

Below please find a comparison chart for the two 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 New Hire Enrollment Wizard or check with your location's benefit/payroll contact.

### RCAB Health Plan Options Summary - July 1, 2020

Member Cost Share Provisions	Blue Cross Blue Shield - Enhanced PPO Plan		Blue Cross Blue Shield - Basic PPO Plan	
	Blue Cross PPO Network	Out of Network	Blue Cross PPO Network	Out of Network
<b>Deductible</b>	\$500 Ind / \$1,000 Fam	\$1,000 Ind / \$2,000 Fam	\$2,500 Ind/ \$5,000 Fam	\$5,000 Ind/ \$10,000 Fam
<b>Coinsurance</b>	90%	70%	80%	60%
<b>Medical Out-of-Pocket Maximum</b>	\$1,500 / \$3,000	\$3,000 / \$9,000	\$3,000 / \$6,000	\$6,000 / \$12,000
<b>PCP - Preventive Visits</b>	Covered in Full	30% after deductible	Covered in Full	40% after deductible
<b>PCP - Sick Visit</b>	\$25	30% after deductible	\$30	40% after deductible
<b>Telehealth</b>	\$10	not covered	\$15	not covered
<b>Specialist Visit</b>	\$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
<b>Inpatient Care</b>	10% after deductible	30% after deductible	20% after deductible	40% after deductible
<b>Outpatient Care (Hospital)</b>	10% after deductible	30% after deductible	20% after deductible	40% after deductible
<b>Diagnostic test (x-ray, blood work)</b>	\$25 per day	30% after deductible	\$30 per day	40% after deductible
<b>Imaging (CT/PET scans, MRIs)</b>	10% after deductible	30% after deductible	20% after deductible	40% after deductible
<b>Urgent Care</b>	\$40	30% after deductible	\$50	40% after deductible
<b>CVS MinuteClinic</b>	\$5	n/a	\$5	n/a
<b>Emergency Room Visit</b>	\$150	\$150	\$250	\$250
<b>Pharmacy copays</b>	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	