Commissioners of St. Mary's County—Medical Benefit Options



Retirees Under 65—July 2023

Product Name	BlueChoice HMO Open Access	Blue	BlueChoice Advantage	
Services	You Pay	In-Network You Pay	Out-of-Network You Pay	
NETWORK	BlueChoice	BlueChoice and Preferred Provider (PPO Blue Card)	Participating/Non-Participating	
PER VISITS	\$10 PCP / \$20 Specialist per visit	\$20 PCP / \$20 Specialist	N/A	
ANNUAL DEDUCTIBLE				
Individual	\$0	\$250	\$500	
Individual & Child	\$0	\$500	\$1,000	
Individual & Adult	\$0	\$500	\$1,000	
Family	\$0	\$500	\$1,000	
ANNUAL OUT-OF-POCKET LIMIT				
Medical	\$2,000 Individual / \$6,000 Family	\$1,000 Individual / \$2,000 Family	\$1,000 Individual / \$2,000 Family	
Prescription Drug	\$4,600 Individual / \$7,200 Family	\$5,600 Individual / \$11,200 Family	\$5,600 Individual / \$11,200 Family	
LIFETIME MAXIMUM BENEFIT	Unlimited except on fertility services	Unlimited except on fertility services		
PREVENTIVE SERVICES				
Well-Child Care				
0–24 months	\$0 per visit	\$0 per visit	20% of CareFirst member cost	
24 months–13 years (immunization visit)	\$0 per visit	\$0 per visit	20% of CareFirst member cost	
24 months–13 years (non-immunization visit)	\$0 per visit	\$0 per visit	20% of CareFirst member cost	
14–17 years	\$0 per visit	\$0 per visit	20% of CareFirst member cost	
Adult Physical Examination	\$0 per visit	\$0 per visit	After deductible is met, 20% of CareFirst member cost	
Routine GYN Visits	\$0 per visit	\$0 per visit	After deductible is met, 20% of CareFirst member cost	
Mammograms	\$0 per visit	\$0 per visit	After deductible is met, 20% of CareFirst member cost	
Prostate Screening	\$0 per visit	\$0 per visit	\$0 per visit	
Other Cancer Screening (Pap Test and Colorectal)	\$0 per visit	\$0 per visit	After deductible is met, 20% of CareFirst member cost	
OFFICE VISITS, LALLOWED BENEFITS AND TESTING				
Office Visits for Illness	\$10 PCP / \$20 Specialist per visit	\$20 per visit	After deductible is met, 20% of CareFirst member cost	
Diagnostic Services	\$10 PCP / \$20 Specialist per visit	\$20 per visit	After deductible is met, 20% of CareFirst member cost	
X-ray and Lab Tests	\$0 (LabCorp)	\$0 (LabCorp)	After deductible is met, 20% of CareFirst member cost	
Allergy Testing	\$10 PCP / \$20 Specialist per visit	\$20 per visit	After deductible is met, 20% of CareFirst member cost	
Allergy Shots	\$10 PCP / \$20 Specialist per visit	\$0 per visit	After deductible is met, 20% of CareFirst member cost	
Allergy Serum	\$10 PCP / \$20 Specialist per visit	\$20 per visit	After deductible is met, 20% of CareFirst member cost	
Outpatient Physical, Speech and Occupational Therapy (Office Setting)	\$20 per visit; (limited to 100 visits per therapy/per year)	\$20 per visit—Physical, Speech and Occupational Therapy (limited to 100 visits per therapy/per year)	After deductible is met, 20% of CareFirst member cost (limited to 100 visits per therapy/per year)	
Outpatient Chiropractic	\$20 per visit; (limited to 20 visits per condition/per year)	\$20 per visit (unlimited visits)	After deductible is met, 20% of CareFirst member cost (unlimited visits)	
EMERGENCY CARE AND URGENT CARE				
Physician's Office	\$10 PCP / \$20 Specialist per visit	\$20 per visit	\$20 per visit	
Urgent Care Center	\$20 per visit	\$20 per visit	\$20 per visit	

Freating Aids for Children and Adults (limited to one hearing aid/per ear; member may be balanced billed up to the total charge So per aid/per ear; member may be balanced billed up to the total charge	Product Name	BlueChoice HMO Open Access	BlueCho	BlueChoice Advantage	
Ambidine (Fine field) year (per year) Specially (per year)	Services	You Pay	In-Network You Pay	Out-of-Network You Pay	
