2025 Medical - Blue Cross Blue Shield

Blue Cross Blue Shield Semi-Monthly Rates		
Coverage Tier	**Blue Essential HMO**	**Blue Choice EPO**
Employee Only	$42.00	**$131.00**
Employee + Spouse	$229.00	**$454.00**
Employee + Child(ren)	$188.00	**$417.00**
Employee + Family	$372.00	**$751.00**

BENEFIT FEATURES	Blue Essential HMO *Grp # 394443-0001*	Blue Choice EPO Grp # 394442-0001
Annual Deductible	.....	.....
Individual	$1,500	**$4,500**
Family	$2,250	**$4,500**
Out of Pocket Maximum	.....	.....
Individual	$3,750	**$6,000**
Family	$7,500	**$12,000**
Coinsurance	20%	20%
Lifetime Maximum	Unlimited	Unlimited
Preventive Services Immunizations, Routine Physicals, Well Child, Pap Smears, PSA Tests, plan lay Mammograms	100% Covered	100% Covered
Primary Care Physician	**Required**	**Not Required**
Referrals to Specialist	**Required**	**Not Required**
Physician Office Visit		
Primary Care	$30 Copay	$30 Copay
Specialist	$40 Copay	$40/$60 Copays
Maternity OB Visits	$40 Copay Initial Visit Only/Then 100%	$40/$60 Copay Initial Visit Only/Then 100%
Urgent Care	$40 Copay	$40 Copay
Emergency Room	$250 Copay & 20% after deductible	$500 Copay & 20% after deductible
Ambulance (Non-emergency use not covered)	20% after deductible	20% after deductible
Hospital Care		
Inpatient	$300 Copay + 20% after deductible	$500 Copay + 20% after deductible
Inpatient Maternity	Same as Inpatient Cost	Same as Inpatient Cost
Outpatient	20% after deductible	20% after deductible
Diagnostic Services		
Laboratory & X-Ray– copay	$40 Copay	$40 Copay
Complex Imaging (CT, PET, MRI, MRA & Nuclear Medicine)	$150 Copay	20% after deductible
Skilled Nursing	$300 Copay + 20% after deductible	$500 copay + 20% after deductible
	20% after deductible	20% after deductible
Home Health Care		
Hospice Care—Inpatient	$300 Copay + 20% after deductible	$500 copay + 20% after deductible
	20% after deductible	$40 Copay
—Outpatient		
Mental Health		
Inpatient	$300 Copay + 20% after deductible	$500 copay + 20% after deductible
	$40 copay	$40 Copay
Outpatient		
Pharmacy Benefits by CVS Health	Generic/Formulary/Non-Formulary	Generic/Formulary/Non-Formulary
Retail	$15/$40/$70 Copay	$15/$40/$70 Copay
Mail Order (3 month)	$20/$60/$100 Copay	$20/$60/$100 Copay