



Comparison of benefits for RCSD

2025

type of care/plan features	Core Plan	Enhanced Plan
	Coverage*	Coverage*
Plan features <ul style="list-style-type: none">Primary Care Physician (PCP)ReferralsOut of network benefitsOut of area benefitsStudent/Dependent coverage	<ul style="list-style-type: none">Not requiredNot requiredNot coveredCoverage provided worldwide through the BlueCard® program.Qualified dependents and students are covered to age 26.	<ul style="list-style-type: none">Not requiredNot requiredNot coveredCoverage provided worldwide through the BlueCard® program.Qualified dependents and students are covered to age 26.
Plan cost-sharing highlights <ul style="list-style-type: none">Office visit copay (Primary Care Physician)Office visit copay (Specialist)CoinsuranceDeductibleOut of pocket maximumLifetime maximum	<ul style="list-style-type: none">\$20 copay\$40 copay20%; Coinsurance Maximum: \$750 individual/\$2250 family\$250 individual/\$750 family\$6350 individual/\$12700 familyNone	<ul style="list-style-type: none">\$15 copay\$15 copayNoneNone\$6350 individual/\$12700 familyNone
Preventive Health Care Services <ul style="list-style-type: none">Well child visitsAdult routine physical examsAdult immunizationsMammographyPap smearRoutine GYN examProstate cancer screeningRoutine visionColonoscopy	<ul style="list-style-type: none">Covered in fullCovered in full for 1 exam per year according to national guidelinesCovered in fullCovered in fullCovered in fullCovered in full\$20 copay per visit with PCP, \$40 copay with specialist\$20 copay for one routine eye exam every year. \$60 eyewear allowance every year.Preventive covered in full	<ul style="list-style-type: none">Covered in fullCovered in full for 1 exam per year according to national guidelinesCovered in fullCovered in fullCovered in fullCovered in full\$15 copay\$15 copay for one routine exam per year; \$100 eyewear allowance available per yearPreventive covered in full
Physician Office Services <ul style="list-style-type: none">Diagnostic office visitsDiagnostic x-raysDiagnostic laboratory and pathologyAllergy tests	<ul style="list-style-type: none">\$20 copay per visit with PCP, \$40 copay per visits with specialist\$40 copay per visit. Precertification applies to MRI, PET and CAT scans.\$20 copay per visit\$20 copay per visit	<ul style="list-style-type: none">\$15 copay per visit, \$0 for children to age 19 for PCP\$15 copay. Precertification applies to MRI, PET and CAT scans.Covered in full\$15 copay per visit



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<ul style="list-style-type: none">Allergy injectionsChemotherapyRadiation therapySecond Medical OpinionSick Child Visits	<ul style="list-style-type: none">\$20 copay per visit\$40 copay per visit\$40 copay per visit\$40 copay per visit\$20 copay per visit with PCP, \$40 copay with specialist	<ul style="list-style-type: none">\$15 copay per visitCovered in fullCovered in full\$15 copay per visit\$0 to age 19
Maternity Services		
<ul style="list-style-type: none">Prenatal careHospital care for mom (including delivery)Newborn nursery care	<ul style="list-style-type: none">Covered in fullCovered at 80%, subject to the deductibleCovered at 80%, subject to the deductible	<ul style="list-style-type: none">Covered in fullCovered in fullCovered in full
Prescription Drug		
<ul style="list-style-type: none">Short-term and maintenance drugs	<ul style="list-style-type: none">\$10/\$30/\$50 for retail and mail order. Retail 2.5 copay for 90 day supply. Mail order 1 copays for 90 day supply	<ul style="list-style-type: none">\$5/\$20/\$35 for retail and mail order. Retail 2.5 copay for 90 day supply. Mail order 1 copay for 90 day supply
Inpatient Hospital Benefits		
<ul style="list-style-type: none">Hospital benefitsPhysician visits in the hospitalInpatient physical rehabilitationSurgeryAnesthesia	<ul style="list-style-type: none">Covered at 80%, subject to the deductible. Precertification applies.Covered at 80%, subject to the deductibleCovered at 80%, subject to the deductible for up to 60 days per year. Precertification applies.Covered at 80%, subject to the deductible or \$100 copayCovered at 80%, subject to the deductible	<ul style="list-style-type: none">Covered in full for unlimited days. Precertification applies.Covered in fullCovered in full for up to 60 days per yearCovered in fullCovered in full
Emergency Care		
<ul style="list-style-type: none">Emergency room careFreestanding urgent care centerAmbulance	<ul style="list-style-type: none">\$50 copay per visit, unless admitted within 24 hours\$25 copay per visit\$50 copay	<ul style="list-style-type: none">\$50 copay per visit, unless admitted within 24 hours\$25 copay per visit\$15 copay
Outpatient Hospital Benefits		
<ul style="list-style-type: none">Diagnostic x-raysDiagnostic laboratory and pathologySurgical careChemotherapy	<ul style="list-style-type: none">\$40 copay per visit. Precertification applies to MRI, PET and CAT scans.\$20 copay per visitCovered at 80%, subject to the deductible\$40 copay per visit	<ul style="list-style-type: none">\$15 copay per visit. Precertification applies to MRI, PET and CAT scans.Covered in full\$15 copayCovered in full



