $6,300
Out-of-Network	Not Covered	
Office Services / Virtual Visits		
Physician Office Services / Virtual Visits		
Family Physician (PCP[3]) Office Services	$45 Copay	
Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only)	$0	
Specialist Office Services	$60 Copay	$65 Copay
Specialist Virtual Visits (In-Network Providers Only)	$60 Copay	$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 / $25	$0 / $4 / $35
Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7	$30 / $53 / 50%* / NA	$40 / $60* / 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	$75 / $133 / 50%* / NA	$100 / $150* / 50%* / NA
Urgent and Emergency Medical Care		
Convenient Care Center	$45 Copay	
Urgent Care Centers	$60 Copay	$65 Copay
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	DED + 50% Coins	$0
Provider Services at an ER In-Network & Out-of-Network	$0	
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	DED + 50% Coins	$0
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (Per Visit) (e.g., X-rays) (Includes Provider Services)		
Diagnostic Services (Except AIS)	$20 Copay	$0
Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.)	DED + 50% Coins	
Independent Clinical Lab (e.g., Blood Work) In-Network 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	$20 Copay	$0
Specialist	$20 Copay	$0
Substance Dependency Office Services[6]		
Family Physician	$20 Copay	$0
Specialist	$20 Copay	$0
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies, and Spinal Manipulations (35 Visits PBP)		
Office Visit Family Physician	$45 Copay	
Office Visit Specialist	$60 Copay	$65 Copay
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 50% Coins	
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered		
Motorized Wheelchairs	$500 Copay	
All Other Services	$0	
Home Health Care (60 Visits PBP) In-Network BlueSelect: Out-of-Network Not Covered	$0	
Skilled Nursing Facility (60 Days PBP)	$350 Copay	$400 Copay
Hospice	$0	

Silver Plans

COST SHARING (Amount Member Pays)	myBlue Connected Care 2332C, 2332CD	myBlue Connected Care 24M03-70C. 24M03-70CD
Financial Features		
Deductible (DED)[1] (Per Person / Family Aggregate)		
In-Network	$0 / $0	$100 / $200
Out-of-Network	Not Covered	
Coinsurance (Coins)[2] (Amount Member Pays)		
In-Network	25%	50%
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$1,300 / $2,600	$1,800 / $3,600
Out-of-Network	Not Covered	
Office Services / Virtual Visits		
Physician Office Services / Virtual Visits		
Family Physician (PCP[3]) Office Services	$10 Copay	$4 Copay
Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only)	$0	
Specialist Office Services	$20 Copay	$12 Copay
Specialist Virtual Visits (In-Network Providers Only)	$20 Copay	$12 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	*INN Health DED
Retail - Tier 1 / Tier 2 / Tier 3	$0 / $0 / $5	$0 / $0 / $0
Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7	$11 / $22 / 50% / NA	$13 / $25 / 50%* / NA
Home Delivery (90 days) - Tier 1 / Tier 2 / Tier 3	$0 / $0 / $13	$0 / $0 / $0
Home Delivery (90 days) - Tier 4 / Tier 5 / Tier 6 / Tier 7	$28 / $55 / 50% / NA	$33 / $63 / 50%* / NA
Urgent and Emergency Medical Care		
Convenient Care Center	$10 Copay	$4 Copay
Urgent Care Centers	$20 Copay	$12 Copay
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) & Out-of-Network	25% Coins	INN DED + 50% Coins
Ambulance Services In-Network and Out-of-Network	25% Coins	INN DED + 50% Coins
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	25% Coins	DED + 50% Coins
Inpatient Hospital Facility: (BlueOptions - Option 1 / Option 2) **Rehabilitation / Habilitation Services:** Limit 30 Days each (per admission) (PBP[5])	25% Coins	DED + 50% Coins
Outpatient Hospital Facility Services (Per Visit)		
Therapy Services (BlueOptions - Option 1 / Option 2)	25% Coins	DED + 50% Coins
All Other Services (BlueOptions - Option 1 / Option 2)	25% Coins	DED + 50% Coins
Other Provider Services		
Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	25% Coins	$0
Provider Services at an ER In-Network & Out-of-Network	$0	
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	25% Coins	$0
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (Per Visit) (e.g., X-rays) (Includes Provider Services)		
Diagnostic Services (Except AIS)	$15 Copay	$0
Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.)	25% Coins	DED + 50% Coins
Independent Clinical Lab (e.g., Blood Work) In-Network 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	DED + 50% Coins
Mental Health and Substance Dependency		
Mental Health Office Services[6]		
Family Physician	$10 Copay	$0
Specialist	$10 Copay	$0
Substance Dependency Office Services[6]		
Family Physician	$10 Copay	$0
Specialist	$10 Copay	$0
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	$4 Copay
Office Visit Specialist	$20 Copay	$12 Copay
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	25% Coins	DED + 50% Coins
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered		
Motorized Wheelchairs	$500 Copay	
All Other Services	$0	
Home Health Care (60 Visits PBP) In-Network BlueSelect: Out-of-Network Not Covered	$0	
Skilled Nursing Facility (60 Days PBP)	$250 Copay	$300 Copay
Hospice	$0	

Silver Plans

COST SHARING (Amount Member Pays)

	BlueOptions 24J01-07, 24J01-07O	BlueSelect 1456, 1456O	BlueCare 24K01-06, 24K01-06O
Financial Features			
Deductible (DED)[1] (Per Person / Family Aggregate)			
In-Network	$2,800 / $5,600		
Out-of-Network	$5,600 / $11,200		
Coinsurance (Coins)[2] (Amount Member Pays)			
In-Network	40%		
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%		
Out-of-Pocket Maximum (Per Person / Family Aggregate)			
In-Network	$7,150 / $14,300		
Out-of-Network	$14,300 / $28,600		
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		
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 / $10		
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 / $25		
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 (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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	$50 Copay		
Substance Dependency Office Services[6]			
Family Physician	$50 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	$50 Copay		
Office Visit Specialist	$100 Copay		
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + $500 Copay		
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered			
Motorized Wheelchairs	$500 Copay		
All Other Services	$0		
Home Health Care (60 Visits PBP) In-Network 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 24J01-07A	BlueSelect 1456A	BlueCare 24K01-06A
Financial Features			
Deductible (DED)[1] (Per Person / Family Aggregate)			
In-Network	$2,800 / $5,600		
Out-of-Network	$5,600 / $11,200		
Coinsurance (Coins)[2] (Amount Member Pays)			
In-Network	40%		
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%		
Out-of-Pocket Maximum (Per Person / Family Aggregate)			
In-Network	$6,800 / $13,600		
Out-of-Network	$14,300 / $28,600		
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		
Specialist Office Services	$30 Copay		
Specialist Virtual Visits (In-Network Providers Only)	$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)	*$3,000		
Retail - Tier 1 / Tier 2 / Tier 3	$0 / $4 / $8		
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 / $20		
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		
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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 + $500 Copay		
Mental Health and Substance Dependency			
Mental Health Office Services[6]			
Family Physician	$15 Copay		
Specialist	$15 Copay		
Substance Dependency Office Services[6]			
Family Physician	$15 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	$15 Copay		
Office Visit Specialist	$30 Copay		
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + $500 Copay		
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered			
Motorized Wheelchairs	$500 Copay		
All Other Services	$0		
Home Health Care (60 Visits PBP) In-Network 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 24J01-07B	BlueSelect 1456B	BlueCare 24K01-06B
Financial Features			
Deductible (DED)[1] (Per Person / Family Aggregate)			
In-Network	$250 / $500		
Out-of-Network	$5,600 / $11,200		
Coinsurance (Coins)[2] (Amount Member Pays)			
In-Network	40%		
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%		
Out-of-Pocket Maximum (Per Person / Family Aggregate)			
In-Network	$2,850 / $5,700		
Out-of-Network	$14,300 / $28,600		
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		
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		
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		
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 (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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	$5 Copay		
Substance Dependency Office Services[6]			
Family Physician	$5 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	$5 Copay		
Office Visit Specialist	$15 Copay		
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + $400 Copay		
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered			
Motorized Wheelchairs	$500 Copay		
All Other Services	$0		
Home Health Care (60 Visits PBP) In-Network 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 24J01-07C	BlueSelect 1456C	BlueCare 24K01-06C
Financial Features			
Deductible (DED)[1] (Per Person / Family Aggregate)			
In-Network	$0 / $0		
Out-of-Network	$5,600 / $11,200		
Coinsurance (Coins)[2] (Amount Member Pays)			
In-Network	20%		
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%		
Out-of-Pocket Maximum (Per Person / Family Aggregate)			
In-Network	$950 / $1,900		
Out-of-Network	$14,300 / $28,600		
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		
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 (INN4) [&] 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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)	$250 Copay		
Mental Health and Substance Dependency			
Mental Health Office Services[6]			
Family Physician	$0 for first 3 visits, then $2 Copay		
Specialist	$2 Copay		
Substance Dependency Office Services[6]			
Family Physician	$0 for first 3 visits, then $2 Copay		
Specialist	$2 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 BlueSelect: Out-of-Network Not Covered			
Motorized Wheelchairs	$500 Copay		
All Other Services	$0		
Home Health Care (60 Visits PBP) In-Network 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	$4,750 / $9,500
Out-of-Network	Not Covered
Coinsurance (Coins)[2] (Amount Member Pays)	
In-Network	40%
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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
