MEDICAL

Capital BLUE

	Plan Bill	
BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	Individual: $2,000 Family: $4,000	Individual: $10,000 Family: $20,000
Out-of-Pocket Maximum	 Per Person: $7,500 Per Family: $15,000	 N/A N/A
Lifetime Maximum	Unlimited	Unlimited
Preventive Care Adult Preventive Care Adult Annual Physical Exam Well-Child Care	 Covered 100%; no deductible Covered 100%; no deductible Covered 100%; no deductible	 Covered 100%; no deductible Covered 100%; no deductible Covered 100%; no deductible
Outpatient Care Primary care physician office visits Specialist office visits Outpatient surgery Acupuncture (15 visits)	 $20 copay after deductible $40 copay after deductible 100% after deductible $40 copay after deductible	 50% after deductible 50% after deductible 50% after deductible 50% after deductible
Diagnostic Procedures Routine Radiology MRI, CT, PET, SPECT Scans etc. Outpatient Laboratory/Pathology	 100% after deductible 100% after deductible 100% after deductible	 50% after deductible 50% after deductible 50% after deductible
Emergency Care Emergency Room Ambulance when medically necessary Urgent Care	 $125 copay after deductible 100% after deductible $40 copay after deductible	 $125 copay after deductible 100% after deductible 50% after deductible
Inpatient Hospital	100% after deductible	50% after deductible
Durable Medical Equipment	100% after deductible	50% after deductible
Prescription Drugs Retail Pharmacy (30 day supply) Generic Preferred/Generic Non-Preferred Brand Preferred Brand Non-Preferred Mail Order (90 day supply) Generic Preferred/Generic Non-Preferred Brand Preferred Brand Non-Preferred Specialty (30 day supply) Generic Preferred/Generic Non-Preferred Brand Preferred Brand Non-Preferred	 $7 / $25 copay after deductible $55 copay after deductible $80 copay after deductible $14 / $50 copay after deductible $110 copay after deductible $160 copay after deductible $100 / 20% up to $350 / fill after deductible $100 after deductible 20% up to $350 / fill after deductible	 not covered
BI-WEEKLY EMPLOYEE CONTRIBUTIONS	Per Pay Cost With Wellness	Per Pay Cost Without Wellness
Employee	$50	$60
Employee & Spouse	$155	$175
Employee & Child(ren)	$130	$140
Family	$240	$260

Per Pay Cost with Wellness includes both Employee and Spouse discounts.