

2019/2020 Medical and Prescription Drugs Plan Comparison

	Option #1 - BCBS - Blue Options PPO		Option #2 - BCBS Blue Options HRA	
	<i>In-Network</i>	<i>Out of Network</i>	<i>In-Network</i>	<i>Out of Network</i>
<u>Deductible (Benefit Year)</u>				
Individual	\$500	\$1,000	\$1,500	\$3,000
Family	\$1,000	\$2,000	\$3,000	\$6,000
<u>Town HRA Contribution</u>				
Individual	N/A	N/A	(\$750)	
Family			(\$1,500)	
<u>Out of Pocket Maximum (Deductible Included)</u>				
Individual	\$2,500	\$4,000	\$3,425 (\$2,675)	\$6,850 (\$6,100)
Family	\$5,000	\$8,000	\$6,850 (\$5,350)	\$13,700 (\$12,200)
Coinsurance (after deductible has been met)	80%	70%	80%	60%
Lifetime Max.	Unlimited		Unlimited	
Primary Care Visit	\$20 copay	70% after ded.	80% after ded.	60% after ded.
Specialist Visit	\$40 copay	70% after ded.	80% after ded.	60% after ded.
Telehealth	\$20 copay	Not Covered	(\$45) 80% after ded.	Not Covered
Walk-In Clinic	\$20 copay	70% after ded.	80% after ded.	60% after ded.
Urgent Care	\$40 copay	70% after ded.	80% after ded.	60% after ded.
Preventive Care	100%	70% after ded.	100%	70% after ded.
Inpatient Hospital	80% after ded.	70% after ded.	80% after ded.	60% after ded.
Chiropractor	\$20 copay	70% after ded.	80% after ded.	60% after ded.
Therapies (PT/OT/ST)	\$40 copay	70% after ded.	80% after ded.	60% after ded.
Outpatient Surgery	80% after ded.	70% after ded.	80% after ded.	60% after ded.
Durable Medical Equipment, Diabetic Supplies, and Prosthetics	100%	70% after ded.	80% after ded.	60% after ded.
Emergency Room	\$150 copay (Emergency Only)		80% after ded.	80% after ded.
Inpatient Mental Health/Substance Abuse	80% after ded.	70% after ded.	80% after ded.	60% after ded.
Outpatient Mental Health/Substance Abuse	\$40 copay	70% after ded.	80% after ded.	60% after ded.
RX Retail - 30 days	Generic - \$10 Preferred - \$30 Non-Preferred - \$45 Specialty - \$45	N/A	Generic - \$10 Preferred - \$30 Non-Preferred - \$60 Specialty - \$60	N/A
Mail Order RX - 90 days (3 x retail)	Generic - \$30 Preferred - \$90 Non-Preferred - \$135	N/A	Generic - \$30 Preferred - \$90 Non-Preferred - \$180	N/A
Vision	100%; 1 exam per 12 months	70% after ded.	100%; 1 exam per 12 months	N/A