



Benefits at a Glance 2022-23 (subject to change)

Member Pays		
These Plans are Member-Level Rated - Composite Billed	BlueChoice Advantage (Gold) Gold Plan - \$500 ¹ AAVVB016 Prescription Drug RXXVB331	
Off Exchange		
Health Plan Highlights	Member Pays	
	In-Network	Out-of-Network
Non-Preventive Doctor Copay (PCP/Specialist)	PCP: \$15 copay per visit / SPEC: \$30 copay per visit	PCP: Deductible, then \$50 copay per visit / SPEC: Deductible, then \$50 copay per visit
Preventive Doctor Copay (PCP/Specialist)	No Charge	No Charge After Deductible
Inpatient Charge per Admission	Deductible, then \$400 copay per admission	Deductible, then \$500 copay per admission
Deductible (Individual/Family)	\$500/\$1,000	\$1,000/\$2,000
Coinsurance (Insurance/Member)	None	None
Out-of-Pocket Maximum (Individual/Family)	\$7,900/\$15,800	\$15,800/\$31,600
Emergency Room	Deductible, then \$250 copay per visit	Paid As In-Network
Pediatric Dental	Included	Included
Pediatric Vision	Included	Included
Maximum Benefit	None	None
Prescription Drug Highlights	PPACA Prescription Drug (Gold)Gold Plan - \$500 RXXVB331	
Off Exchange		
Deductible	\$250	
Copay (Retail)	\$10/\$45/\$65	
Copay (Mail)	\$20/\$90/\$130	
Preferred Specialty	Deductible, then 50% up to \$100 maximum	
Non-Preferred Specialty	Specialty Tier 5 Drugs - Deductible, then 50% up to \$150 maximum	