

Medical Plans at a Glance

Here's how much you pay for covered services depending on the plan you're enrolled in and where you choose to receive care.

Benefit Features		State BlueCare Prime Plus POS			State BlueCare POE Plus State BlueCare POE	State BlueCare POS and State Preferred* POS Out of Area	
		In-Network with PCP Referral	In-Network Without PCP Referral	Out-of-Network ¹	In-Network ONLY	In-Network	Out-of-Network ¹
Annual Deductible	Individual	\$350 ²	\$1,000		\$350 ²	\$350 ²	\$300
	Family	\$1,400 ²	\$4,000		\$350 each member ² (\$1,400 maximum)	\$350 each member ² (\$1,400 maximum)	\$900
Annual Out-of-Pocket Maximum	Individual	\$3,000	\$5,000		\$2,000	\$2,000	\$2,000 (plus deductible)
	Family	\$6,000	\$10,000		\$4,000	\$4,000	\$4,000 (plus deductible)
Preadmission Authorization/ Concurrent Review		By participating provider		By participating provider	By participating provider	By participating provider	20% penalty (max. \$500) for no authorization
Outpatient Physician Visits, Walk-In Centers		Plan pays 100%	30%	30%	Value Tier 1 Provider: Plan pays 100% Other Providers: \$15 copay**	Value Tier 1 Provider: Plan pays 100% Other Providers: \$15 copay**	20%
LiveHealth Online (telemedicine)		\$0 copay		N/A	\$5 copay	\$5 copay	N/A
Preventive Care		Plan pays 100%	Plan pays 100%	30%	Plan pays 100%	Plan pays 100%	20%
Emergency Care		\$250 copay ^{3, 4}	\$250 copay ^{3, 4}	\$250 copay ^{3, 4}	\$250 copay ³	\$250 copay ³	\$250 copay ³
Diagnostic X-Ray and Lab (prior authorization required for diagnostic imaging)		Preferred Provider: Plan pays 100% ⁴ Other location: 20% ⁴	Preferred Provider: Plan pays 100% ⁴ Other location: 20% ⁴	40% ⁴	Preferred Provider: Plan pays 100% Other location: 20%	Preferred Provider: Plan pays 100% Other location: 20%	40% ²
Preadmission Testing		Plan pays 100%	30%	30%	Plan pays 100%	Plan pays 100%	20%
Inpatient Physician (prior authorization required)		Plan pays 100%	30%	30%	Plan pays 100%	Plan pays 100%	20%
Inpatient Hospital (prior authorization required)		Plan pays 100%	30%	30%	Plan pays 100%	Plan pays 100%	20%

¹ You pay coinsurance plus 100% of any amount your provider bills over the allowable charge.

² Waived for HEP-compliant members

³ Waived if admitted

⁴ No referral required

* Closed to new enrollments

** \$0 copay for Preferred Providers. See page 9 for more details.

Benefit Features	State BlueCare Prime Plus POS			State BlueCare POE Plus State BlueCare POE	State BlueCare POS and State Preferred* POS Out of Area	
	In-Network with PCP Referral	In-Network Without PCP Referral	Out-of-Network ¹	In-Network ONLY	In-Network	Out-of-Network ¹
Outpatient Surgical Facility (prior authorization required)	Plan pays 100%	30%	30%	Plan pays 100%	Plan pays 100%	20%
Ambulance (if emergency)	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Short-Term Rehabilitation and Physical Therapy (prior authorization may be required)	Plan pays 100%	30%	30%	Plan pays 100%	Plan pays 100%	20%, up to 60 inpatient days, 30 outpatient days per condition per year
Routine Eye Exam (one exam per year)	\$15 copay ^{5**}	\$15 copay ^{5**}	\$15 copay ^{5**}	\$15 copay ^{5**}	\$15 copay ^{5**}	50%
Audiology Screening (one exam per year)	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	20%
Mental Health/Substance Abuse						
Inpatient (prior authorization required)	Plan pays 100%	Plan pays 100%	30%	Plan pays 100%	Plan pays 100%	20%
Outpatient	Plan pays 100% ⁴	Plan pays 100%	30% ⁴	\$15 copay	\$15 copay	20%
Family Planning (prior authorization may be required)						
Vasectomy	Plan pays 100%	30%	30%	Plan pays 100%	Plan pays 100%	20%
Tubal Ligation	Plan pays 100%	30%	30%	Plan pays 100%	Plan pays 100%	20%
Durable Medical Equipment (prior authorization may be required)	Plan pays 100%	30%	30%	Plan pays 100%	Plan pays 100%	20%
Hearing Aids (limited to one set of hearing aids within a 36-month period)	Plan pays 100%	30%	30%	Plan pays 100%	Plan pays 100%	20%
Prosthetics (prior authorization may be required)	Plan pays 100%	30%	30%	Plan pays 100%	Plan pays 100%	20%
Skilled Nursing Facility (prior authorization required)	Plan pays 100%	30%	30%, up to 60 days per year	Plan pays 100%	Plan pays 100%	20%, up to 60 days per year
Home Health Care (prior authorization required)	Plan pays 100%	30%, up to 200 visits per year		Plan pays 100%	Plan pays 100%	20%, up to 200 visits per year
Hospice (prior authorization required)	Plan pays 100%	30%	30%	Plan pays 100%	Plan pays 100%	20%, up to 60 days

² Waived for HEP-compliant members

³ Waived if admitted

⁵ Health Enhancement Program participants have \$15 copay waived once every two years.

* Closed to new enrollments

** \$0 copay for Preferred Providers. See page 9 for more details.