

Medical Plan Comparison Chart
Blue Shield
High Deductible Health Plan (HDHP) with Health Savings Account (HSA) and PPO Plan

Benefits	Blue Shield HDHP PPO with HSA 2021		Blue Shield PPO 2021	
Plan Year Deductible	PPO	Non-PPO	PPO	Non-PPO
Member	\$1,500		\$500	\$1,000
Family	\$3,000 max (\$2,800/member max)		\$1,000 (\$500-member max)	\$2,000 (\$1,000-member max)
	Deductible applies unless noted: “Deductible waived.” Prescriptions are included in the deductible.		Deductible applies unless noted: “Deductible waived.”	
Plan Year Maximum Out of Pocket Cost ^{1,2,3}	PPO	Non-PPO	PPO	Non-PPO
Member	\$3,000	\$6,000	\$2,500	\$5,000
Family	\$6,000 (\$3,000/member max)	\$12,000 (\$6,000/member max)	\$5,000 (\$2,500/member max)	\$10,000 (\$5,000/member max)
Lifetime Maximum Benefit	Unlimited		Unlimited	
Per Individual	Unlimited		Unlimited	
Medical Benefits	PPO	Non-PPO	PPO	Non-PPO
Hospital	\$100 per admission plus 10%	40% Coverage limited to \$600 per day	\$100 per admission plus 20%	40% Coverage limited to \$600 per day
Physician Office Visits ³	10%	40%	\$15 per visit (Deductible waived)	40%
Preventive Care (Immunizations, Annual Routine Physical, Eye/Ear Screenings)	No Charge (Deductible waived)	Not Covered	No Charge (Deductible waived)	Not Covered
Diagnostic X-ray and Lab	Outpatient lab or radiology center: 10% Outpatient hospital: \$25 per visit plus 10%	40% \$350 per day limit on outpatient hospital services	Outpatient lab or radiology center: \$20 copay Outpatient hospital: \$45	40%, \$350 per day limit on outpatient hospital services
Outpatient Surgery	10%	40% Coverage limited to \$350 per day	20%	40% Coverage limited to \$350 per day
Ambulance	10%		20%	
Urgent Care Services	10%	40%	\$15 per visit (deductible waived)	40%
Emergency Room Services	\$100 deductible +10% (\$100 deductible waived if admitted)	\$100 deductible +10% (\$100 deductible waived if admitted)	\$100 deductible + 20% (\$100 deductible waived if admitted)	\$100 deductible + 20% (\$100 deductible waived if admitted)
Chiropractic (American Specialty Network)	10%	40%	\$25 Per visit	40%
	Limited to 20 visits per calendar year		Limited to 12 visits per calendar year	
Acupuncture (American Specialty Network) (Limited to 20 visits/calendar year)	10%	40%	\$25 per visit (deductible waived)	40%
Durable Medical Equipment (DME) Rental or purchase of DME including orthotic equipment and devices and prosthetic equipment and devices	10%	40%	20%	40%

- Any deductibles paid count towards the Plan Year Maximum Out-of-Pocket Cost.
- Prescription costs count towards your Plan Year Maximum Out-of-Pocket Cost.
- This plan has a PPO Plan Year Maximum Out-of-Pocket Costs as well as a combined PPO and Non-PPO Plan Year Maximum Out-of-Pocket Cost. This means any amounts you pay towards your PPO maximum will also be included in your combined PPO and Non-PPO Plan Year Maximum Out-of-Pocket Cost.
- Each time you receive multiple covered services, you might have separate copayments/coinsurance. For example, you may have an office visit copayment when you visit the doctor and have an additional copayment for an allergy shot you receive during the visit.

This is only a summary of your benefits. For a detailed description of benefits, exclusions, and limitations, please refer to your PPO's Evidence of Coverage. 1

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<i>Benefits</i>	<i>Blue Shield HDHP PPO with HSA 2021</i>		<i>Blue Shield PPO 2021</i>	
Rehabilitative Services Physical, Occupational, Respiratory and/or Speech Therapy	Office Location: 10%		Office Location: 40%	
Rehabilitative Services Physical, Occupational, Respiratory and/or Speech Therapy Mental Health	Outpatient Hospital: 10%	Outpatient Hospital: 40%, Coverage limited to \$350 per day	Office Location: \$20 per visit	Office Location: 40%
			Outpatient Hospital: \$20 per visit	Outpatient Hospital: 40%, Coverage limited to \$350 per day
Inpatient	\$100 per admission plus 10%		\$100 per admission plus 20%	40% Coverage limited to \$600 per day
Outpatient	10%	40%	\$15 copay plus 20%	40% Coverage limited to \$600 per day
Substance Abuse/Detox			\$15 per visit Deductible waived	40%
Inpatient Care	\$100 per admission plus 10%		\$100 per admission plus 20%	40% Coverage limited to \$600 per day
Outpatient	10%	40%	\$15 copay plus 20%	40% Coverage limited to \$600 per day
Organ Transplant Inpatient Facility Services	\$100 per admission plus 10%	Kidney or tissue transplant: 40% Coverage limited to \$600 per day All others: Not Covered	\$20 per visit Deductible waived	40%
Home Health Care Up to 100 visits per calendar year	10%	Not Covered	\$100 per admission plus 20%	Kidney or tissue transplant: 40% Coverage limited to \$600 per day All others: Not Covered
Home Infusion Therapy	10%	Not Covered	20%	Not Covered
Skilled Nursing Facility Up to 100 visits per calendar year	10%	10% for freestanding 40% Coverage limited to \$600 per day for hospital	20%	Not Covered

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Prescription Drug Benefits ⁴	Plan Deductible Applies to Prescriptions		No Deductible	
Retail Pharmacy Program (Up to 30-day supply)	Tier 1: \$10 copay Tier 2: \$25 copay Tier 3: \$40 copay Tier 4: 30% up to \$250 per prescription		Member Pays 25% plus the applicable copay for the tier the prescription is in. Example: Tier 1 prescription would be 25% plus \$10	
Mail Service Program (Up to 90-day supply)	Tier 1: \$20 copay Tier 2: \$50 copay Tier 3: \$80 copay Tier 4: 30% up to \$500 per prescription	Not Covered	Tier 1: \$10 copay Tier 2: \$25 copay Tier 3: \$40 copay Tier 4: 30% up to \$250 per prescription	Member Pays 25% plus the applicable copay for the tier the prescription is in. Example: Tier 1 prescription would be 25% plus \$10
Specialty Drugs (Must be dispensed by a network specialty pharmacy, unless there is an emergency)	30% up to \$250 per prescription	Not Covered	Tier 1: \$20 copay Tier 2: \$50 copay Tier 3: \$80 copay Tier 4: 30% up to \$500 per prescription	Not Covered

5. If a member requests a brand name drug and a generic is available, the member is responsible for paying the Tier 1 copay plus the difference in cost between the brand name drug and its generic equivalent.
6. When a participation pharmacy's contracted rate is lower than the plan copayment/coinsurance, the member only pays the contracted rate.