

BlueCross BlueShield Plan Information 2024-2025

	High Deductible Blue Choice PPO	Platinum Blue Essentials HMO	Gold Blue Essentials HMO
Deductible (Individual / Family)	\$3,000 / \$9,000	\$1,250/\$4,000	\$3,500 / \$11,000
Max Out of Pocket (Individual/Family)	\$5,000 / \$15,000	\$5,000/\$15,000	\$8,000/\$18,500
Coinsurance	20%	10%	30%
Physician Services			
Primary Care	Deductible + 20%	\$45	\$50
Specialist	Deductible + 20%	\$75	\$85
Virtual Visits - MDLIVE	Deductible + 20%	\$0	\$0
Other Services			
Inpatient Hospitalization	Deductible + 20%	10% Coinsurance after \$500 Ded	30% Coinsurance after Ded
Outpatient Surgery	Deductible + 20%	10% Coinsurance after Ded	30% Coinsurance after Ded
Emergency Room	Deductible + 20%	10% coinsurance after \$500 Copay	30% coinsurance after \$500 Copay
Urgent Care	Deductible + 20%	\$75 Copay	\$100
Complex Imaging	Deductible + 20%	10% Coinsurance after Ded	30% Coinsurance after Ded
Prescription Drugs			
Rx Deductible	Integrated with Medical	\$250	\$500
Generic	20% After Deductible	\$15	\$30
Preferred Brand Name	30% After Deductible	\$45	\$65
Non-Preferred brand name	50% After Deductible	\$80	\$130
Specialty	Covered	\$500 Copay	\$500 Copay
Mail Order - 90-day supply	2.5x Retail	2.5x retail	2.5x retail
<i>Out of Network</i>			
<i>Deductible- Ind / Family</i>	\$6,000/\$18,000	Not Covered	Not Covered
<i>Maximum Out of Pocket - Ind / Family</i>	\$18,000/\$54,000	Not Covered	Not Covered
<i>Coinsurance</i>	50%	Not Covered	Not Covered