## St. Mary's County Public Schools Plan 2— July 2023

Product Line	HMO Plan 2	BlueChoice Triple Option Plan 2—Open Access—3 Health Care Plans in 1			
Product Name	BlueChoice HMO Open Access	BlueChoice Triple Option Open Access			
	No Referrals Required	Level 1 No Referrals Required	Level 2 No Referrals Required	Level 3 No Referrals Required	
Services	You Pay	You Pay	You Pay	You Pay	
24/7 NURSE ADVICE LINE	When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health questions and treatment options.	When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health questions and treatment options.			
NETWORK	BlueChoice	BlueChoice	Preferred Provider (PPO Blue Card)	Participating/Non-Participating	
PER VISIT	\$5 PCP/\$10 Specialist per visit	\$10 PCP/\$10 Specialist per visit	\$15 PCP/\$15 Specialist per visit	N/A	
ANNUAL DEDUCTIBLE					
Individual	None	None	\$200	\$300	
Individual & Child	None	None	\$400	\$600	
Individual & Adult	None	None	\$400	\$600	
Family	None	None	\$400	\$600	
ANNUAL OUT-OF-POCKET MAXIMUM					
Medical	\$2,000 Individual/\$6,000 Family	\$2,000 Individual/\$6,000 Family	\$500 Individual/\$1,000 Family	\$1,000 Individual/\$2,000 Family	
Prescription Drug	\$4,600 Individual/\$7,200 Family	\$4,600 Individual/\$7,200 Family	\$4,600 Individual/\$7,200 Family	\$4,600 Individual/\$7,200 Family	
LIFETIME MAXIMUM BENEFIT	Unlimited except on fertility services	Unlimited except on fertility services			
PREVENTIVE SERVICES					
Well-Child Care					
0-24 months	\$0	\$0	\$0	20% of CareFirst member cost	
24 months-13 years (immunization visit)	\$0	\$0	\$0	20% of CareFirst member cost	
24 months-13 years (non-immunization visit)	\$0	\$0	\$0	20% of CareFirst member cost	
14-17 years	\$0	\$0	\$0	20% of CareFirst member cost	
Adult Physical Examination	\$0	\$0	\$0	After deductible is met, 20% of CareFirst member cost	
Routine GYN Visits	\$0	\$0	\$0	After deductible is met, 20% of CareFirst member cost	
Prostate Screening	\$0	\$0	\$0	\$0	
Other Cancer Screening (Pap Test, Mammogram and Colorectal)	\$0	\$0	\$0	After deductible is met, 20% of CareFirst member cost	
OFFICE VISITS, LABS AND TESTING					
Office Visits for Illness	\$5 PCP/\$10 Specialist per visit	\$10 per visit	\$15 per visit	After deductible is met, 20% of CareFirst member cost	
Diagnostic Services	\$10 per visit	\$10 per visit	\$15 per visit	After deductible is met, 20% of CareFirst member cost	
X-ray and Lab Tests	\$0 (LabCorp)	\$0 (LabCorp)	\$15 per visit	After deductible is met, 20% of CareFirst member cost	
Allergy Testing	\$5 PCP/\$10 Specialist per visit	\$10 per visit	\$15 per visit	After deductible is met, 20% of CareFirst member cost	
Allergy Shots	\$0	\$0	\$15 per visit	After deductible is met, 20% of CareFirst member cost	
Outpatient Physical, Speech and Occupational Therapy (Office Setting)	\$10 per visit (limited to 30 visits/condition/benefit period)	\$10 per visit (limited to 30 visits/condition/benefit period)	\$15 per visit (limited to 100 visits per year)	After deductible is met, 20% of CareFirst member cost (limited to 100 visits per year)	
Outpatient Chiropractic	\$10 per visit (limited to 20 visits/condition/benefit period)	\$10 per visit (limited to 20 visits per year)	\$15 per visit (unlimited visits)	After deductible is met, 20% of CareFirst member cost (unlimited visits)	
EMERGENCY CARE AND URGENT CARE					
Physician's Office	\$5 PCP/\$10 Specialist per visit	\$10 per visit	\$15 per visit	After deductible is met, 20% of CareFirst member cost	
Urgent Care Center	\$10 per visit	\$10 per visit	\$15 per visit	After deductible is met, 20% of CareFirst member cost	
Hospital Emergency Room	\$75 per visit (waived if admitted)	\$75 per visit (waived if admitted)	Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level	Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level.	
Ambulance (if medically necessary)	\$0	\$0	Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level	Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level.	