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<ul style="list-style-type: none">Pulmonary RehabilitationHemodialysisRadiation therapy	<ul style="list-style-type: none">\$40 copay per visitCovered at 80%, subject to the deductible\$40 copay per visit	<ul style="list-style-type: none">\$15 copay per visitCovered in fullCovered in full
Mental Health and Chemical Dependence		
<ul style="list-style-type: none">Inpatient mental health careOutpatient mental health careInpatient chemical dependenceOutpatient chemical dependence	<ul style="list-style-type: none">Covered at 80%, subject to the deductible. Precertification applies.\$40 copay. Services can be provided in an outpatient facility or in a provider office.Covered at 80%, subject to the deductible. Precertification applies.\$40 copay	<ul style="list-style-type: none">Covered in full for unlimited days. Precertification applies.\$15 copay. Services can be provided in an outpatient facility or in a provider office.Covered in full for unlimited days. Precertification applies.\$15 copay per visit
Other Services		
<ul style="list-style-type: none">Diabetic insulin and suppliesSkilled nursing facilityHome CareHospiceOutpatient therapyDurable medical equipment and supplies	<ul style="list-style-type: none">\$20 copay for up to a 30 day supplyCovered at 80%, subject to the deductible for up to 120 days per year, 360 day lifetime max. Precertification applies.\$20 per day, 40 visits per year. Precertification applies.Covered in full for unlimited days.\$40 copay per visit for a combined total of 45 visits per year for physical, speech, occupational and respiratory therapyCovered at 50%. Precertification applies.	<ul style="list-style-type: none">\$15 CopayCovered in full for up to 120 days per year, 360 day lifetime max. Precertification applies.Covered in full for unlimited visits. Precertification applies.Covered in full for unlimited days\$15 copay for up to a combined total of 45 visits per year for physical, speech, occupational and respiratory therapyCovered at 80%. Precertification applies.
<ul style="list-style-type: none">External prosthetics and orthoticsChiropracticAcupunctureDental	<ul style="list-style-type: none">Covered at 50%, subject to the deductible\$20 copay per visitCovered at 50% for up to 10 visits per yearCovered same as similar service for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly\$20 copay for diagnostic exam, no coverage for routine exams. Hearing Aids covered up to \$2,000 per year	<ul style="list-style-type: none">Covered at 80%\$15 copay per visitCovered at 50% for up to 10 visits per yearCovered same as similar service for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly\$15 copay for diagnostic exam, no coverage for routine exams. Hearing Aids covered up to \$2,000 per year
<ul style="list-style-type: none">Hearing		
<ul style="list-style-type: none">Private Duty NursingPre-admission testing	<ul style="list-style-type: none">Not CoveredCovered in full	<ul style="list-style-type: none">Not CoveredCovered in full