Health Benefit Options 2023

Retirees 65+ and Medicare Eligible

CHARLES COUNTY PUBLIC SCHOOLS

Benefits Comparison Summary

Benefits	Preferred Provider Network	
	In-Network	Out-of-Network
INPATIENT HOSPITALIZATION	100% up to 365 days	80% after deductible up to 365 days
INPATIENT MEDICAL/SURGICAL	100% AB	80% after deductible
EMERGENCY SERVICES	100% AB after $100 copay (waived if admitted)	100% AB after $100 copay (waived if admitted)
PRIMARY CARE OFFICE VISIT—SICK	$15 copay/visit	80% AB after deductible
SPECIALIST	$15 copay/visit	80% AB after deductible
OUTPATIENT SURGERY	100% AB after copay	80% AB after deductible
DIAGNOSTIC X-RAY & LAB	100% AB	Hospital - 100% AB Office - 80% AB
WELL CHILD CARE	100% AB	80% AB No deductible
ROUTINE PHYSICALS	100% AB	80% AB after deductible
DURABLE MEDICAL EQUIPMENT	100% AB	80% AB after deductible
PHYSICAL THERAPY	100% AB after copay, $30 copay hospital, $15 copay office	80% AB
PRESCRIPTION DRUG	Carved out to CVS Caremark—See next page for benefits	
MENTAL HEALTH AND SUBSTANCE USE DISORDER		
INPATIENT FACILITY SERVICES *(requires Pre-authorization)*	100% AB (up to 365 days)	80% AB after deductible (up to 365 days)
OUTPATIENT FACILITY SERVICES	$30 copay	80% AB after deductible
OUTPATIENT PHYSICIAN SERVICES	$20 copay	80% AB after deductible
OFFICE	$15 copay	80% AB after deductible
PLAN PROVISIONS		
CALENDAR YEAR DEDUCTIBLE	N/A N/A	$200 Individual $400 Family Aggregate
COINSURANCE	100%	80% AB after deductible
OUT-OF-POCKET MAXIMUM	$800 Individual/year $1,600 Family aggregate	$800 Individual/year $1,600 Family aggregate
LIFETIME MAXIMUM	Unlimited	Unlimited
DEPENDENT AGE LIMIT	To the end of the month in which they turn 26.	

The above serves as a comparison only. Please consult each plan benefit guide for full details, particularly in regard to exclusions, limitations, and additional coverage. Benefits subject to the contract between CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. and Charles County Public Schools.

AB = Allowed Benefit

BlueChoice Opt-Out Plus Open Access		Medi-Comp (Members must have Medicare A and B, as Medicare is primary. In most instances, the Medi-Comp Plan covers 80% AB of the 20% remaining balance from Medicare)
In-Network (No PCP Referral Necessary)	**Out-of-Network**	
Covered in Full	80% AB after deductible	100% up to $3,000 per admission; then 80% AB after deductible
Covered in Full	80% AB after deductible	100% AB up to $2,000 (per day); then 80% AB after deductible
100% AB after $100 copay; waived if admitted	Must be Authorized by your Primary Care Physician or the Plan to be covered as in-network	Accident—within 72 hours 100% AB; after 72 hours 80% AB after deductible Medical Emergency—80% AB after deductible
PCP $10 copay	80% AB after deductible	80% AB after deductible
Specialist $15 copay	80% AB after deductible	80% AB after deductible
PCP $10 copay, Specialist $15 copay	80% AB after deductible	100% AB up to $2,000 (per day); then 80% AB after deductible
Covered in Full	80% AB after deductible	100% AB up to $100 per calendar year; then 80% AB after deductible
Covered in Full	80% AB, no deductible	80% AB-No deductible
Covered in Full	Not covered	Not Covered
Covered in Full	80% AB after deductible	80% AB after deductible
$15 copay, 30 visits/condition/year	80% AB after deductible	80% AB after deductible
Carved out to CVS Caremark—See next page for benefits		
100% AB (up to 365 days)	80% AB after deductible (up to 365 days)	100% AB up to $3,000 per admission; then 80% AB after deductible
$15 copay	80% AB after deductible	80% AB after deductible
$15 copay	80% AB after deductible	80% AB after deductible
$10 copay	80% AB after deductible	80% AB after deductible
N/A N/A	$300 Individual $900 Family	$75 Individual $225 Family
100% after applicable copays	80% AB after deductible	80% AB after deductible
$2,000 Individual $6,000 Family	$2,000 Individual $6,000 Family	$1,000 individual out-of-pocket maximum
Unlimited	Unlimited	Unlimited
To the end of the month in which they turn 26.		

To be eligible for either the PPN or BlueChoice Opt Out Plus Open Access plan, members must have Medicare A and B, as Medicare is the primary carrier. CareFirst BlueCross BlueShield will pay as secondary to Medicare. All providers—doctors and hospitals—who accept Medicare assignment will have their claims processed in-network. Members will be responsible for any copayments.

Summary of Benefits

Regional Preferred Dental

Benefits	In-Network You Pay	Out-of-Network You Pay
Deductibles: Classes II, III & IV	$30 Individual/ $80 Family	
Class I— Preventative & Diagnostic Services	20% of AB*, no deductible	20% of AB*, no deductible
Class II—Basic Services	20% of AB* after deductible	20% of AB* after deductible
Class III—Major Surgical Services	20% of AB* after deductible	20% of AB* after deductible
Class IV—Major Restorative Services	20% of AB* after deductible	20% of AB* after deductible
Class V—Orthodontic Services	40% of AB*, no deductible	40% of AB*, no deductible
Calendar Year Maximum— Classes I–IV	$1,400	
Class V Maximum	$1,400	

*AB = Allowed Benefit. Providers participating with CareFirst BlueCross BlueShield will not balance bill in excess of this allowed amount.

This summary is provided for descriptive purposes only; all benefits are subject to the contract between CareFirst BlueCross BlueShield, and Charles County Public Schools.

CVS Caremark Prescription Drug

	PPN/Comp Prescription Drug	Comp Prescription Drug	BlueChoice Prescription Drug
RETAIL BENEFIT	$10 Generic/$15 Brand 34-day supply 1 copay for a 90-day Maintenance supply	$10 Generic/$15 Brand 34-day supply 1 copay for a 90-day Maintenance supply	$10 Generic/$15 Brand 34-day supply 2 copays for a 90-day Maintenance supply
MAIL ORDER BENEFIT	$10 Generic/$15 Brand 34-day supply $5 Generic 90-day Maintenance supply $10 Brand 90-day Maintenance supply	$10 Generic/$15 Brand 34-day supply $5 Generic 90-day Maintenance supply $10 Brand 90-day Maintenance supply	$10 Generic/$15 Brand 34-day supply $5 Generic 90-day Maintenance supply $10 Brand 90-day Maintenance supply
OUT-OF-POCKET MAXIMUM	$5,800 Individual/year $11,600 Family aggregate	N/A	$4,600 Individual/year $7,200 Family aggregate

Vision Benefits—Refer to BlueVision Plus Summary of Benefits

Health benefits administered by:

CareFirst

Family of health care plans

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