

Commissioners of St. Mary's County—Medical Benefit Options

Hourly Employees (30+ Hours/Week)—July 2026

Product Name	BlueChoice HMO Open Access
Services	You Pay
NETWORK	BlueChoice
PER VISITS	\$10 PCP / \$20 Specialist per visit
CALENDAR YEAR DEDUCTIBLE	
Individual	\$0
Individual & Child	\$0
Individual & Adult	\$0
Family	\$0
CALENDAR YEAR OUT-OF-POCKET LIMIT	
Medical	\$2,000 Individual / \$6,000 Family
Prescription Drug	\$4,600 Individual / \$7,200 Family
LIFETIME MAXIMUM BENEFIT	Unlimited except on fertility services
PREVENTIVE SERVICES	
Well-Child Care	
0–24 months	\$0 per visit
24 months–13 years (immunization visit)	\$0 per visit
24 months–13 years (non-immunization visit)	\$0 per visit
14–17 years	\$0 per visit
Adult Physical Examination	\$0 per visit
Routine GYN Visits	\$0 per visit
Prostate Screening	\$0 per visit
Other Cancer Screening (Mammogram, Pap Test and Colorectal)	\$0 per visit
OFFICE VISITS, LABS AND TESTING	
Office Visits for Illness	\$10 PCP / \$20 Specialist per visit
Diagnostic Services	\$10 PCP / \$20 Specialist per visit
X-ray and Lab Tests	\$0 (LabCorp)
Allergy Testing	\$10 PCP / \$20 Specialist per visit
Allergy Shots	\$10 PCP / \$20 Specialist per visit
Allergy Serum	\$10 PCP / \$20 Specialist per visit
Outpatient Physical, Speech and Occupational Therapy (Office Setting)	\$20 per visit; (limited to 100 visits per therapy/per calendar year)
Outpatient Chiropractic	\$20 per visit; (limited to 20 visits per condition/per calendar year)
EMERGENCY CARE AND URGENT CARE	
Physician's Office	\$10 PCP / \$20 Specialist per visit
Urgent Care Center	\$20 per visit
Hospital Emergency Room	\$75 per visit (waived if admitted)
Ambulance (if medically necessary)	\$0 per visit

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HOSPITALIZATION	
Inpatient Facility Services	\$0
Outpatient Facility Services	\$0 per visit
Inpatient Physician Services	\$0
Outpatient Physician Services	\$0 per visit
HOSPITAL ALTERNATIVES	
Home Health Care	\$0 per visit
Hospice	\$0 per visit
Skilled Nursing Facility (limited to 365 days/benefit period)	\$0
MATERNITY	
Prenatal and Postnatal Office Visits	\$0 per visit
Delivery and Facility Services	\$0
Nursery Care of Newborn	\$0
Artificial Insemination—Subject to State Mandate (limited to 6 attempts per live birth)	50% of CareFirst member cost
InVitro Fertilization Procedures—Subject to State Mandate (limited to 3 attempts per live birth & \$100,000 lifetime max)	50% of CareFirst member cost
MENTAL HEALTH (MH) AND SUBSTANCE USE DISORDER (SUD)—SUBJECT TO FEDERAL MANDATE	
Inpatient Facility Services (requires Pre-authorization)	\$0
Inpatient Physician Services	\$0
Outpatient Services (MH & SA)	\$10 per visit
Partial Hospitalization	\$0 per visit
Medication Management Visit	\$10 per visit
MISCELLANEOUS	
Durable Medical Equipment	\$0 per visit
Acupuncture	Not covered
Transplants—Major Organ	\$0 per visit. Travel & Lodging limited to 90 days per transplant
Hearing Aids for Children and Adults (limited to one hearing aid/per ear every 36 months)	\$0 per aid/per ear; member may be balanced billed up to the total charge
VISION*	BlueVision Plus is an option.
PRESCRIPTION DRUGS	\$10 Generic \$20 Preferred Brand \$35 Non-preferred Brand 50% up to \$75 max. Preferred Specialty 50% up to \$150 max. Non-preferred Specialty Mail Order included—Formulary 2
DEPENDENT AGE LIMIT	To age 26, end of month

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