

Below please find a comparison chart for the three medical plan options under the RCAB Health Plan. Additional coverage information can be found in the Summary of Benefits & Coverage (SBC) documents. To view your benefit costs, log into BAS/MyEnroll and proceed to the Open Enrollment Wizard or check with your location's benefit/payroll contact.

RCAB Health Plan Options Summary - July 1, 2022

Member Cost Share Provisions	Blue Cross Blue Shield - Enhanced PPO Plan		Blue Cross Blue Shield – Basic PPO Plan		High Deductible Health Plan	
	Blue Cross PPO Network	Out-of-Network	Blue Cross PPO Network	Out-of-Network	Blue Cross PPO Network	Out-of-Network
Deductible	\$500 Ind / \$1,000 Fam	\$1,000 Ind / \$2,000 Fam	\$2,500 Ind/ \$5,000 Fam	\$5,000 Ind/ \$10,000 Fam	\$4,000 Ind/ \$8,000 Fam	\$8,000 Ind/ \$16,000 Fam
Coinsurance (Plan pays)	90%	70%	80%	60%	80%	60%
Medical Out-of-Pocket Maximum	\$1,500 / \$3,000	\$3,000 / \$9,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,000 Ind / \$14,000 Fam	\$14,000 Ind / \$28,000 Fam
PCP - Preventive Visits	Covered in Full	30% after deductible	Covered in Full	40% after deductible	Covered in Full	40% after deductible
PCP - Sick Visit	\$25	30% after deductible	\$30	40% after deductible	20% after deductible	40% after deductible
Specialist Visit	\$40 per visit; \$25/physical therapist visit; \$25/chiropractor visit; \$25/acupuncture visit	30% after deductible	\$50 per visit; \$30/physical therapist visit; \$30/chiropractor visit; \$30/acupuncture visit	40% after deductible	20% after deductible	40% after deductible
Inpatient Care	10% after deductible	30% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Care (Hospital)	10% after deductible	30% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Diagnostic test (x-ray, blood work)	\$25 per day	30% after deductible	\$30 per day	40% after deductible	20% after deductible	40% after deductible
Imaging (CT/PET scans, MRIs)	10% after deductible	30% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Urgent Care	\$40	30% after deductible	\$50	40% after deductible	20% after deductible	40% after deductible
CVS MinuteClinic	\$5	n/a	\$5	n/a	20% after deductible	40% after deductible
Emergency Room Visit	\$150	\$150	\$250	\$250	20% after deductible	40% after deductible
Pharmacy copays	Retail: \$10 generic; \$30 preferred brand; \$50 non-preferred brand Mail: 2x Retail co-pay Out-of-pocket Max: \$1,500 / \$3,000		Retail: \$15 generic; \$35 preferred brand; \$55 non-preferred brand Mail: 2x Retail co-pay Out-of-pocket Max: \$1,500 / \$3,000		Deductible + Coinsurance; Preventive Covered in Full	