

Comparison of benefits for RCSD

type of care/plan features	Core Plan	Enhanced Plan
	Coverage*	Coverage*
Plan features		
 Primary Care Physician (PCP) Referrals Out of network benefits Out of area benefits Student/Dependent coverage 	 Not required Not covered Coverage provided worldwide through the BlueCard® program. Qualified dependents and students are covered to age 26. 	 Not required Not required Not covered Coverage provided worldwide through the BlueCard® program. Qualified dependents and students are covered to age 26.
Plan cost-sharing highlights		
 Office visit copay (Primary Care Physician) Office visit copay (Specialist) Coinsurance Deductible Out of pocket maximum Lifetime maximum 	 \$20 copay \$40 copay 20%; Coinsurance Maximum: \$750 individual/\$2250 family \$250 individual/\$750 family \$6350 individual/\$12700 family None 	 \$15 copay \$15 copay None None \$6350 individual/\$12700 family None
Preventive Health Care Services		
 Well child visits Adult routine physical exams Adult immunizations Mammography Pap smear Routine GYN exam Prostate cancer screening Routine vision Colonoscopy 	 Covered in full Covered in full for 1 exam per year according to national guidelines Covered in full Covered in full Covered in full Covered 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 	 Covered in full Covered in full for 1 exam per year according to national guidelines Covered in full Covered in full Covered in full Covered in full Stopay \$15 copay \$15 copay for one routine exam per year; \$100 eyewear allowance available per year Preventive covered in full
Physician Office Services		
Diagnostic office visits	• \$20 copay per visit with PCP, \$40 copay per visits with specialist	• \$15 copay per visit, \$0 for children to age 19 for PCP
Diagnostic x-rays	• \$40 copay per visit. Precertification applies to MRI, PET and CAT scans.	• \$15 copay. Precertification applies to MRI, PET and CAT scans.
Diagnostic laboratory and pathologyAllergy tests	\$20 copay per visit\$20 copay per visit	Covered in full \$15 copay per visit



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 Allergy injections Chemotherapy Radiation therapy Second Medical Opinion Sick Child Visits 	 \$20 copay per visit \$40 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 	 \$15 copay per visit Covered in full Covered in full \$15 copay per visit \$0 to age 19
Maternity Services		
Prenatal careHospital care for mom (including delivery)Newborn nursery care	Covered in fullCovered at 80%, subject to the deductibleCovered at 80%, subject to the deductible	Covered in full Covered in full Covered in full
Prescription Drug		
Short-term and maintenance drugs	• \$10/\$30/\$50 for retail and mail order. Retail 1 copay for 30 day supply or 3 copay for 90 day supply. Mail order 2 copays for 90 day supply	• \$5/\$20/\$35 for retail and mail order. Retail 1 copay for 30 day supply or 3 copay for 90 day supply. Mail order 1 copay for 90 day supply
Inpatient Hospital Benefits		
Hospital benefits	Covered at 80%, subject to the deductible. Precertification applies.	Covered in full for unlimited days. Precertification applies.
Physician visits in the hospitalInpatient physical rehabilitation	 Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible for up to 60 days per year. Precertification applies. 	Covered in full Covered in full for up to 60 days per year
SurgeryAnesthesia	Covered at 80%, subject to the deductible or \$100 copay Covered at 80%, subject to the deductible	Covered in full Covered in full
Emergency Care		
Emergency room careFreestanding urgent care centerAmbulance	 \$50 copay per visit, unless admitted within 24 hours \$25 copay per visit \$50 copay 	 \$50 copay per visit, unless admitted within 24 hours \$25 copay per visit \$15 copay
Outpatient Hospital Benefits		
Diagnostic x-rays	\$40 copay per visit. Precertification applies to MRI, PET and CAT scans.	\$15 copay per visit. Precertification applies to MRI, PET and CAT scans.
Diagnostic laboratory and pathologySurgical careChemotherapy	 \$20 copay per visit Covered at 80%, subject to the deductible \$40 copay per visit 	CAT Scaris. Covered in full \$15 copay Covered in full



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Pulmonary RehabilitationHemodialysisRadiation therapy	\$40 copay per visitCovered at 80%, subject to the deductible\$40 copay per visit	\$15 copay per visitCovered in fullCovered in full
Mental Health and Chemical Dependence		
Inpatient mental health care	Covered at 80%, subject to the deductible. Precertification applies.	Covered in full for unlimited days. Precertification applies.
Outpatient mental health care	• \$40 copay. Services can be provided in an outpatient facility or in a provider office.	• \$15 copay. Services can be provided in an outpatient facility or in a provider office.
Inpatient chemical dependence	• Covered at 80%, subject to the deductible. Precertification applies.	Covered in full for unlimited days. Precertification applies.
Outpatient chemical dependence	аррнеs. • \$40 copay	• \$15 copay per visit
Other Services		
Diabetic insulin and suppliesSkilled nursing facility	 \$20 copay for up to a 30 day supply Covered at 80%, subject to the deductible for up to 120 days per year, 360 day lifetime max. Precertification applies. 	 \$15 Copay Covered in full for up to 120 days per year, 360 day lifetime max. Precertification applies.
Home CareHospice	 \$20 per day, 40 visits per year. Precertification applies. Covered in full for unlimited days. 	 Covered in full for unlimited visits. Precertification applies. Covered in full for unlimited days
Outpatient therapy	\$40 copay per visit for a combined total of 45 visits per year for physical, speech, occupational and respiratory therapy	• \$15 copay for up to a combined total of 45 visits per year for physical, speech, occupational and respiratory therapy
Durable medical equipment and supplies	• Covered at 50%. Precertification applies.	• Covered at 80%. Precertification applies.
External prosthetics and orthotics Chicagonatics	Covered at 50%, subject to the deductible\$20 copay per visit	• Covered at 80%
ChiropracticAcupuncture	Covered at 50% for up to 10 visits per year	\$15 copay per visit Covered at 50% for up to 10 visits per year
• Dental	Covered same as similar service for accidental injury to sound, natural teeth and for care due to congenital disease or	Covered same as similar service for accidental injury to sound, natural teeth and for care due to congenital disease or
• Hearing	anomaly • \$20 copay for diagnostic exam, no coverage for routine exams. Hearing Aids covered up to \$2,000 per year	 \$15 copay for diagnostic exam, no coverage for routine exams. Hearing Aids covered up to \$2,000 per year
Private Duty NursingPre-admission testing	Not Covered Covered in full	Not Covered Covered in full