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	You Pay	Level 1 No Referrals Required You Pay	You Pay	Level 3 No Referrals Required You Pay		
IOSPITALIZATION	Tou Pay	Tou Fay	Tou Pay	Tou Pay		
npatient Facility Services	\$0	\$0	After deductible is met, 10% of CareFirst member cost	After deductible is met, 20% of CareFirst member cost		
Dutpatient Facility Services	\$0	\$0	After deductible is met, 10% of CareFirst member cost	After deductible is met, 20% of CareFirst member cost		
npatient Physician Services	\$0	\$0	After deductible is met, 10% of CareFirst member cost	After deductible is met, 20% of CareFirst member cost		
Putpatient Physician Services	\$10 per visit	\$10 per visit	\$15 per visit	After deductible is met, 20% of CareFirst member cost		
IOSPITAL ALTERNATIVES				·		
lome Health Care	\$0	\$0	\$0	\$0		
lospice	\$0	\$0	\$0	\$0		
killed Nursing Facility (limited to 365 days/benefit period)	\$0	\$0	After deductible is met, 10% of CareFirst member cost	After deductible is met, 20% of CareFirst member cost		
ATERNITY						
Prenatal and Postnatal Office Visits	\$0	\$0	\$0	After deductible is met, 20% of CareFirst member cost		
Delivery and Facility Services	\$0	\$0	After deductible is met, 10% of CareFirst member cost	After deductible is met, 20% of CareFirst member cost		
Nursery Care of Newborn	\$0	\$0	After deductible is met, 10% of CareFirst member cost	After deductible is met, 20% of CareFirst member cost		
Artificial Insemination— Subject to State Mandate limited to 6 attempts per live birth)	50% of CareFirst member cost	50% of CareFirst member cost	After deductible is met, 10% of CareFirst member cost	After deductible is met, 20% of CareFirst member cost		
nVitro Fertilization Procedures—Subject to State Mandate limited to 3 attempts per live birth & \$100,000 lifetime max)	50% of CareFirst member cost	50% of CareFirst member cost	After deductible is met, 10% of CareFirst member cost	After deductible is met, 20% of CareFirst member cost		
MENTAL HEALTH (MH) AND SUBSTANCE USE DISORI	DER (SUD)—SUBJECT TO FEDERAL MANDATE	BLUECHOICE NETWORK	PREFERRED PROVIDER NETWORK	PARTICIPATING/NON-PARTICIPATING		
npatient Facility Services equires Pre-authorization)	\$0	\$0	\$0	After deductible is met, 20% of CareFirst member cost		
npatient Physician Services	\$0	\$0	\$0	After deductible is met, 20% of CareFirst member cost		
Outpatient Services (MH & SUD) (office)	\$5 per visit (office)	\$10 per visit	\$10 per visit	After deductible is met, 20% of CareFirst member cost		
artial Hospitalization	\$0	\$0	\$0	After deductible is met, 20% of CareFirst member cost		
Nedication Management Visit	\$5 per visit	\$10 per visit	\$10 per visit	After deductible is met, 20% of CareFirst member cost		
MISCELLANEOUS						
ourable Medical Equipment	\$0	\$0	After deductible is met, 10% of CareFirst member cost	After deductible is met, 20% of CareFirst member cost		
cupuncture	Not covered	Not covered	\$15 per visit	After deductible is met, 20% of CareFirst member cost		
learing Aids (limited to once/36 months)	\$0 per aid/per ear (children and adults) ; member may be balanced billed up to the total charge	\$0 per aid/per ear (children and adults) ; member may be balanced billed up to the total charge	\$0 per aid/ per ear (children and adults) ; member may be balanced billed up to the total charge	\$0 per aid/ per ear (children and adults) ; member may be balanced billed up to the total charge		
Outpatient Surgery (office)	\$10 per visit	\$10 per visit	\$15 per visit	After deductible is met, 20% of CareFirst member cost		
hemotherapy/Radiation Therapy (office)	\$10 per visit	\$10 per visit	\$15 per visit	After deductible is met, 20% of CareFirst member cost		
enal Dialysis	\$0	\$0	\$15 per visit	After deductible is met, 20% of CareFirst member cost		
ardiac Rehab subject to Medical Policy review)	\$0	\$0	\$0	After deductible is met, 20% of CareFirst member cost		
RESCRIPTION DRUGS	\$10 Generic/\$15 Brand for non-maintenance: mail order included, \$10 Generic/\$15 Brand for maintenance 90 day supply for mail order or CVS retail pharmacy, \$20 Generic/\$30 Brand	y \$10 Generic/\$15 Brand for non-maintenance: mail order included, \$10 Generic/\$15 Brand for maintenance 90 day supply for mail order or CVS retail pharmacy, \$20 Generic/\$30 Brand for maintenance 90 day supply at all other retail pharmacies—Formulary 2				
	for maintenance 90 day supply at all other retail pharmacies— Formulary 2					



CareFirst BlueCross BlueShield is the shared business name of CareFirst Advantage Is the shared business name of CareFirst BlueCross BlueShield Medicare Advantage Is the shared business name of CareFirst Advantage Is the shared business name of CareFirst Advantage Is the shared business name of CareFirst Advantage Is the business name of CareFirst Advantage Is the shared business name of CareFirst Advantage Is the shared business name of CareFirst Advantage Is the shared business name of CareFirst Advantage Is the business name of CareFirst Advantage Is the business name of CareFirst Advantage Inc., CareFirst Advantage Is the business name of First Care, Inc. In the District of Columbia, CareFirst Advantage DSNP, Inc., CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst Advantage Inc., CareFirst Advantage PO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Advantage DSNP, Inc., CareFirst Advantage DSNP, Inc., CareFirst Advantage PO, Inc., CareFirst Advantage PO, Inc., CareFirst Advantage PO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Advantage PO, Inc., CareFirst Advantage DSNP, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, CareFirst Advantage DSNP, Inc., CareFirst Advantage DSNP, Inc., Ca