

## 2019 SMSD Medical Options

(All Benefits are listed as In Network unless otherwise noted)

Plan	Blue Care HMO	Preferred Care Blue PPO	BlueSelect Plus PPO	***NEW PLAN*** Blue Select Plus EPO	Blue Saver HDHP	BlueSelect Plus HDHP
<b>In Network Deductible</b>	N/A	\$1,000 indiv/ \$2,000 fam	\$1,000 indiv / \$2,000 fam	N/A	\$2,700 indiv / \$5,400 fam	\$2,700 indiv / \$5,400 fam
<b>Out of Network Deductible</b>	N/A	\$1,000 indiv/ \$2,000 fam	\$2,000 indiv / \$4,000 fam	N/A	\$2,700 indiv / \$5,400 fam	\$5,400 indiv / \$10,800 fam
<b>In Network Coinsurance</b>	N/A	Your share: 20%	Your share: 20%	N/A	Your share: 20%	Your share: 20%
<b>Out of Network Coinsurance</b>	N/A	Your share: 40%	Your share: 50%	N/A	Your share: 40%	Your share: 50%
<b>In Network Out of Pocket Maximum</b>	\$6,350 indiv/ \$12,700 fam	\$2,000 indiv/ \$4,000 fam	\$2,000 indiv/ \$4,000 fam	\$6,350 indiv/ \$12,700 fam	\$4,000 indiv/ \$8,000 fam	\$4,000 indiv/ \$8,000 fam
<b>Out of Network Out of Pocket Maximum</b>	N/A	\$4,000 indiv/ \$8,000 fam	\$10,000 indiv/ \$20,000 fam	N/A	\$8,000 indiv/ \$16,000 fam	\$20,000 indiv/ \$40,000 fam
<b>Office Visits</b>	\$40 / \$80	\$40 / \$80	\$40 / \$80	\$40 / \$80	Deductible then 20%	Deductible then 20%
<b>Preventative Care</b>	100%	100%	100%	100%	100%	100%
<b>Urgent Care</b>	\$80 copay	\$80 copay	\$80 copay	\$80 copay	Deductible then 20%	Deductible then 20%
<b>Emergency Services</b>	\$200 copay	\$200 copay then deductible then 20%	\$200 copay then deductible then 20%	\$200 copay	Deductible then 20%	Deductible then 20%
<b>Inpatient Hospital Services</b>	\$500 copay per day up to \$2,500 per calendar year	Deductible then 20%	Deductible then 20%	\$500 copay per day up to \$2,500 per calendar year	Deductible then 20%	Deductible then 20%
<b>Scans (MRI's PET, CT etc.)</b>	\$80 copay	Deductible then 20%	Deductible then 20%	\$80 copay	Deductible then 20%	Deductible then 20%
<b>Prescription Drugs</b>	Tier 1: \$15 Tier 2: \$40 Tier 3: \$70 \$30/\$80/\$140 Mail	Tier 1: \$15 Tier 2: \$40 Tier 3: \$70 \$30/\$80/\$140 Mail	Tier 1: \$15 Tier 2: \$40 Tier 3: \$70 \$30/\$80/\$140 Mail	Tier 1: \$15 Tier 2: \$40 Tier 3: \$70 \$30/\$80/\$140 Mail	Deductible then: Tier 1: \$15 Copay Tier 2: \$40 Copay Tier 3: \$80 Copay \$30/\$80/\$160 Mail	Deductible then: Tier 1: \$15 Copay Tier 2: \$40 Copay Tier 3: \$80 Copay \$30/\$80/\$160 Mail