

2016 MEDICAL BENEFITS ... AT A GLANCE

	BCBS PPO		CIGNA CHOICE FUND	
	In-Network (Blue Network P)	Out-of-Network ¹	In-Network (Open Access Plus Network)	Out-of-Network ¹
Health Reimbursement Account (Metro funded) ²	N/A	N/A	\$1,100/single; \$2,200/family	
Your Share of the Deductible	\$0	\$200/single; \$600/family	\$450/single; \$900/family	
Coinsurance Maximum	\$1,000/single; \$2,000/family	\$5,000/single; \$10,000/family	\$700/single; \$1,400/family	\$4,550/single; \$9,100/family
Annual Out-of-Pocket Maximum (includes deduct. & coins. but not copays)	\$1,000/single \$2,000/family	\$5,000/single \$10,000/family	\$1,150/single \$2,300/family	\$5,000/single \$10,000/family
Medical Services				
After deductible, plan pays... (unless otherwise noted)				
Well Care/Preventive Care				
- Age 7 and older	100% up to \$750, then 80% ³	60%	100%	70%
- Under age 7	80%	60%	100%	70%
Office Visits				
- Primary Care Physician ⁴	80% after \$20 copay	60% after \$20 copay	90%	70%
- Specialist	80% after \$30 copay	60% after \$30 copay	90%	70%
In-office Procedures (surgery, consultation, allergy injections)	80% after office visit copay	60% after office visit copay	90%	70%
Maternity				
- Prenatal Care	You pay \$20 copay for initial visit	You pay \$20 copay for initial visit	90%	70%
- Delivery	80%	60%	90%	70%
Hospital	80%	60%	90%	70%
Emergency Room	80% after \$100 copay (copay waived if admitted)	60% after \$100 copay (copay waived if admitted)	90%	90% (reduced to 70% if not true emergency)
Mental Health/Substance Abuse				
- Outpatient	80% after \$20 copay	60% after \$20 copay	90%	70%
- Inpatient (pre-authorization required)	80%	60%	90%	70%
Prescription Drugs				
You pay...				
Up to 34-day supply			After deductible:	
- Generic	\$10 copay		10% of discounted cost	
- Brand	\$30 copay		30% of discounted cost	
Up to 102-day supply (maintenance drugs)	2 times above copays through certain retail, home delivery and mail order pharmacies		Same as above through certain retail, home delivery and mail order pharmacies	

¹ If you use an out-of-network provider and charges exceed the Maximum Allowable Charge (MAC), you will be responsible for the difference. In-network providers have agreed not to exceed MAC.

² Pensioners with Medicare A & B are not eligible to receive the Health Reimbursement Account Fund.

³ Screening colonoscopies, mammograms, and prostate and PAP exams are covered at 80% after office visit copay (in-network) and 60% after office visit copay (out-of-network), but are not included in the \$750 well-care benefit limit.

⁴ Primary Care Physicians include pediatricians, family and general practitioners, internists and OB/GYNs. Specialists include physicians highly trained in specific areas such as cardiology, dermatology, neurology, podiatry, oncology and specialized OB/GYNs.