



	Blue Options 03559	BlueOptions 03769	Blue Options HSA 05190 Individual Plan Account Funding: \$500	Blue Options HSA 05191 Family Plan Account Funding: \$1,000/\$1,500
<b>Cost Sharing - Member's Responsibility</b>				
<b>Deductible (DED) (Per Person/Family Aggregate)</b>				
In-Network	\$600 / \$1,800	\$600 / \$1,800	\$1,500 / NA	\$3,000 / \$3,000
Out-of-Network	Combined w/ INN	Combined w/ INN	\$3,000 / NA	\$6,000 / \$6,000
<b>Coinsurance (BCBSF pays / Member pays)</b>				
In-Network	80% / 20%	80% / 20%	80% / 20%	80% / 20%
Out-of-Network	60% / 40%	60% / 40%	60% / 40%	60% / 40%
<b>Out of Pocket Maximum (Per Person/Family Aggregate)</b>				
<b>Includes Pharmacy</b>				
In-Network	\$6,000 / \$12,000	\$6,000 / \$12,000	\$4,500 / NA	\$6,850 / \$9,000
Out-of-Network	Combined w/ INN	Combined w/ INN	\$9,000 / NA	\$18,000 / \$18,000
<b>Medical / Surgical Care by a Physician</b>				
<b>Office Services</b>	\$5 copayment when provided by a Value Choice PCP/Family Physician		Value Choice Not Applicable	
In-Network Family Physician	\$30	\$30	DED + 20%	DED + 20%
In-Network Specialist	\$50	\$50	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	DED + 40%	DED + 40%
<b>Preventive Services (Adult &amp; Well Child)</b>				
<b>Office Services</b>				
In-Network Family Physician	\$0	\$0	\$0 Copayment	\$0 Copayment
In-Network Specialist	\$0	\$0	\$0 Copayment	\$0 Copayment
Out-of-Network	40%	40%	40%	40%
<b>Medical / Surgical Care at a Facility</b>				
<b>Inpatient Hospital Facility (per admit)</b>				
Out-of-Network only If admitted as an Inpatient from ER, Cost Share is Out-of-Network Deductible + ER Copayment				
In-Network	Option 1: \$750 Option 2: \$1,500	Option 1: \$1,000 Option 2: \$2,000	Option 1: DED + 20% Option 2: DED + 25%	Option 1: DED + 20% Option 2: DED + 25%
Out-of-Network	\$2,500	Ded + 40%	\$500 PAD + DED + 40%	\$500 PAD + DED + 40%
<b>Outpatient Hospital Facility (per visit) (Surgical)</b>				
In-Network	Option 1: \$150 Option 2: \$250	Option 1: DED + 20% Option 2: DED + 20%	Option 1: DED + 20% Option 2: DED + 25%	Option 1: DED + 20% Option 2: DED + 25%
Out-of-Network	Ded + 30%	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>				
In-Network	\$100 + 20% (NO DED)	DED + 20%	DED + 20%	DED + 20%
<b>Urgent Care Centers</b>				
In-Network	\$50	\$65	DED + 20%	DED + 20%
<b>Ambulance</b>				
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%
<b>Other Special Services and Locations</b>				
<b>TeleMedicine Services - with Teladoc</b>				
In-Network	\$10	\$10	DED + Coin Allowance Max. \$45	DED + Coin Allowance Max. \$45
<b>Gastric Bypass Covered 1</b>				
In-Network	covered 1 per lifetime	covered 1 per lifetime	covered 1 per lifetime	covered 1 per lifetime
<b>Prescription Drugs</b>				
<b>- Retail</b>				
Generic/Brand/Non-Preferred	\$15 / \$60 / \$100/ \$250	\$15 / \$45 / \$65 / \$250	Integrated Deductible	Integrated Deductible
<b>- Mail Order</b>				
Generic/Brand/Non-Preferred	\$30 / \$120 / \$200	\$30 / \$90 / \$130	Integrated Deductible	Integrated Deductible