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 HR Connect site.

Benefit	Independence Blue Cross (IN NETWORK)	
	Personal Choice C4/F4/02 (opt 1)	Personal Choice 20/30/70 (opt 2)
Deductible Individual Family	 $0.00 $0.00	 $0.00 $0.00
Out-of-Pocket Limit Individual Family	 $3,000.00 $6,000.00	 $1,500.00 $3,000.00
Coinsurance	0%	0%
Referrals Required	No	No
Out-Patient Care	$50.00	$30.00
PCP Office Visits	$30.00	$20.00
Specialist Office Visits	$50.00	$30.00
Outpatient Surgery	$350.00	$150.00
Laboratory/Pathology Services	No Charge	No Charge
Routine Radiology/Diagnostic	$50.00	$30.00
Magnetic Resonance Imaging (MRI)	$100.00	$30.00
Urgent Care	$70.00	$28.00
Hospitalization	$350.00/day	$150.00/day
Emergency Room	$150.00	$40.00
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	Mail Order Specialty Drugs Day 1–30 $60.00