2017 MEDICAL

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 Fund (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.