

Blue Cross Blue Shield Health Plan Benefits	Blue Choice Value	BlueCHiP Flex	Blue Choice	HealthMate Coast-to-Coast
	Your In-Network Costs			
Preventive Care (ACA)	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit
Personal Care Physician (PCP)	\$30 per visit	\$0 per visit (PCMH) \$30 per visit (non-PCMH)	\$30 per visit	\$25 per visit
Specialist	\$50 per visit	\$50 per visit	\$50 per visit	\$40 per visit
Chiropractor	\$50 per visit (20 visit limit)	\$50 per visit (12 visit limit)	\$50 per visit (20 visit limit)	\$40 per visit (12 visit limit)
Diagnostic Lab & X-Rays	\$0 per visit	\$0 per visit	\$0 per visit	\$0 per visit
High-end Radiology/ Major Diagnostic Tests	0% per visit after deductible	0% per visit after deductible	0% per visit after deductible	0% per visit after deductible
Urgent Care	\$50 per visit	\$50 per visit	\$50 per visit	\$50 per visit
Emergency Room	\$200 per visit	\$200 per visit	\$200 per visit	\$150 per visit
Physical/Speech / Occupational Therapy	20% per visit after deductible	20% per visit after deductible	20% per visit after deductible	20% per visit after deductible
Durable Medical Equipment	20% per service/device after deductible	20% per service/device after deductible	20% per service/device after deductible	20% per service/device after deductible
Retail Clinic/Telemedicine Visits	\$30 per visit	\$30 per visit	\$30 per visit	\$25 per visit
Inpatient Services	0% per visit after deductible	0% per visit after deductible	0% per visit after deductible	0% per visit after deductible
Outpatient Services	0% per visit after deductible	0% per visit after deductible	0% per visit after deductible	0% per visit after deductible
Prescriptions	\$10/35/60/100	\$7/25/40/65	\$7/25/40/65	\$7/25/40/65
Mail Order Prescriptions	2.5 copays (tiers 1-3)	2.5 copays (tiers 1-3)	2.5 copays (tiers 1-3)	2.5 copays (tiers 1-3)
Deductible (In-Network)	Blue Choice Value	BlueCHiP Flex	Blue Choice	HealthMate Coast-to-Coast
	\$7,000 individual plan \$14,000 family plan. This does not include your HRA plan payment.	\$6,000 individual plan \$12,000 family plan. This does not include your HRA plan payment.	\$6,000 individual plan \$12,000 family plan. This does not include your HRA plan payment.	\$6,000 individual plan \$12,000 family plan. This does not include your HRA plan payment.
Out-of-Pocket Limit (In Network)	Benefit increase to full coverage after the out-of-pocket maximum expense of:	Benefit increase to full coverage after the out-of-pocket maximum expense of:	Benefit increase to full coverage after the out-of-pocket maximum expense of:	Benefit increase to full coverage after the out-of-pocket maximum expense of:
	\$7,800 individual plan \$15,600 family plan	\$6,850 individual plan \$13,700 family plan	\$6,850 individual, \$13,700 family plan	\$6,350 individual, \$12,700 family plan