Hospiter Lizarity Services 50 per visit 50 per	Hospital Emergency Room	\$75 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	
Inpatient Facility Services Sip per viot S	Ambulance (if medically necessary)	\$0 per visit	\$0 per visit	\$0 per visit	
Dupstainer Provisions So per visit So per vis	HOSPITALIZATION				
Inpatient Physician Services 50 per visit	Inpatient Facility Services	\$0 per visit	After deductible is met, \$0	After deductible is met, 20% of CareFirst member cost	
Dupstainer Physician Services Sper visit	Outpatient Facility Services	\$0 per visit	\$35 per visit	After deductible is met, 20% of CareFirst member cost	
HOSPITAL ALTERNATIVES 10 per visit 10 per v	Inpatient Physician Services	\$0 per visit	\$0	After deductible is met, 20% of CareFirst member cost	
Home Health Care		\$0 per visit	\$25 per visit	After deductible is met, 20% of CareFirst member cost	
Hospice 50 per visit 50 per vi	HOSPITAL ALTERNATIVES				
Skilled Nursing Facility (limited to 365 days/benefit period) 40 per visit 40 per visit 40 per visit 41 per visit 41 per visit 42 per visit 42 per visit 43 per visit 45 per visit 40 per visit	Home Health Care	\$0 per visit	\$0 per visit	20% of CareFirst member cost	
Prenatal and Postnatol Office Visits \$0 per visit \$0 per	Hospice	\$0 per visit	\$0 per visit	20% of CareFirst member cost	
Prenatal and Postnatal Office Visits	Skilled Nursing Facility (limited to 365 days/benefit period)	\$0 per visit	\$0	After deductible is met, 20% of CareFirst member cost	
Delivery and Facility Services SD per visit SD per visit (office) After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost SD per visit (office) After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost Inpatient Facility Services (requires Pre-authorization) SD per visit After deductible is met, 50 After deductible is met, 20% of CareFirst member cost Inpatient Physician Services SD per visit After deductible is met, 50 After deductible is met, 20% of CareFirst member cost Inpatient Physician Services SD per visit SD per visit SD per visit SD per visit After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost After deductib	MATERNITY		<u>'</u>		
Nursery Care of Newborn Artificial Insemination—Subject to State Mandate (limited to 6 attempts per live birth) 50% of CareFirst member cost 50% of CareF	Prenatal and Postnatal Office Visits	\$0 per visit	\$0 per visit	After deductible is met, 20% of CareFirst member cost	
Artificial Insemination—Subject to State Mandate (limited to 6 attempts per live birth) In/Viro Pertilization Procedures—Subject to State Mandate (limited to 3 attempts per live birth & \$10,000 lifetime max) Sow of CareFirst member cost 50% of Care	Delivery and Facility Services	\$0 per visit	\$0	After deductible is met, 20% of CareFirst member cost	
attempts per live birth) Som of CareFirst member cost After deductible is met, 20% of CareFirst member cost Inpatient Facility Services (RIM & SA) Sop per visit Sop per visit After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member cost Inpatient Facility Services (RIM & SA) Sop per visit After deductible is met, 20% of CareFirst member cost Inpatient Facility Services (RIM & SA) Sop per visit After deductible is met, 20% of CareFirst member cost After deductible is met, 20% o	Nursery Care of Newborn	\$0 per visit	\$0	After deductible is met, 20% of CareFirst member cost	
