

# Calvert County Public Schools—Medical Benefit Options

## Employees/Retirees Under 65—July 2026



Product Line	HMO	BlueChoice Advantage		Traditional (not available to new hires after 7/1/2001)
Product Name	BlueChoice HMO Open Access	BlueChoice Advantage		Traditional
Services		In-Network	Out-of-Network	
NETWORK	BlueChoice	BlueChoice and Preferred Provider (PPO BlueCard)	Participating/Non-Participating	
COPAYS	\$10 PCP / \$10 Specialist copay	\$10 PCP / \$10 Specialist copay	N/A	N/A
<b>CALENDAR YEAR DEDUCTIBLE</b>				
Individual	None	None	\$100	\$100
Individual & Child	None	None	\$200	\$200
Individual & Adult	None	None	\$200	\$200
Family	None	None	\$200	\$300
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM</b>				
Medical	\$2,000 Individual / \$6,000 Family	\$500 Individual / \$1,000 Family		\$400 Individual / \$800 Family
LIFETIME MAXIMUM BENEFIT	Unlimited except on fertility services	Unlimited except on fertility services		Unlimited except on fertility services
<b>PREVENTIVE SERVICES</b>				
Well-Child Care				
0–24 months	No charge	No charge	20% of Allowed Benefit, no deductible	No charge
24 months–13 years (immunization visit)	No charge	No charge	20% of Allowed Benefit, no deductible	No charge
24 months–13 years (non-immunization visit)	No charge	No charge	20% of Allowed Benefit, no deductible	No charge
14–17 years	No charge	No charge	20% of Allowed Benefit, no deductible	No charge
Adult Physical Examination	No charge	No charge	Deductible, then 20% of Allowed Benefit	No charge
Routine GYN Visits	No charge	No charge	Deductible, then 20% of Allowed Benefit	No charge
Prostate Screening	No charge	No charge	No charge	No charge
Other Cancer Screening (Pap Test, Mammogram and Colorectal)	No charge	No charge	Deductible, then 20% of Allowed Benefit	No charge
<b>OFFICE VISITS, LABS AND TESTING</b>				
Office Visits for Illness	\$10 copay	\$10 copay	Deductible, then 20% of Allowed Benefit	Deductible, then 20% of Allowed Benefit
Diagnostic Services	\$10 PCP / \$10 Specialist copay	\$10 copay	Deductible, then 20% of Allowed Benefit	No charge
X-ray	No copay	\$10 per visit	Deductible, then 20% of Allowed Benefit	No charge
Lab Tests	No copay (LabCorp)	\$10 per visit (LabCorp)	\$10 per visit	Deductible, then 20% of Allowed Benefit.
Allergy Testing	\$10 PCP / \$10 Specialist copay	No charge	Deductible, then 20% of Allowed Benefit	Deductible, then 20% of Allowed Benefit
Allergy Shots	\$10 PCP / \$10 Specialist copay	No charge	Deductible, then 20% of Allowed Benefit	Deductible, then 20% of Allowed Benefit
Outpatient Physical, Speech and Occupational Therapy (Office Setting)	\$10 copay (limited to 100 visits/condition/calendar year)	No charge (limited to 100 visits/condition/calendar year combined in- and out-of-network)	Deductible, then 20% of Allowed Benefit (limited to 100 visits/condition/calendar year combined in- and out-of-network)	No charge (Physical Therapy limited to 100 visits/CY; after 100 visits—deductible, then 20% of Allowed Benefit) Speech and Occupational Therapy not covered.
Outpatient Chiropractic	\$10 copay (limited to 20 visits/condition/calendar year)	\$10 copay (unlimited visits)	Deductible, then 20% of Allowed Benefit (unlimited visits)	Deductible, then 20% of Allowed Benefit
<b>EMERGENCY CARE AND URGENT CARE</b>				
Physician's Office	\$10 PCP / \$10 Specialist copay	No charge—Accidental Injury; \$10 copay—Medical Emergency	No charge—Accidental Injury; \$10 copay—Medical Emergency	No charge
Urgent Care Center	Accidental Injury—No charge; Medical Emergency—\$15 copay	Accidental Injury—No charge; Medical Emergency—\$15 copay	Accidental Injury—No charge; Medical Emergency—\$15 copay	Accidental Injury—No charge; Medical Emergency—\$15 copay
Hospital Emergency Room	Accidental Injury—No charge; Medical Emergency—\$75 copay (waived if admitted)	Accidental Injury—No charge; Medical Emergency—\$75 copay (waived if admitted)	Accidental Injury—No charge; Medical Emergency—\$75 copay (waived if admitted)	Accidental Injury—No charge; Medical Emergency—\$75 copay (waived if admitted)
Ambulance (if medically necessary)	100% of Allowed Benefit	100% of Allowed Benefit	100% of Allowed Benefit	100% of Allowed Benefit

