

Blue Access Plans at a Glance

Choose a plan that's right for your business and your employees. Here's a look at the plan options available.

Plan options	Deductible Single/family	Coinsurance	Out-of-pocket maximum Single/family	Primary care office copay	Non-primary care office copay	Emergency care copay	Prescription drugs	Deductible Single/Family				
2-50												
51-100												
W8Q	\$500	\$1,000	20%	\$1,500	\$3,000	\$15	\$30	\$200	3F4	\$8 / \$35 / \$50 / \$100	\$100	\$100 / \$200 waived for Tier 1
W8R	\$750	\$1,500		\$2,250	\$4,500							
W8S	\$1,000	\$2,000		\$3,000	\$6,000	\$20	\$40					
W8T	\$1,500	\$3,000		\$4,500	\$9,000							
W8U	\$2,000	\$4,000		\$6,000	\$12,000							
W8V	\$2,500	\$5,000		\$7,500	\$15,000	\$25	\$50					
W8W	\$3,000	\$6,000		\$9,000	\$18,000							

- The primary care office copay applies to advanced registered nurse practitioners, family practitioners, general practitioners, internal medicine practitioners, obstetricians/gynecologists, pediatricians, and physician assistants. All other providers are subject to the non-primary care office copay. The office copay applies, per provider, per date of service.
- Includes preventive benefits for immunizations, routine physicals (includes separate female gynecological exam), cancer screenings, and well-child care to age seven. Preventive care must be performed by a primary care provider (as defined above) to be eligible for coverage.
- Routine vision exam must be performed by an in-network optometrist or ophthalmologist. Limited to one per calendar year.
- Referrals are required for out-of-network services beyond the scope of network providers.
- Nursing facility care limited to 90 days per calendar year.
- Infertility covered up to diagnosis.
- Deductible waived for in-network prosthetic limbs.
- For groups with 2-50 employees, behavioral health care services for mental health and chemical dependency limited to 52 office/outpatient visits and 30 inpatient hospital days per calendar year. Limits do not apply to groups with 51-100 employees.
- Lifetime maximum for all services is \$5 million.
- Benefits and general provisions described are subject to terms of the actual Coverage Manual.