to 3 attempts per live birth & \$100,000 lifetime max) MENTAL HEALTH (MH) AND SUBSTANCE USE DISORDER (SUD)—SUBSETT TO FEDERAL MANDATE Inpatient Facility Services (requires Pre-authorization) \$0 per visit \$0 per visit \$0 per visit \$10 per visit \$20 per visit (office) \$35 per visit \$20 per visit (office) \$35 per visit \$40 After deductible is met, 20% of CareFirst member cost After deductible is met, 20% of CareFirst member		50% of CareFirst member cost	\$20 per visit (office)	After deductible is met, 20% of CareFirst member cost	
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Hearing Aids for Children and Adults (limited to one hearing aid/ per ear; member may be balanced billed up to the per ear every 36 months) **O per aid/per ear; member may be balanced billed up to the total charge* **O per aid/per ear (children); 20% of CareFirst member cost p aid/per ear (adults); member may be balanced billed up to the total charge* **VISION* **BlueVision Plus is an option for both the HMO and BlueChoice Advantage plans.** **PRESCRIPTION DRUGS* **I0 Generic / \$20 Preferred Brand / \$35 Non-preferred Brand / \$50% up to \$75 max. Preferred Specialty / 50% up to \$150 max. Non-preferred Specialty; Mail Order included—Formulary 2* **I0 Generic / \$20 Preferred Brand / \$35 Non-preferred Specialty; Mail Order included—Formulary 2* **I0 Generic / \$20 Preferred Brand / \$35 Non-preferred Brand / \$35 Non-preferred Specialty; Mail Order included—Formulary 2* **I0 Generic / \$20 Preferred Brand / \$35 Non-preferred Specialty; Mail Order included—Formulary 2* **I0 Generic / \$20 Preferred Brand / \$35 Non-preferred Specialty; Mail Order included—Formulary 2* **I0 Generic / \$20 Preferred Brand / \$35 Non-preferred Specialty; Mail Order included—Formulary 2*	Acupuncture	Not covered	\$20 per visit	After deductible is met, 20% of CareFirst member cost	
Freating Aids for Children and Adults (limited to one hearing aid/per ear; member may be balanced billed up to the total charge So per aid/per ear; member may be balanced billed up to the total charge	Transplants—Major Organ	\$0 per visit. Travel & Lodging limited to 90 days per transplant	\$0 per visit. Travel & Lodging limited to 90 days per transplant		
VISION BlueVision Plus is an option for both the HMO and BlueChoice Advantage plans. PRESCRIPTION DRUGS BlueVision Plus is an option for both the HMO and BlueChoice Advantage plans. BlueVision Plus is an option for both the HMO and BlueChoice Advantage plans. \$10 Generic / \$20 Preferred Brand / \$35 Non-preferred Brand / \$35 Non-preferred Brand / 50% up to \$75 max. Preferred Specialty / 50% up to \$75 max. Preferred Specialty / 50% up to \$150 max. Non-preferred Specialty; Mail Order included—Formulary 2				\$0 per aid/ per ear (children); 20% of CareFirst member cost per aid/per ear (adults); member may be balanced billed up to the total charge	
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	PRESCRIPTION DRUGS	\$10 Generic / \$20 Preferred Brand / \$35 Non-preferred Brand / 50% up to \$75 max. Preferred Specialty / 50% up to \$150 max.			
DEPENDENT AGE LIMIT 10 age 26, end of month	DEPENDENT AGE LIMIT	To age 26, end of month	To age 26, end of month		



CareFirst BlueCross BlueShield is the shared business name of CareFirst Advantage PPO, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst Advantage PPO, Inc. and CareFirst Advantage PPO, Inc. and CareFirst Advantage PPO, Inc. and Group Hospitalization and Medical Services, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc., CareFirst MedPlus is the business name of First Care, Inc., CareFirst Advantage PPO, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, CareFirst BlueCross and Blue Shield Symbols are registered service marks of the Blue Cross and Blue Shield Symbols are registered service marks of the Blue Cross and Blue Shield Symbols are registered service marks of the Blue Cross and Blue Shield Plans.