

2023 Cass SD 63 BCBSIL Medical & Prescription Drugs



In-Network Benefit Only Shown	Blue Choice Select PPO 2 (Plan MBPC3836)	Blue Edge HSA 1 (Plan MPSE3X05)	Blue Edge Select HSA 2 (Plan MBSC3805)	Blue Advantage HMO (Plan MHVBV03C)
Network	Narrow PPO Network	Large PPO Network	Narrow PPO Network	Blue Advantage
Deductible <i>Individual</i> <i>Family</i>	\$2,500 \$7,500	\$3,500 \$6,850	\$2,500 \$5,000	\$0
Coinsurance (<i>What You Pay</i>)	20%	20%	20%	n/a
Out of Pocket (<i>Deductible Included</i>) <i>Individual</i> <i>Family</i>	\$4,500 \$10,200	\$5,800 \$6,850	\$5,000 \$6,850	\$1,500/\$3,000
Primary Care Physician Visit	\$30 Copay	Deductible then 20%	Deductible then 20%	\$50 Copay
Specialist Visit	\$30 Co-pay	Deductible then 20%	Deductible then 20%	\$70 Copay
Wellness Visit	No Charge	No Charge	No Charge	No Charge
Urgent Care	Deductible then 20%	Deductible then 20%	Deductible then 20%	\$50 Copay
Emergency Services	\$150 Copay/Coinsurance	Deductible then 20%	Deductible then 20%	\$300 Copay
Facility Services <i>Inpatient</i> <i>Outpatient</i>	Deductible then 20% Deductible then 20%	Deductible then 20% Deductible then 20%	Deductible then 20% Deductible then 20%	\$750 Copay; First 3 days Inpatient
Prescription Drug (<i>Retail</i>) - Preferred Copays	\$10/\$40/\$60	Deductible then 20%	Deductible then 2%	\$8/\$35/\$75/\$150
Prescription Drug <i>Mail Order 90 Day Supply</i>	2 Copays for 90- Day Supply Mail Order	Deductible then 20%	Deductible then 20%	2 Copays for 90-day Supply Mail order/Retail Network pharmacies

*Please refer to the benefit summary for a comprehensive list of covered services.