



**PLAN A**

**BlueOptions PPO Health Plan - Physician Copayment Plan 1550**

<b>BlueOptions Plans</b>	<b>Physician Copay 1550</b>
<b>Cost Sharing Options</b>	
<b>Calendar Year Deductible (CYD)</b> (Per Individual / Family Aggregate) In-Network Out-of-Network	\$300 / \$900 (Combined w/In-Network)
<b>Coinsurance</b> (% of covered services paid by you) In-Network Provider / Out-of-Network Provider	20% / 30%
<b>Office Services</b> In-Network Family Physician In-Network Specialist (no referral needed) Out-of-Network Provider	\$15 Copayment \$25 Copayment CYD + coinsurance
<b>Hospitalization</b>	
<b>Inpatient Hospital Facility Copay -</b> Per admit (CYD & coins do not apply) In-Network: Option 1 / Option 2 / Option 3 Out-of-Network	\$400 / \$800 / \$1,200 \$1,200
<b>Outpatient Hospital Facility Copay -</b> Per visit (CYD & coins do not apply) In-Network: Option 1 / Option 2 / Option 3 Out-of-Network	\$100 / \$200 / \$300 \$300
<b>Physician Services at Hospital &amp; ER</b>	CYD + coinsurance
<b>Physician Services at Locations other than Office, Hospital &amp; Emergency Room</b> In-Network Family Physicians In-Network Specialists Out-of-Network Providers	CYD + coinsurance CYD + coinsurance CYD + coinsurance
<b>Emergency Room Facility Copay</b> (Per visit; Waived if admitted) In-Network Out-of-Network	\$100 Copayment + coins \$100 Copayment + coins
<b>Additional Benefits and Features</b>	
<b>Ambulatory Surgical Center Facility</b> In-Network Facility Out-of-Network Facility	\$75 Copayment CYD + coinsurance
<b>Independent Clinical Lab</b> In-Network Out-of-Network	\$0 CYD + coinsurance
<b>Mammograms (member cost)</b>	\$0
<b>Out of Pocket Maximum</b> Includes CYD, coins. & copays; excludes Rx Per Person / Family Aggregate	\$2,000 / \$6,000
<b>Calendar Year Maximum Per Insured</b>	
Adult Wellness (CYD is waived)	\$250
Home Health Care	\$5,000
Mental Health (Inpatient / Outpatient)	30 Days / 20 Visits
Outpatient Therapy and Spinal Manipulations	\$5,000
Skilled Nursing Facility	60 Days
<b>Lifetime Maximum Per Insured</b>	
Lifetime Maximum	\$5,000,000
Hospice	\$10,000
Substance Dependency Care & Treatment	\$5,000
<b>BlueScript Pharmacy (Rx) Including Oral Contraceptives</b>	
Generic/Brand/Non-preferred	\$15/\$30/\$50