

# PPO (PPN) vs. BlueChoice Triple Option Open Access

Anne Arundel County Public Schools—Retirees Under 65



ANNE ARUNDEL  
COUNTY PUBLIC SCHOOLS

	PPO	BlueChoice Triple Option
<b>Networks</b>	PPO	BlueChoice for Level 1 PPO for Level 2 All others for Level 3
<b>PCP Required</b>	No	Yes for Level 1
<b>Referrals Required</b>	No	No
<b>Medical Copays</b>	\$35 PCP/\$35 Specialist	\$20 PCP/Specialist for Level 1 \$25 PCP/Specialist for Level 2 N/A for Level 3
<b>Deductibles</b>	\$0—In-Network \$200 Individual/\$400 Family—Out-of-network	N/A for Level 1 \$200 Individual/\$400 Family for Level 2 \$300 Individual/\$600 Family for Level 3
<b>Medical Out-of-Pocket Maximum</b>	\$1,200 Individual/\$2,400 Family	\$2,000 Individual/\$6,000 Family for Level 1 \$2,000 Individual/\$4,000 Family for Level 2 \$2,000 Individual/\$4,000 Family for Level 3
<b>Combined Medical and Prescription Out-of-Pocket Maximum</b>	\$6,350 Individual \$12,700 Family	\$6,350 Individual \$12,700 Family
<b>Coinsurance</b>	100%—In-network 80%—Out-of-network	100% for Level 1 90% for Level 2 80% for Level 3
<b>Independent Allowed Benefits</b>	PPO Providers—In-network Other providers—Out-of-network	LabCorp for Level 1 All other Labs for Level 2 and 3
<b>Emergency Room</b>	\$85 copay; waived if admitted	\$85 copay; waived if admitted, Levels 1, 2 and 3
<b>Inpatient Hospital</b>	100% Allowed Benefit—In-network 80% Allowed Benefit after deductible—Out-of-Network	100% Allowed Benefit for Level 1 90% Allowed Benefit after deductible for Level 2 80% Allowed Benefit after deductible for Level 3
<b>Occupational, Physical, Speech Therapy</b>	Limited to 100 combined visits between PT and OT. Speech therapy has no maximum.	Limited to a combined 30 visits per condition per year for Level 1 Limited to 100 visits combined for Levels 2 and 3
<b>Chiropractic Care</b>	Unlimited Visits	Limited to 20 visits per year for Level 1 Unlimited Visits for Levels 2 and 3
<b>Acupuncture</b>	100% Allowed Benefit—In-network 80% Allowed Benefit after deductible—Out-of-network	Limited to 24 visits per year for Level 1 Unlimited Visits for Levels 2 and 3
<b>Prescription Drug Copays</b>	<b>Retail:</b> \$10 Generic/\$25 Preferred Brand/\$40 Non-Preferred Brand/\$75 Preferred Specialty/ \$75 Non-preferred Specialty <b>Mail Order or CVS Retail Maintenance Choice:</b> \$20 Generic/\$50 Preferred Brand/ \$75 Non-Preferred Brand/\$150 Preferred Specialty/\$150 Non-preferred Specialty <b>Specialty Drugs through Prudent Rx:</b> \$0 copay. Must be enrolled in Prudent Rx, or member will pay 30% of the cost of the medication.	

The main differences between the PPO plan and the BlueChoice Triple Option Open Access plan are:

1. The BlueChoice Triple Option plan gives you the freedom to move between the BlueChoice network (Level 1), the PPO network (Level 2) and the Par/Non-par providers (Level 3).
2. Copays with the BlueChoice Triple Option plan are less than the PPO plan.
3. Premiums for 2025 are significantly less for the BlueChoice Triple Option vs. the PPO plan. Refer to your rate information contained in your 2025 Benefits Guide.



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