




MEDICAL BENEFITS

The medical plans are administered by Independence Blue Cross.

IN-NETWORK	PPO \$30/\$60/\$400	POS \$3,000	HSA \$4,000
Deductible Individual / Family	\$0/\$0	\$3,000 / \$6,000	\$4,000 / \$8,000
Out-of-Pocket Maximum	\$7,900 / \$15,800	\$7,900 / \$15,800	\$6,750 / \$13,500
Referrals	Not Required	Required	Not Required
Primary Care Physician	\$30	\$30	\$40 after deductible
Specialist	\$60	\$60	\$70 after deductible
Urgent Care	\$100	\$100	\$100 after deductible
Emergency Room	\$300	\$300 after deductible	\$300 after deductible
Outpatient Lab	\$0	\$60	\$70 after deductible
Outpatient X-Ray	\$60	\$60	\$70 after deductible
MRI, CT or PET Scan	\$200	\$200	\$300/Scan after deductible
Inpatient Hospital	\$400/day	10% after deductible	\$250 after deductible
Outpatient Surgery	\$400	\$300 after deductible	\$250/day after deductible
Telemedicine (TelaDoc)	\$0	\$0	\$0 after deductible
OUT-OF-NETWORK			
Deductible	\$2,500/\$5,000	\$5,000 / \$10,000	\$6,000 / \$12,000
Coinsurance	50%	50%	50%
Out-of-Pocket Max	\$10,000/\$20,000	\$30,000 / \$60,000	\$12,000 / \$24,000
PRESCRIPTION DRUGS			
Retail Copays	\$15 / \$35 / \$50 / 50% up to \$500	\$25/ \$50 / \$75 / 50% up to \$500	\$20/ \$40 / \$70 / 50% up to \$500

CONTACT INFORMATION

 1-800-ASK-BLUE

 www.ibx.com