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 (INN4) [&] 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0
Provider Services at an ER In-Network & Out-of-Network	$0
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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	$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 BlueSelect: Out-of-Network Not Covered	
Motorized Wheelchairs	$500 Copay
All Other Services	$0
Home Health Care (60 Visits PBP) In-Network 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	$3,000 / $6,000
Out-of-Network	Not Covered
Coinsurance (Coins)[2] (Amount Member Pays)	
In-Network	40%
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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
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
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%* / 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	$75 Copay
Urgent Care Centers	$100 Copay
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0
Provider Services at an ER In-Network & Out-of-Network	$0
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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	$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 BlueSelect: Out-of-Network Not Covered	
Motorized Wheelchairs	$500 Copay
All Other Services	$0
Home Health Care (60 Visits PBP) In-Network 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 (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$3,150 / $6,300
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
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 (INN4) [&] 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0
Provider Services at an ER In-Network & Out-of-Network	$0
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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.)	40% Coins
Independent Clinical Lab (e.g., Blood Work) In-Network BlueSelect: Out-of-Network Not Covered	$5
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	$30 Copay
Substance Dependency Office Services[6]	
Family Physician	$30 Copay
Specialist	$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	$30 Copay
Office Visit Specialist	$60 Copay
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	40% Coins
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered	
Motorized Wheelchairs	$500 Copay
All Other Services	$0
Home Health Care (60 Visits PBP) In-Network 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 (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$2,250 / $4,500
Out-of-Network	Not Covered
Office Services / Virtual Visits	
Physician Office Services / Virtual Visits	
Family Physician (PCP[3]) Office Services	$0
Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only)	$0
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 (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0
Provider Services at an ER In-Network & Out-of-Network	$0
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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
Specialist	$0
Substance Dependency Office Services[6]	
Family Physician	$0
Specialist	$0
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
Office Visit Specialist	$5 Copay
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	25% Coins
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered	
Motorized Wheelchairs	$500 Copay
All Other Services	$0
Home Health Care (60 Visits PBP) In-Network 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 24J01-13 (Off Marketplace Only)	BlueSelect 1836 (Off Marketplace Only)	BlueCare 24K01-11 (Off Marketplace Only)	BlueCare 24K02-16 (Off Marketplace Only)
Financial Features				
Deductible (DED)[1] (Per Person / Family Aggregate)				
In-Network	$5,850 / $11,700			
Out-of-Network	$11,700 / $23,400			
Coinsurance (Coins)[2] (Amount Member Pays)				
In-Network	50%			
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%			
Out-of-Pocket Maximum (Per Person / Family Aggregate)				
In-Network	$8,350 / $16,700			
Out-of-Network	$16,700 / $33,400			
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			
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 (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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)	$60 Copay			
Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.)	DED + 50% Coins			
Independent Clinical Lab (e.g., Blood Work) In-Network 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	$35 Copay			
Substance Dependency Office Services[6]				
Family Physician	$0 for first 3 visits, then $35 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 $35 Copay			
Office Visit Specialist	$65 Copay			
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 50% Coins			
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered				
Motorized Wheelchairs	$500 Copay			
All Other Services	$0			
Home Health Care (60 Visits PBP) In-Network 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 (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	
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 (INN4) [&] 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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 BlueSelect: Out-of-Network Not Covered		
Motorized Wheelchairs	$500 Copay	
All Other Services	$0	
Home Health Care (50 Visits PBP) In-Network 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 24J01-14 (Off Marketplace Only)	BlueSelect 1837 (Off Marketplace Only)	BlueCare 24K01-12 (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		
Coinsurance (Coins)[2] (Amount Member Pays)			
In-Network	20%		
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%		
Out-of-Pocket Maximum (Per Person / Family Aggregate)			
In-Network	$9,450 / $18,900		
Out-of-Network	$18,900 / $37,800		
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		
Specialist Office Services	$95 Copay		
Specialist Virtual Visits (In-Network Providers Only)	$95 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	$95 Copay		
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) & Out-of-Network	$725 Copay		
Ambulance Services In-Network and Out-of-Network	INN DED + 20% Coins		
Hospital / Surgical			
Ambulatory Surgical Center Facility (ASC)	$725 Copay		
Inpatient Hospital Facility: (BlueOptions - Option 1 / Option 2) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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)	$175 Copay		
Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.)	$450 Copay		
Independent Clinical Lab (e.g., Blood Work) In-Network BlueSelect: Out-of-Network Not Covered	$50 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	$50 Copay		
Specialist	$50 Copay		
Substance Dependency Office Services[6]			
Family Physician	$50 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	$50 Copay		
Office Visit Specialist	$95 Copay		
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 20% Coins		
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered			
Motorized Wheelchairs	$500 Copay		
All Other Services	$0		
Home Health Care (60 Visits PBP) In-Network 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 24J01-15 (Off Marketplace Only)	BlueSelect 1838 (Off Marketplace Only)	BlueCare 24K01-13 (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		
Coinsurance (Coins)[2] (Amount Member Pays)			
In-Network	20%		
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%		
Out-of-Pocket Maximum (Per Person / Family Aggregate)			
In-Network	$7,900 / $15,800		
Out-of-Network	$15,800 / $31,600		
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		
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 (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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	$30 Copay		
Substance Dependency Office Services[6]			
Family Physician	$30 Copay		
Specialist	$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	$30 Copay		
Office Visit Specialist	$75 Copay		
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 20% Coins		
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered			
Motorized Wheelchairs	$500 Copay		
All Other Services	$0		
Home Health Care (60 Visits PBP) In-Network 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 24J01-16 (Off Marketplace Only)	BlueSelect 2130 (Off Marketplace Only)	BlueCare 24K01-24 (Off Marketplace Only)	BlueCare 24K02-14 (Off Marketplace Only)
Financial Features				
Deductible (DED)[1] (Per Person / Family Aggregate)				
In-Network	$0 / $0			
Out-of-Network	$500 / $1,000			
Coinsurance (Coins)[2] (Amount Member Pays)				
In-Network	0%			
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%			
Out-of-Pocket Maximum (Per Person / Family Aggregate)				
In-Network	$9,450 / $18,900			
Out-of-Network	$18,900 / $37,800			
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			
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)	*$1,500			
Retail - Tier 1 / Tier 2 / Tier 3	$0 / $4 / $15			
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 / $38			
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	$90 Copay			
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) [&] Out-of-Network	$1,000 Copay			
Ambulance Services In-Network and Out-of-Network	0%			
Hospital / Surgical				
Ambulatory Surgical Center Facility (ASC)	$1,500 Copay			
Inpatient Hospital Facility: (BlueOptions - Option 1 / Option 2) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	$0			
Provider Services at an ER In-Network & Out-of-Network	$0			
Radiology, Pathology, and Anesthesiology Provider Services at a Hospital BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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	$50 Copay			
Substance Dependency Office Services[6]				
Family Physician	$50 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	$50 Copay			
Office Visit Specialist	$90 Copay			
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	$2,500 Copay			
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered				
Motorized Wheelchairs	$500 Copay			
All Other Services	$0			
Home Health Care (60 Visits PBP) In-Network 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 24J01-10	BlueSelect 1735	BlueCare 24K01-09	BlueCare 24K02-19 (Off Marketplace Only)
Financial Features				
Deductible (DED)[1] (Per Person / Family Aggregate)				
In-Network	$7,050 / $14,100			
Out-of-Network	$14,100 / $28,200			
Coinsurance (Coins)[2] (Amount Member Pays)				
In-Network	0%			
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	0%			
Out-of-Pocket Maximum (Per Person / Family Aggregate)				
In-Network	$7,050 / $14,100			
Out-of-Network	$14,100 / $28,200			
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 (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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 BlueSelect: Out-of-Network Not Covered				
Motorized Wheelchairs	DED			
All Other Services	DED			
Home Health Care (60 Visits PBP) In-Network BlueSelect: Out-of-Network Not Covered	DED			
Skilled Nursing Facility (60 Days PBP)	DED			
Hospice	DED			

Bronze Plans

COST SHARING (Amount Member Pays)	BlueOptions 24J01-10O	BlueSelect 1735O	BlueCare 24K01-09O
Financial Features			
Deductible (DED)[1] (Per Person / Family Aggregate)			
In-Network	$7,050 / $14,100		
Out-of-Network	$14,100 / $28,200		
Coinsurance (Coins)[2] (Amount Member Pays)			
In-Network	0%		
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	0%		
Out-of-Pocket Maximum (Per Person / Family Aggregate)			
In-Network	$7,050 / $14,100		
Out-of-Network	$14,100 / $28,200		
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		
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 (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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 BlueSelect: Out-of-Network Not Covered			
Motorized Wheelchairs	DED		
All Other Services	DED		
Home Health Care (60 Visits PBP) In-Network BlueSelect: Out-of-Network Not Covered	DED		
Skilled Nursing Facility (60 Days PBP)	DED		
Hospice	DED		

Bronze Plans

COST SHARING (Amount Member Pays)

	BlueOptions 24J01-04, 24J01-04P, 24J01-04O	BlueSelect 1449, 1449P, 1449O	BlueCare 24K01-03, 24K01-03P, 24K01-03O	BlueCare 24K02-17, 24K02-17O
Financial Features				
Deductible (DED)[1] (Per Person / Family Aggregate)				
In-Network	$6,500 / $13,000			
Out-of-Network	$13,000 / $26,000			
Coinsurance (Coins)[2] (Amount Member Pays)				
In-Network	50%			
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%			
Out-of-Pocket Maximum (Per Person / Family Aggregate)				
In-Network	$9,450 / $18,900			
Out-of-Network	$18,900 / $37,800			
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			
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 (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueSelect: Out-of-Network Not Covered	$50 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	$40 Copay			
Substance Dependency Office Services[6]				
Family Physician	$0 for first 3 visits, then $40 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 $40 Copay			
Office Visit Specialist	$70 Copay			
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + $350 Copay			
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered				
Motorized Wheelchairs	$500 Copay			
All Other Services	$0			
Home Health Care (60 Visits PBP) In-Network 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	$6,000 / $12,000	
Out-of-Network	Not Covered	
Coinsurance (Coins)[2] (Amount Member Pays)		
In-Network	50%	
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$9,450 / $18,900	
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 $45 Copay	$0 for first 3 visits, then $30 Copay
Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only)	$0	
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 / $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	$30 Copay
Urgent Care Centers	$80 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueSelect: Out-of-Network Not Covered	$45 Copay	$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 first 3 visits, then $45 Copay	$0 for first 3 visits, then $30 Copay
Specialist	$80 Copay	
Substance Dependency Office Services[6]		
Family Physician	$0 for first 3 visits, then $45 Copay	$0 for first 3 visits, then $30 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	$0 for first 3 visits, then $45 Copay	$0 for first 3 visits, then $30 Copay
Office Visit Specialist	$80 Copay	
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 50% Coins	
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered		
Motorized Wheelchairs	$500 Copay	
All Other Services	$0	
Home Health Care (60 Visits PBP) In-Network 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 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 (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$9,450 / $18,900	
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	
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)	*$3,000	
Retail - Tier 1 / Tier 2 / Tier 3	$0 / $4 / $30	
Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7	$35 / $300 / 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 / $750 / 50%* / NA	
Urgent and Emergency Medical Care		
Convenient Care Center	$35 Copay	
Urgent Care Centers	$75 Copay	
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) & Out-of-Network	$1,100 Copay	
Ambulance Services In-Network and Out-of-Network	50% Coins	
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	$1,200 Copay	
Inpatient Hospital Facility: (BlueOptions - Option 1 / Option 2) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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	$75 Copay	
Substance Dependency Office Services[6]		
Family Physician	$35 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	$35 Copay	
Office Visit Specialist	$75 Copay	
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	$1,500 Copay	
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered		
Motorized Wheelchairs	$500 Copay	
All Other Services	$0	
Home Health Care (60 Visits PBP) In-Network BlueSelect: Out-of-Network Not Covered	$0	
Skilled Nursing Facility (60 Days PBP)	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 (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$9,450 / $18,900	
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	
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 (INN4) & Out-of-Network	$1,200 Copay	
Ambulance Services In-Network and Out-of-Network	50% Coins	
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	$1,500 Copay	
Inpatient Hospital Facility: (BlueOptions - Option 1 / Option 2) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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 BlueSelect: Out-of-Network Not Covered		
Motorized Wheelchairs	$500 Copay	
All Other Services	$0	
Home Health Care (60 Visits PBP) In-Network BlueSelect: Out-of-Network Not Covered	$0	
Skilled Nursing Facility (60 Days PBP)	50% Coins	
Hospice	$0	

Bronze Plans

COST SHARING (Amount Member Pays)

	BlueOptions 24J01-17, 24J01-17O	BlueSelect 2139, 2139O	BlueCare 24K01-25, 24K01-25O	BlueCare 24K02-23, 24K02-23O
Financial Features				
Deductible (DED)[1] (Per Person / Family Aggregate)				
In-Network	$0 / $0			
Out-of-Network	$500 / $1,000			
Coinsurance (Coins)[2] (Amount Member Pays)				
In-Network	50%			
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%			
Out-of-Pocket Maximum (Per Person / Family Aggregate)				
In-Network	$9,450 / $18,900			
Out-of-Network	$18,900 / $37,800			
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			
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)	*$2,750			
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 (INN4) & Out-of-Network	$1,000 Copay			
Ambulance Services In-Network and Out-of-Network	50% Coins			
Hospital / Surgical				
Ambulatory Surgical Center Facility (ASC)	$1,000 Copay			
Inpatient Hospital Facility: (BlueOptions - Option 1 / Option 2) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network myBlue: In-Network	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)	$175 Copay		$120 Copay	
Imaging Services (AIS) (MRI, MRE, PET, CT, Nuclear Med.)	$300 Copay			
Independent Clinical Lab (e.g., Blood Work) In-Network 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	$50 Copay			
Substance Dependency Office Services[6]				
Family Physician	$50 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	$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 BlueSelect: Out-of-Network Not Covered				
Motorized Wheelchairs	$500 Copay			
All Other Services	$0			
Home Health Care (60 Visits PBP) In-Network BlueSelect: Out-of-Network Not Covered	$0			
Skilled Nursing Facility (60 Days PBP)	50% Coins			
Hospice	$0			

Bronze Plans

COST SHARING (Amount Member Pays)

	BlueOptions 24J01-06, 24J01-06O	BlueSelect 24L01-01, 24L01-01O	BlueCare 24K01-05, 24K01-05O	BlueCare 24K02-18, 24K02-18O
Financial Features				
Deductible (DED)[1] (Per Person / Family Aggregate)				
In-Network	$6,150 / $12,300			
Out-of-Network	$12,300 / $24,600			
Coinsurance (Coins)[2] (Amount Member Pays)				
In-Network	50%			
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For myBlue plans out-of-network services are not covered—except for emergency services)	50%			
Out-of-Pocket Maximum (Per Person / Family Aggregate)				
In-Network	$9,450 / $18,900			
Out-of-Network	$18,900 / $37,800			
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			
Specialist Office Services	DED + 50% Coins			
Specialist Virtual Visits (In-Network Providers Only)	DED + 50% Coins			
Allergy Injections (Per Visit) Family Physician	$5 Copay			
Medical Pharmacy (low tier / standard tier)	DED + 10% / DED + 20% 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 / 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	DED + 50% Coins			
Urgent Care Centers	DED + 50% Coins			
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) [&] 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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	DED + 50% Coins			
Specialist	DED + 50% Coins			
Substance Dependency Office Services[6]				
Family Physician	DED + 50% Coins			
Specialist	DED + 50% 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 + 50% Coins			
Office Visit Specialist	DED + 50% Coins			
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 50% Coins			
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered				
Motorized Wheelchairs	$500 Copay			
All Other Services	$0			
Home Health Care (60 Visits PBP) In-Network 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	$1,650 / $3,300
Out-of-Network	Not Covered
Coinsurance (Coins)[2] (Amount Member Pays)	
In-Network	50%
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$9,450 / $18,900
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
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 / 50%* / 50%* / NA
Urgent and Emergency Medical Care	
Convenient Care Center	$90 Copay
Urgent Care Centers	$155 Copay
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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	$60 Copay
Specialist	$60 Copay
Substance Dependency Office Services[6]	
Family Physician	$60 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	$155 Copay
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 50% Coins
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered	
Motorized Wheelchairs	$500 Copay
All Other Services	$0
Home Health Care (60 Visits PBP) In-Network 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 2286, 2286O
Financial Features	
Deductible (DED)[1] (Per Person / Family Aggregate)	
In-Network	$1,700 / $3,400
Out-of-Network	Not Covered
Coinsurance (Coins)[2] (Amount Member Pays)	
In-Network	50%
Out-of-Network (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$9,450 / $18,900
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
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 / 50%* / 50%* / 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 (INN4) & 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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	$85 Copay
Substance Dependency Office Services[6]	
Family Physician	$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	$85 Copay
Office Visit Specialist	$155 Copay
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 50% Coins
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered	
Motorized Wheelchairs	$500 Copay
All Other Services	$0
Home Health Care (60 Visits PBP) In-Network 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 (For BlueOptions, BlueCare, and BlueSelect plans member pays out-of-network DED + Coins / Copay unless otherwise noted below) (For 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	$9,450 / $18,900	
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 $20 Copay	$0
Family Physician (PCP[3]) Virtual Visits (In-Network Providers Only)	$0	
Specialist Office Services	$90 Copay	
Specialist Virtual Visits (In-Network Providers Only)	$90 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 / $30	
Retail - Tier 4 / Tier 5 / Tier 6 / Tier 7	$35 / 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	$88 / 50%* / 50%* / NA	
Urgent and Emergency Medical Care		
Convenient Care Center	$20 Copay	$0
Urgent Care Centers	$90 Copay	
Emergency Room Facility Services (ER) (Per Visit) In-Network (INN4) [&] 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) **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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 BlueOptions, BlueCare, and BlueSelect: In-Network & Out-of-Network 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 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
Specialist	$90 Copay	
Substance Dependency Office Services[6]		
Family Physician	$0 for first 3 visits, then $20 Copay	$0
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	$0 for first 3 visits, then $20 Copay	$0
Office Visit Specialist	$90 Copay	
Outpatient Hospital Facility (BlueOptions - Option 1 / Option 2)	DED + 50% Coins	
Durable Medical Equipment In-Network BlueSelect: Out-of-Network Not Covered		
Motorized Wheelchairs	$500 Copay	
All Other Services	$0	
Home Health Care (50 Visits PBP) In-Network 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
24J01-05U	24J01-09U	24J01-03U	24J01-04U
24J01-08U	24J01-12U	24J01-07U	24J01-06U
24J01-21US	24J01-20US	24J01-19US	24J01-10U
			24J01-17U
			24J01-18US

