

RCAB Health Plan Options Summary - Effective October 1, 2018

Member Cost Share Provisions	Blue Cross Blue Shield - Enhanced POS Plan		Blue Cross Blue Shield - Basic POS Plan	
	Blue Cross HMO New England Network	Self-referred/Out of Network	Blue Cross HMO New England Network	Self-referred/Out of Network
Deductible	\$500 / \$1,000	\$1,000 / \$2,000	\$2,500 / \$5,000	\$5,000 / \$10,000
Coinsurance	90%	70%	80%	60%
Medical Out-of-Pocket Maximum	\$1,500 / \$3,000	\$3,000 / \$9,000	\$3,000 / \$6,000	\$6,000 / \$12,000
PCP - Preventive Visits	Covered in Full	30% after deductible	Covered in Full	40% after deductible
PCP - Sick Visit	\$25	30% after deductible	\$30	40% after deductible
Specialist Visit	\$40	30% after deductible	\$50	40% after deductible
Inpatient Care	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Outpatient Care (Hospital)	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Lab tests, X-rays, Other Tests (diagnostic)	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Emergency Room Visit	\$150	\$150	\$250	\$250
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	