

USD 437 Auburn Washburn
Blue Choice Comprehensive Major Medical Program
Option A



Effective January 1, 2024 - December 31, 2024

Maximum benefits are available when services are received from Blue Choice providers. Your financial responsibility is based on the provider network you select. **Non-Blue Choice & Non-CAP:** Difference between the payment allowance and provider charge, additional 20% coinsurance amount, deductible, coinsurance or copay amount **CAP (Non-Blue Choice):** Additional 20% coinsurance amount, * deductible, coinsurance or copay amount **Blue Choice:** Deductible, coinsurance or copay amount

*Limited to a combined \$2,000 per person, \$4,000 two-or-more persons each benefit period.

Member Pays	
Deductible (calendar year benefit period)	\$1,500/\$3,000 individual/two-or-more persons
Coinsurance (Member portion for most services)	40% of allowed amounts after deductible has been met
Coinsurance Maximum	NA
Maximum Out-of-Pocket (includes copays, deductible and coinsurance where applicable)	\$7,000/\$14,000 individual/two-or-more persons after the maximum out-of-pocket amount has been reached, eligible benefits will be paid at 100% of the allowed amount for the remainder of the benefit period.
Doctor's office visits	
Home and office visits (Includes Telemedicine and eye exam)	\$40 copay
Urgent Care	\$50 copay
Preventive care as defined by the <i>Affordable Care Act</i>	Paid at 100% of the allowable charge. Some of the services include: <ul style="list-style-type: none"> • Routine screenings • Preventive immunizations • Well-woman visits/screenings • Contraceptive methods
Drug coverage – ResultsRx Formulary	
Prescription Drugs & Mail order Mandatory Designated Specialty Pharmacy Generic Mandatory, doctor can override, no penalty for Brand drugs on NTI list	BlueRx Card \$15 generics, \$100/\$200 Rx Deductible on Brand & Specialty Drugs then 50% Coinsurance Mail order \$37.50 copay generic, \$100/\$200 Rx Deductible on Brand & Specialty Drugs then 50% Coinsurance. A 90-day supply is available through the Extended Supply Network. The quantity per prescription is a 30-day pharmacy supply or 90-day Mail Order supply.
Medical services	
Emergency medical transportation	Subject to deductible/coinsurance
Inpatient surgery physician/surgical	Subject to deductible/coinsurance
Inpatient facility fee	Subject to deductible/coinsurance
Outpatient surgery physician/surgical	Subject to deductible/coinsurance
Outpatient lab and radiology	Subject to deductible/coinsurance
Advanced imaging	Subject to deductible/coinsurance
Emergency room	\$250 copay then subject to deductible/coinsurance
Accidental Injury Services	Subject to deductible/coinsurance

Recovery/Special needs	
Outpatient rehabilitation	Subject to deductible/coinsurance
Hospice	Subject to deductible/coinsurance
Home Social Work Visits	Subject to deductible/coinsurance
Mental health	
Mental/behavioral health Inpatient Services Requires pre-admission certification from New Directions Behavioral Health at 1-800-952-5906	Subject to deductible/coinsurance
Outpatient Services	\$40 office visit copay
Other	
Maximum lifetime benefit	Unlimited
Eligible dependents	Covered to age 26

Exclusions:

Duplicate benefits provided under federal, state or local laws, regulations or programs except Medicaid; services involving cosmetic or reconstructive surgery except as stated in the certificate; charges for personal items; convalescent or custodial care or rest cure; all keratotomy procedures; services related to temporomandibular joint dysfunction syndrome; blood or payments to donors of blood; any service or supply related to the medical management of obesity; services related to the reversal of sterilization procedures; any medically-aided insemination procedure; charges for services by immediate relatives or by members of the household; acupuncture and admission for acupuncture; medically unnecessary services and admissions; services covered and payable under any medical expense payment provision of any automobile insurance policy; mental illness or substance use disorder services provided by a non-eligible provider; services, supplies or treatments not specifically listed as covered in the member's certificate.

This is a brief summary of the coverage available under this program. It is not a legal document. The exact provisions of the benefits and exclusions are contained in the certificate.