Product Line	HMO	BlueChoice Advantage		Traditional (not available to new hires after 7/1/2001)
Product Name	BlueChoice HMO Open Access	BlueChoice Advantage		Traditional
Services		In-Network	Out-of-Network	
<b>HOSPITALIZATION</b>				
Inpatient Facility Services	No charge (365 days)	No charge	Deductible, then 20% of Allowed Benefit	No charge (70 days)
Outpatient Facility Services	No charge	\$25 copay	Deductible, then 20% of Allowed Benefit	No charge (surgery)
Inpatient Physician Services	No charge	No charge	Deductible, then 20% of Allowed Benefit	No charge (70 days)
Outpatient Physician Services	No charge	\$10 copay	Deductible, then 20% of Allowed Benefit	No charge (surgery)
<b>HOSPITAL ALTERNATIVES</b>				
Home Health Care	No charge	No charge	No charge, no deductible	No charge (limited to 90 days; after 90 days—deductible, then 20% of Allowed Benefit)
Hospice	No charge	No charge	No charge, no deductible	No charge
Skilled Nursing Facility (limited to 365 days/benefit period)	No charge	No charge	Deductible, then 20% of Allowed Benefit	No charge (70 days)
<b>MATERNITY</b>				
Prenatal and Postnatal Office Visits	No charge	No charge	Deductible, then 20% of Allowed Benefit	No charge
Delivery and Facility Services	No charge	No charge	Deductible, then 20% of Allowed Benefit	No charge
Nursery Care of Newborn	No charge	No charge	Deductible, then 20% of Allowed Benefit	No charge
Artificial Insemination—Subject to State Mandate (limited to 6 attempts per live birth)	50% of Allowed Benefit	No charge after copay	Deductible, then 20% of Allowed Benefit	No charge
InVitro Fertilization Procedures—Subject to State Mandate (limited to 3 attempts per live birth & \$100,000 lifetime max)	50% of Allowed Benefit	No charge after copay	Deductible, then 20% of Allowed Benefit	No charge
<b>MENTAL HEALTH AND SUBSTANCE USE DISORDER (MHSUD)—SUBJECT TO FEDERAL MANDATE</b>				
Inpatient Facility Services (requires Pre-authorization)	No charge	No charge	Deductible, then 20% of Allowed Benefit	No charge (70 days)
Inpatient Physician Services	No charge	No charge	Deductible, then 20% of Allowed Benefit	No charge (70 days)
Outpatient Services (MH & SA)	\$10 copay office visits	\$10 copay (office)	Deductible, then 20% of Allowed Benefit	Deductible, then 20% of Allowed Benefit
Partial Hospitalization	No charge	\$25 copay	Deductible, then 20% of Allowed Benefit	Deductible, then 20% of Allowed Benefit
Medication Management Visit	\$10 copay	\$10 copay	Deductible, then 20% of Allowed Benefit	Deductible, then 20% of Allowed Benefit
<b>MISCELLANEOUS</b>				
Durable Medical Equipment	No charge	No charge	Deductible, then 20% of Allowed Benefit	Deductible, then 20% of Allowed Benefit
Acupuncture	Not covered	\$10 copay	Deductible, then 20% of Allowed Benefit	Deductible, then 20% of Allowed Benefit
Transplants—Major Organ (travel & lodging limited to 70 days per transplant)	No charge	No charge	No charge, no deductible	No charge
Hearing Aids for Children and Adults (limited to one hearing aid/per ear every 36 months)	100% of Allowed Benefit per aid/per ear; member may be balanced billed up to the total charge.	100% of Allowed Benefit per aid/per ear; member may be balanced billed up to the total charge.	100% of Allowed Benefit per aid/per ear; member may be balanced billed up to the total charge.	100% of Allowed Benefit per aid/per ear; member may be balanced billed up to the total charge.
<b>PRESCRIPTION DRUGS</b>				
Prescription Drugs: Formulary 2	\$8 Generic; \$15 Formulary Brand; \$30 Non-formulary Brand—30 day supply Mandatory generics or pay difference in cost plus copay Voluntary Maintenance Choice: 1 copay for 90-day maintenance supply at CVS retail or CVS Mail Order; all other retail pharmacies will be 2 copays for 90-day maintenance supply			
<b>DEPENDENT AGE LIMIT</b>	To age 26, end of month	To age 26, end of month	To age 26, end of month	To age 26, end of month



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans