



**1-1-2018  
Benefit Comparison**

	HMO Blue Care 10 (55)	Blue Options PPO 3562 (03766)	Blue Options HSA 05190 Individual Plan	Blue Options HSA 05191 Family Plan	Blue Options PPO 03359 & HRA
<b>Cost Sharing - Member's Responsibility</b>	Health Care Reform Compliant	Health Care Reform Compliant	Health Care Reform Compliant	Health Care Reform Compliant	
<b>Deductible (DED) (Per Person/Family Aggregate)</b>					
	N/A	\$500 / \$1,500	\$1,500 / NA	\$3,000 / \$3,000	\$1,500/\$3,000
	N/A	Combined w/ INN	\$3,000 / NA	\$6,000 / \$6,000	Combined with In-Network
<b>Coinurance (BCBSF pays / Member pays)</b>					
	N/A	80% / 20%	80% / 20%	80% / 20%	80% / 20%
	N/A	70% / 30%	60% / 40%	60% / 40%	60% / 40%
<b>Out of Pocket Maximum (Per Person/Family Aggregate)</b>					
	Non-Embedded	Includes Pharmacy			
	\$5,000 / \$10,000	\$5,000 / \$10,000	\$4,500 / NA	\$6,850 / \$9,000	\$3,000/\$9,000
	NA / NA	Combined w/ INN	\$9,000 / NA	\$18,000 / \$18,000	Combined with In-Network
<b>Medical / Surgical Care by a Physician</b>					
<b>Office Services</b>	• \$5 copayment when provided by a Value Choice PCP/Family Physician	• \$5 copayment when provided by a Value Choice PCP/Family Physician	Value Choice Not Applicable	Value Choice Not Applicable	
	\$25	\$25	DED + 20%	DED + 20%	DED + 20%
	\$40	\$40	DED + 20%	DED + 20%	DED + 20%
	Not Covered	DED + 30%	DED + 40%	DED + 40%	DED + 40%
<b>Preventive Services (Adult &amp; Well Child)</b>					
<b>Office Services</b>	\$0 Copayment	\$0	\$0 Copayment	\$0 Copayment	DED + 20%
	\$0 Copayment	\$0	\$0 Copayment	\$0 Copayment	DED + 20%
	Not Covered	30%	40%	40%	DED + 40%
<b>Medical / Surgical Care at a Facility</b>					
<b>Inpatient Hospital Facility (per admit)</b>		• OON only; if admitted as an Inpatient from ER, Cost Share is OON Deductible + ER Copayment	• OON only; if admitted as an Inpatient from ER, Cost Share is OON Deductible + ER Copayment	• OON only; if admitted as an Inpatient from ER, Cost Share is OON Deductible + ER Copayment	
	\$150 per day up to \$750 per admission	\$750	Option 1: Ded + 20%	Ded + 20%	DED + 20%
		\$1,500	Ded + 25%	Ded + 25%	DED + 25%
	Not Covered	\$2,500	\$500 PAD + DED + 40%	\$500 PAD + DED + 40%	DED + 40%
<b>Outpatient Hospital Facility (per visit) (Surgical)</b>					
	\$200	Option 1: \$150 Option 2: \$250	Option 1: Ded + 20% Option 2: Ded + 25%	Option 1: Ded + 20% Option 2: Ded + 25%	Option 1: Ded + 20% Option 2: Ded + 25%
	Not Covered	\$350	DED + 40%	DED + 40%	DED + 40%
<b>Emergency and Urgent Care</b>					
<b>Emergency Room Facility (per visit) (No surgery performed or not admitted)</b>	• If admitted as an inpatient from ER, the hospital will submit an inpatient hospital claim instead of an ER facility claim. ER Copay will not apply on the claim; only inpatient facility cost share will apply.				
	\$50	\$100 + 20%(no DED)	DED + 20%	DED + 20%	DED + 20%
<b>Urgent Care Centers</b>					
	\$35	\$35	DED + 20%	DED + 20%	DED + 20%
<b>Ambulance</b>	• Out-of-Network only covered for emergencies				
	\$0	DED + 20%	DED + 20%	DED + 20%	DED + 20%
<b>Other Special Services and Locations</b>					
<b>TeleMedicine Services - with Teladoc</b>	\$10	\$10	DED + Coin, Allowance Max. \$45	DED + Coin, Allowance Max. \$45	\$10
<b>Gastric Bypass Covered 1</b>	covered 1 per lifetime	covered 1 per lifetime	covered 1 per lifetime	covered 1 per lifetime	covered 1 per lifetime
<b>Prescription Drugs</b>					
<b>Deductible</b>			Integrated Deductible	Integrated Deductible	
<b>In-Network</b>					
	\$15 / \$45 / \$65/ \$250	\$15 / \$45 / \$65/ \$250	DED	DED	\$15/\$45/\$65/25%
	\$30 / \$90 / \$130	\$30 / \$90 / \$130	DED	DED	\$30/\$90/\$130/25%
<b>College Funded</b>			EE=\$500	EE + 1=\$1,000 EE + Family=\$1,500	EE=\$500 EE + 1=\$1,000 EE + Family=\$1,500
<b>Premiums</b>	College Paid: Employee \$806 Employee Paid: Employee plus 1 \$806 Employee plus Fam \$1,326	College Paid: Employee \$637 Employee Paid: Employee plus 1 \$637 Employee plus Fam \$740	College Paid: Employee \$368	Employee \$368 Employee Paid: Employee plus 1 \$321 Employee plus Fam \$335	College Paid: Employee \$579 Employee Paid: Employee plus 1 \$504 Employee plus Fam \$526