




1 January 2023

Benefits Comparison

	2023 BlueOptions (Gold) PPO Gold	2023 BlueOptions(Silver) PPO Silver
In-Network	\$1,200 / \$2,400	\$4,000 / \$8,000
Out-of-Network	\$2,400 / \$4,800	\$8,000 / \$16,000
In-Network	20%	30%
Out-of-Network	40%	50%
In-Network	\$6,000 / \$12,000	\$7,000 / \$14,000
Out-of-Network	\$12,000 / \$24,000	\$14,000 / \$28,000
<b>Office Services</b>	• Nutritional counseling for a diagnosis of diabetes is covered at \$0 copayment when billed by a VCP Specialist in the office.	
Value Choice PCP	\$0 Copayment	\$0 Copayment
Value Choice Specialist	\$20 Copayment	\$20 Copayment
In-Network Family Physician	\$50 Copayment	\$70 Copayment
In-Network Specialist	\$70 Copayment	\$100 Copayment
Out-of-Network	DED + 40%	DED + 50%
In-Network	\$50 Copayment	\$70 Copayment
Out-of-Network	Ded + 40%	DED + 50%
In-Network	DED + 20%	DED + 30%
Out-of-Network	INN DED + 20%	INN DED + 30%
In-Network Family Physician	\$0	\$0 Copayment
In-Network Specialist	\$0	\$0 Copayment
Out-of-Network	40%	50%
In-Network	\$200 Copayment	\$350 Copayment
Out-of-Network	Ded + 40%	DED + 50%
<b>Inpatient Hospital Facility (per admit)</b>	• OON only; if admitted as an Inpatient from ER, apply Inpatient Hospital INN Option 1 cost share.	
In-Network	\$300 per day/\$1500 max	DED + 30%
In-Network		
Out-of-Network	DED + 40%	DED + 50%
<b>Outpatient Hospital Facility (per visit) (Surgical)</b>		
In-Network	\$300 copay	DED + 30%
In-Network		
Out-of-Network	DED + 40%	DED + 50%
<b>Emergency Room Facility (per visit) (No surgery performed or not admitted)</b>	• If admitted as an inpatient from ER, the hospital will submit an inpatient hospital claim instead of an ER facility claim; only inpatient facility cost share will apply.	
In-Network	\$250 Copayment	\$450 copayment
Out-of-Network	\$250 Copayment	\$450 copayment
Value Choice Urgent Care Provider	\$0 Copayment - Visits 1-2 PBP \$70 Copay for remaining Visits PBP	\$0 Copayment - Visits 1-2 PBP \$100 Copay for remaining Visits PBP
In-Network	\$70 Copayment	\$100 Copayment
Out-of-Network	INN DED + \$70 Copayment	\$100 Copayment
<b>Physician Office</b>		
In-Network Family Physician	\$0 Copayment	\$0 Copayment
In-Network Specialist	\$0 Copayment	\$0 Copayment
Out-of-Network	40%	50%
<b>Inpatient Hospital Facility</b>	• OON only; if admitted as an Inpatient from ER, apply Inpatient Hospital INN Option	

	1 cost share.	
In-Network	\$0 Copayment	\$0
Out-of-Network	40%	50%
<b>Outpatient Hospital Facility</b>		
In-Network	\$0 Copayment	\$0
Out-of-Network	40%	50%
In-Network	\$0	\$0
Out-of-Network	Not Covered	Not Covered
In-Network	\$10	\$10
Out-of-Network	Not Covered	Not Covered
In-Network	\$0	\$0
Out-of-Network	Not Covered	Not Covered
<b>Deductible</b>		
<b>In-Network</b>		
- Retail		
Generic/Brand/Non-Preferred	\$15/\$60/\$100	\$15/\$70/\$110
Rx- Specialty	\$250	\$350
- Mail Order		
Generic/Brand/Non-Preferred	\$40/\$150/\$250	\$40/\$175/\$275
<b>Out-of-Network</b>		
- Retail		
Generic/Brand/Non-Preferred	50%	50%
- Mail Order		
Generic/Brand/Non-Preferred	50%	50%