

In-Network Benefit Comparison*

Services	BlueChoice Advantage— HDHP Option	Blue Value Plus Option	Standard BlueChoice Option
WELLNESS PROGRAM & BLUE F	REWARDS		
You have access to a comprehe program where you can get rew and spouse.	nsive wellness program as part o varded for completing certain act	of your medical plan. You also ha civities. With Blue Rewards, you o	ave Blue Rewards, an incentive can earn up to \$400 EACH for you
ANNUAL DEDUCTIBLE			
Self Only	\$1,600**	\$0	\$0
Self + One, Self and Family	\$3,200***	\$0	\$0
ANNUAL OUT-OF-POCKET MAX	(IMUM		
Well-Child Visit, Adult Physical Exam, Routine GYN/Maternity	\$0	\$0	\$0
Breast, Prostate, Colorectal Screening	\$0	\$0	\$0
OUTPATIENT SERVICES (Per vis	it or procedure)		
Primary Care Office Visit	Deductible, \$0	\$15	\$0
Specialist Visit	Deductible, \$35	\$50	\$40
Physical, Speech & Occupational Therapy	Deductible, \$35	\$50	\$40
Acupuncture & Chiropractic Services	Deductible, \$35	\$50	\$40
URGENT & EMERGENCY CARE			
Urgent Care (per visit)	Deductible, \$50	\$50	\$50
Emergency Room Facility (waived if admitted)	Deductible, \$300	\$275	\$200
Ambulance	Deductible, \$100	\$200	\$100
DIAGNOSTIC SERVICES (Non-ho	ospital/Freestanding facility)		
Labs	Deductible, \$0	\$30	\$0
X-rays	Deductible, \$35	\$50	\$40
Specialty Imaging (i.e., MRI, CAT Scan)	Deductible, \$75	\$100	\$75
HOSPITALIZATION (Physician f	ees are listed in section 5(b) of (CareFirst Inc. Brochure)	
Outpatient Hospital Non- Surgical Services	Deductible, \$200	\$150	\$100
Outpatient Hospital Surgical Services	Deductible, \$300	\$200	\$150
Inpatient Hospital Services	Deductible, 20%	25%	20%
Maternity	Deductible, 20%	25%	20%
MENTAL HEALTH AND SUBSTA	NCE USE DISORDER		
Office/Outpatient Professional	Deductible, \$0	\$15	\$0

* This summary is for comparison purposes only & does not create rights not given through the benefit plan. Please refer to your 2024 FEHBP BlueChoice Contract for specific plan details.

** The \$75 monthly pass through amount is added directly to your Health Savings Account.

*** The \$150 monthly pass through amount is added directly to your Health Savings Account.

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