

Medical and Prescription Drug Benefits

Below is an at-a-glance chart that highlights the medical benefits under the Independence Blue Cross medical plans. The chart provides a quick snapshot of the differences in copayment and coinsurance levels when you use in-network providers. This is not intended to be a comprehensive summary, it will only give you basic details about your plans. For more details, please refer to the Summary of Benefits for each plan. The summary for each plan can be found in the PlanSource document Library.

Benefit	Independence Blue Cross		
	PC215	C1F101	C2F101
Deductible Individual Family	\$ 200 \$ 400	\$0	\$0
Out-of-Pocket Limit Individual Family	\$1200 \$2400	\$1000 \$2000	\$1000 \$2000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Referrals Required	No	Yes	Yes
Out-Patient Care			
PCP Office Visits	\$ 15	\$ 10	\$15
Specialist Office Visits	\$ 15	\$ 20	\$ 30
Outpatient Surgery	\$ 0 (After Deductible)	\$ 0	\$ 0
Laboratory/Pathology Services	\$ 0 (After Deductible)	\$0 (referral may be required)	\$0 (referral may be required)
Routine Radiology/Diagnostic	\$ 0 (After Deductible)	\$0 (referral may be required)	\$0 (referral may be required)
Magnetic Resonance Imaging (MRI)	\$ 0 (After Deductible)	\$0 (referral may be required)	\$0 (referral may be required)
Hospitalization	\$ 0 (After Deductible)	\$ 0	\$ 0
Emergency Room	\$25 (after deductible)	\$75 waived if admitted	\$100 Not Waived
Prescription Drugs			
Retail (up to 30-day supply)	Generic: \$5 Brand: \$30 Non-Formulary: \$55	Generic: \$5 Brand: \$30 Non-Formulary: \$55	Generic: \$5 Brand: \$30 Non-Formulary: \$55
Mail Order/CVS/Walgreens (up to 90-day supply)	Generic: \$5 Brand: \$30 Non-Formulary: \$55	Generic: \$5 Brand: \$30 Non-Formulary: \$55 :	Generic: \$5 Brand: \$30 Non-Formulary: \$55