

Blue Cross Blue Shield Health Plan Benefits	HealthMate Coast-to-Coast	BlueCHiP Flex	Blue Choice
	Your In-Network Costs		
Preventive Care - ACA	\$0 per visit	\$0 per visit	\$0 per visit
Personal Care Physician (PCP)	\$25 per visit	\$0 per visit (PCMH) \$30 per visit (non PCMH)	\$30 per visit
Specialist	\$40 per visit	\$50 per visit	\$50 per visit
Chiropractor	\$40 per visit (12 visit limit)	\$50 per visit (12 visit limit)	\$50 per visit (20 visit limit)
Diagnostic Lab and X-Rays	\$0 per visit	\$0 per visit	\$0 per visit
High-end Radiology/ Major Diagnostic Testing	0% per visit	0% per visit after deductible	0% per visit after deductible
Urgent Care	\$50 per visit	\$50 per visit	\$50 per visit
Emergency Room	\$150 per visit	\$200 per visit	\$200 per visit
Physical/Occupational/Speech Therapy	20% per visit after deductible (30 visit limit)	20% per visit after deductible (30 visit limit)	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
Retail Clinic/Telemedicine Visits	\$25 per visit	\$30 per visit	\$30 per visit
Inpatient Services	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
Prescriptions	\$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)
Deductible	HealthMate Coast-to-Coast What you pay	BlueCHiP Flex and Blue Choice What you pay	
Hybrid Calculation – All deductible amounts paid count toward the family deductible, but the individual will never pay more than their individual deductible amount	In-Network: \$6,000 deductible per individual plan, \$12,000 per family plan Out-of-Network: Separate \$6,000 deductible per individual plan, \$12,000 per family plan	In-Network: \$6,000 deductible per individual plan, \$12,000 per family plan Out-of-Network: Separate \$10,000 deductible per individual plan, \$20,000 per family plan	
Out-of-Pocket Limit	HealthMate Coast-to-Coast What you pay	BlueCHiP Flex and Blue Choice What you pay	
Please Note: Deductibles, copayments and coinsurances do apply to your out-of-pocket maximums Hybrid Calculation – see above	In-Network: Benefit increased to full coverage after the out-of-pocket maximum expense of \$6,350 per individual, \$12,700 per family Out-of-Network: Separate benefit increased to full coverage after the out-of-pocket maximum expense of \$6,200 per individual, \$12,400 per family is met	In-Network: Benefit increased to full coverage after the out-of-pocket maximum expense of \$6,850 per individual, \$13,700 per family Out-of-Network: Separate benefit increased to full coverage after the out-of-pocket maximum expense of \$13,700 per individual, \$27,400 per family is met	