

2019-2020	Blue Shield	Blue Shield	Blue Shield
BLUE SHIELD	100-C \$20	80-G \$30	HSA-B
<i>MEDICAL - CALENDAR YEAR Deductibles & Maximums</i>	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$200/\$400	\$500/\$1,000	\$3,000/\$5,200*
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$2,000/\$4,000	\$5,000/\$10,000*
*Includes Rx			
<i>PROFESSIONAL SERVICES</i>			
Office Visit (OV) co-pay	\$20	\$30	Deductible, then 10%
Urgent Care co-pay	\$20	\$30	10%
Specialists/Consultants co-pay	\$20	\$30	10%
Prenatal, postnatal office visit co-pay	\$20	\$30	10%
Scans: CT, CAT, MRI, PET etc.	0%	20%	10%
Diagnostic X-ray & Laboratory Procedures	0%	20%	10%
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived
<i>HOSPITAL & SKILLED NURSING FACILITY SERVICES</i>			
Emergency Room visit (waived if admitted)	0% \$100 co-pay	20% \$100 co-pay	10% \$100 co-pay
Inpatient Hospital (preauthorization required) - limits may apply	0%	20%	10%
Outpatient Hospital	0%	20%	10%
Surgery, Outpatient (performed in Surgery Center)	0%	20%	10%
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	20%	10%
<i>MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT</i>			
INPATIENT: Facility Based Care (preauth required)	0%	20%	10%
OUTPATIENT: Facility Based Care (preauth required)	0%	20%	10%
<i>OTHER SERVICES</i>			
Acupuncture - Limits apply	0%	20%	10%
Ambulance (Ground or Air)	0% \$100 co-pay	20% \$100 co-pay	10% \$100 co-pay
Chiropractic - Limits apply	0%	20%	10%
Durable Medical Equipment (DME)	0%	20%	10%
Physical and Occupational Therapy - Limits apply	0%	20%	10%
<i>PHARMACY BENEFITS</i>			
<i>Plan</i>	7-25	7-25	9-35
Pharmacy Benefit Manager	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$1,500/\$2,500	\$1,500/\$2,500	\$2,500/\$3,500
Generic co-pay/30 days supply	\$0 at Costco \$7 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$9 at Other Network
Brand co-pay/30 days supply	\$25	\$25	\$35
Specialty co-pay/up to 30 days supply	\$25 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$35 Must Use Navitus Mail
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$60	\$0-\$60	\$0-\$90
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy