

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