

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 |
| Deductible | | |
| Individual | \$0.00 | \$0.00 |
| Family | \$0.00 | \$0.00 |
| Out-of-Pocket Limit | | |
| Individual | \$1,500.00 | \$3,000.00 |
| Family | \$3,000.00 | \$6,000.00 |
| Coinsurance | 0% | 0% |
| Referrals Required | No | No |
| Out-Patient Care | | |
| | \$30.00 | \$50.00 |
| PCP Office Visits | \$20.00 | \$30.00 |
| Specialist Office Visits | \$30.00 | \$50.00 |
| Outpatient Surgery | \$150.00 | \$350.00 |
| Laboratory/Pathology Services | No Charge | No Charge |
| Routine Radiology/Diagnostic | \$30.00 | \$50.00 |
| Magnetic Resonance Imaging (MRI) | \$30.00 | \$100.00 |
| Urgent Care | \$28.00 | \$70.00 |
| Hospitalization | \$150.00/day | \$350.00/day |
| Emergency Room | \$40.00 | \$150.00 |
| Ambulance | No Charge | No Charge |
| Telemedicine | | |
| Teladoc | No Charge | No Charge |
| Prescription Drugs | Personal Choice Plans Rx: | |
| 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 |
| 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 |