

Blue Choice 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	In-network deductible Single/family	Out-of-network deductible Single/family	Coinsurance in-network/ out-of- network	In-network/ out-of-pocket maximum Single/family	Out-of-network/ out-of-pocket maximum Single/family	Office copay Designated PCP/all other in-network providers	Emergency care copay	Drug plan	Retail copay 4-Tier	Self- administered specialty drug copay	Deductible Single/Family
2-50											
51-100											
W8A	\$500	\$1,000	20%	\$1,000	\$2,000	\$15	\$200	3F4	\$8 / \$35 / \$50 / \$100	\$100	\$100 / \$200 waived for Tier 1
W8B	\$750	\$1,500		\$1,500	\$3,000						
W8C	\$1,000	\$2,000		\$2,000	\$4,000	\$20					
W8D	\$1,500	\$3,000		\$3,000	\$6,000						
W8E	\$2,000	\$4,000		\$4,000	\$8,000						
W8F	\$2,500	\$5,000		\$5,000	\$10,000	\$25					
W8G	\$3,000	\$6,000		\$6,000	\$12,000	\$50					

- Includes preventive benefits for immunizations, routine physicals (includes separate female gynecological exam), cancer screenings, and well-child care to age seven. Benefits for preventive services are only available when employees see their designated PCP or OB/GYN.
- 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 through diagnosis only.
- 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 medical services is \$5 million.
- Benefits and general provisions described are subject to terms of the actual Coverage Manual.