BlueSelect

Platinum Plans	Gold Plans	Silver Plans	Bronze Plans
1451U	1535U	1443U	1449U
1457U	1835U	1456U	1735U
2345US	2344US	2343US	2139U
			2342US
			24L01-01U

BlueCare

Platinum Plans	Gold Plans	Silver Plans	Bronze Plans	
24K01-04U	24K01-08U	24K01-02U	24K01-03U	24K02-17U
24K01-07U	24K01-10U	24K01-06U	24K01-05U	24K02-18U
24K01-34US	24K01-33US	24K01-32US	24K01-09U	24K02-23U
24K02-15U	24K02-20U	24K02-21U	24K01-25U	
24K02-29US	24K02-28US	24K02-27US	24K01-31US	

myBlue

Platinum Plans	Gold Plans	Silver Plans		Bronze Plans	
2015U	1605U	2010U	24M02-78U	2129U	2013U
2324US	2011U	2017U	24M02-78UD	2149U	2219U
24M05-00US	2016U	2204U	24M03-70U	2329U	2286U
24M05-75U	2314US	2313US	24M03-70UD	2349U	2312US
	2325US	2323US	24M06-50U	1601U	2322US
	24M05-74U	2332U	24M06-76U		
		2332UD	24M06-76UD		

On/Off-Market Standardized Plans

CMS is requiring issuers in the Federally-Facilitated Marketplace (FFMs) to offer standardized plan options at every product network type, at every metal level, and throughout every service area that they offer non-standardized options.

Standardized plans differ from traditional Florida Blue ACA plans, as they have a 4-tier Rx benefit structure, do not have reduced cost shares for VCP visits, and do not have $0 Virtual Visit benefits.

Florida Blue's 2024 Standardized Plan Offerings:

Metal	Deductible	BlueOptions	BlueSelect	BlueCare		myBlue		
				SA 1	SA 2	SA 1	SA 2	SA 5
Platinum	$0	**24J01-21S**	**2345S**	**24K01-34S**	**24K02-29S**	N/A	**2324S**	**24M05-00S**
Gold	$1,500	**24J01-20S**	**2344S**	**24K01-33S**	**24K02-28S**	**2314S**	**2325S**	N/A
Silver	$5,900	**24J01-19S**	**2343S**	**24K01-32S**	**24K02-27S**	**2313S**	**2323S**	N/A
	$5,700	**24J01-19AS**	**2343AS**	**24K01-32AS**	**24K02-27AS**	**2313AS**	**2323AS**	
	$700	**24J01-19BS**	**2343BS**	**24K01-32BS**	**24K02-27BS**	**2313BS**	**2323BS**	
	$0	**24J01-19CS**	**2343CS**	**24K01-32CS**	**24K02-27CS**	**2313CS**	**2323CS**	
Bronze	$7,500	**24J01-18S**	**2342S**	**24K01-31S**	**24K02-26S**	**2312S**	**2322S**	N/A

Note: American Indian / Alaska Native variants available for all standardized plans
Note: Cost share may vary by network / New 2024 plans in bold

Covered Benefits and Member Cost Shares for Florida Blue's 2024 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.

How to Read Standardized Pharmacy Benefits

Product Matrix	Medication Guide	Formulary Descriptions
Tier 1	Tier 1	Generic Drugs and Supplies*
Tier 2	Tier 2	Preferred Brand Drugs and Supplies*
Tier 3	Tier 3	Non-Preferred Brand Drugs and Supplies*
Tier 4	Tier 4	Specialty Drugs and Supplies**
Tier 5	N/A	N/A
Tier 6	N/A	N/A
Tier 7	N/A	N/A
This Applies to the ValueScriptRx for Simple Choice and CareChoices for Simple Choice Rx Medication Guides		

* Drugs on the Preventive Medication List are $0 copayment.
** Specialty Drugs are not covered under home delivery.
Note: BlueOptions/BlueCare/BlueSelect includes most major retail pharmacies; CVS, Navarro, Target, and CVS-owned pharmacies not included.
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.

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Florida Blue

Your local Blue Cross Blue Shield

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