



# Medical Plans Comprehensive

**Please note:** This document is intended to be an easy-to-use reference for members. The Summary Plan Description (SPD) supersedes this general information. HPM Plans do not have separate deductibles, coinsurance/copays, or out-of-pocket maximums for out-of-network providers, however, members may encounter balance billing. Members avoid balance billing by using in-network providers. To find out if your doctor is a network provider, please visit [bcbsmt.com](http://bcbsmt.com).

## DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM RANGES

Individual/Family Deductible	Coinsurance	Individual/Family OOPM:
\$500/\$1,000 to \$5,000/\$10,000	80%/20% , 70%/30%	\$2,000/\$3,500 to \$6,750/\$16,500

## MEDICAL BENEFITS

### Deductible Waived

Accident benefit: deductible is waived on first \$500 of eligible claims within 90 days of accident	Primary Care Physician visits: \$30 copay applies Specialist visits: \$60 copay applies
Outpatient mental illness and chemical dependency: coinsurance applied	Preventive benefits: paid at 100% when in network

### Deductible Applies

Inpatient Hospital Services	Home Health Care
Diagnostic X-ray and Laboratory Services	Skilled Nursing Facility
Inpatient Mental Illness and Substance Abuse	Surgical Implant and/or Devices
Rehabilitation Therapy, PT and OT	Transplants

## PHARMACY

There is no prescription deductible. The out-of-pocket maximum (OOP max) for prescriptions is included with Medical.

	30-day Retail	Mail Order
Generic Drugs	\$15 copay	\$30 copay
Preferred Brand Drugs	\$40 copay	\$80 copay
Non-Preferred Drugs	\$60 copay	\$120 copay
Specialty Drugs	\$200 copay	\$200 copay

## ADDITIONAL FEATURES

**PREVENTIVE PEDIATRIC DENTAL AND VISION** – Paid at 100% for dependents up to age 18.