

Medical and Prescription Drug Benefits At-A-Glance

Below is an at-a-glance chart that highlights plan options and gives a quick snapshot of the differences in copayment and coinsurance levels when you use in-network providers. This is not intended to be a comprehensive summary, it will only give you basic details about these plans. Please refer to the Benefits Highlights & Summary for each plan on our [HRConnect site](#).

Benefit	Independence Blue Cross (IN NETWORK)			
	Personal Choice 20/30/70	Personal Choice C4/F4/02	Personal Choice Deductible	HDHP
Deductible				
Individual	\$0.00	\$0.00	\$2,000.00	\$2,000.00
Family	\$0.00	\$0.00	\$4,000.00	\$4,000.00
Out-of-Pocket Limit				
Individual	\$1,500.00	\$3,000.00	\$4,000.00	\$6,900.00
Family	\$3,000.00	\$6,000.00	\$8,000.00	\$13,800.00
Coinsurance	0%	0%	20%	\$0.00 (after deductible)
Referrals Required	No	No	No	No
Out-Patient Care	\$30.00	\$50.00	\$50.00 (no deductible)	No charge after deductible
PCP Office Visits	\$20.00	\$30.00	\$30.00 (no deductible)	No charge after deductible
Specialist Office Visits	\$30.00	\$50.00	\$50.00 (no deductible)	No charge after deductible
Outpatient Surgery	\$150.00	\$350.00	\$350.00 (no Deductible)	No charge after deductible
Laboratory/Pathology Services	No Charge	No Charge	\$50.00 (no deductible)	No charge after deductible
Routine Radiology/Diagnostic	\$30.00	\$50.00	\$50.00 (no deductible)	No charge after deductible
Magnetic Resonance Imaging (MRI)	\$30.00	\$100.00	\$100.00 (no deductible)	No charge after deductible
Urgent Care	\$28.00	\$70.00	\$70.00 (no deductible)	No charge after deductible
Hospitalization	\$150.00/day	\$350.00/day	20% After Deductible	No charge after deductible
Emergency Room	\$40.00	\$150.00	\$150.00 (no deductible)	No charge after deductible
Ambulance	No Charge	No Charge	20% After Deductible	No charge after deductible
Telemedicine Teladoc	No Charge	No Charge	No Charge	No charge after deductible
Prescription Drugs	Personal Choice Plans Rx:		HDHP Rx Copay Cost AFTER Deductible	
Retail (up to 30-day supply)	Day 1–30 Generic: \$20.00 Brand: \$40.00 Non-Formulary: \$60.00	Day 31–90 Generic: \$40.00 Brand: \$80.00 Non-Formulary: \$120.00	Day 1–30 Generic: \$20.00 Brand: \$40.00 Non-Formulary: \$120.00	Day 31–90 Generic: \$40.00 Brand: \$80.00 Non-Formulary: \$120.00
Mail Order (up to 90-day supply)	Mail Order Day 1–90 Generic: \$40.00 Brand: \$80.00 Non-Formulary: \$120.00	Specialty Drugs Day 1–30 Generic: \$40.00 Brand: \$80.00 Non-Formulary: \$120.00	MAIL ORDER: Day 31 –90 Generic: \$40.00 Brand: \$80.00 Non-Formulary: \$120.00	Specialty Drugs Day 1–30 \$60.00