


SIMPLY BLUE PPO & BCN HMO 2018 (SIDE BY SIDE)

	BCBSM Simply Blue PPO w/HSA		Blue Care Network (BCN) HMO w/HSA
	\$1350-\$2700 High Deductible Health Plan	\$2000-\$4000 High Deductible Health Plan	\$1350-\$2700 High Deductible Health Plan \$1000-\$2000 Out of Pocket
Preventative Care	100% covered (no deductible, no copay)	100% covered (no deductible, no copay)	100% covered (unlimited)
Deductible (In network)	SINGLE \$1,350 DOUBLE/FAMILY \$2,700	SINGLE \$2,000 DOUBLE/FAMILY \$4,000	SINGLE \$1,350 DOUBLE/FAMILY \$2,700
Deductible (Out network)	SINGLE \$2,700 DOUBLE/FAMILY \$5,400	SINGLE \$4,000 DOUBLE/FAMILY \$8,000	Not covered
Prescription Copays	After deductible met: \$5 generic/\$25 brand/\$50 non formulary	After deductible met: \$5 generic/\$25 brand/\$50 non formulary	\$4 preferred generic /\$15 non- pref generic /\$40 preferred brand/\$80 non-pref brand/20% specialty–after deductible met
ANNUAL TOTAL Out of Pocket Expenses (including deductible, copay & coinsurance)	\$2,300/\$4,600 (In network) \$4,600/\$9,200 (Out network)	\$3,000/\$6,000 (In network) \$6,000/\$12,000 (Out network)	\$2,350/\$4,700
Substance Abuse Inpatient (In network)	100% after in network deductible	100% after in network deductible	80% after deductible, 100% after out-of-pocket max
Substance Abuse Outpatient (In network)	100% after in network deductible	100% after in network deductible	80% after deductible, 100% after out-of-pocket max
Vision Services	Not covered (Voluntary Vision Plan available)	Not covered (Voluntary Vision Plan available)	Not covered (Voluntary Vision Plan available)
Chiropractic Services	100% after in network deductible 12 visits/year	100% after in network deductible 12 visits/year	80% after deductible, 100% after out-of-pocket max 30 visits/year
Rehabilitation Services (Physical, Speech, Occupational)	100% after in network deductible 30 visits/year	100% after in network deductible 30 visits/year	80% after deductible, 100% after out-of-pocket max, limited to 60 Consecutive Days
Emergency Room (In network)	100% after in network deductible	100% after in network deductible	80% after deductible, 100% after out-of-pocket max
Hospital Care (In network)	100% after in network deductible	100% after in network deductible	80% after deductible, 100% after out-of-pocket max
Surgical Services (In network)	100% after in network deductible	100% after in network deductible	80% after deductible, 100% after out-of-pocket max
Diagnostic Services (In network)	100% after in network deductible	100% after in network deductible	80% after deductible, 100% after out-of-pocket max
Mental Health Inpatient (In network)	100% after in network deductible	100% after in network deductible	80% after deductible, 100% after out-of-pocket max
Mental Health Outpatient (In network)	100% after in network deductible	100% after in network deductible	80% after deductible, 100% after out-of-pocket max