

In-Network Benefit Comparison*

| Services | BlueChoice Advantage —HDHP Option | Blue Value Plus Option | Standard BlueChoice Option |
|---|--|---------------------------|-------------------------------|
| WELLNESS PROGRAM & BLUE REWARDS | | | |
| | You have access to a comprehensive wellness program as part of your medical plan. You also have Blue Rewards, an incentive program where you can get rewarded for completing certain activities. | | |
| ANNUAL DEDUCTIBLE | | | |
| Self Only | \$1,500 Monthly premium pass through amount \$75. This is the amount we put directly in your Health Savings Account. | \$0 | \$0 |
| Self + One, Self and Family | \$3,000 Monthly premium pass through amount \$150. This is the amount we put directly in your Health Savings Account. | \$0 | \$0 |
| ANNUAL OUT-OF-POCKET MAXIMUM | | | |
| Self Only | \$5,000 | \$6,000 | \$5,000 |
| Self + One, Self and Family | \$10,000 | \$12,000 | \$10,000 |
| PREVENTIVE SERVICES | | | |
| Well-Child Visit, Adult Physical Exam, Routine GYN/Maternity | \$0 | \$0 | \$0 |
| Breast, Prostate, Colorectal Screening | \$0 | \$0 | \$0 |
| OUTPATIENT SERVICES (Per visit or procedure) | | | |
| Primary Care Office Visit | Deductible, \$0 | \$15 | \$0 |
| Specialist Visit | Deductible, \$35 | \$50 | \$40 |
| CareFirst Video Visit/ Telemedicine Services | Deductible, \$0 | \$15 | \$0 |
| 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-hospital/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 fees are listed in section 5(b) of CareFirst Inc. Brochure) | | | |
| Outpatient Hospital Non-Surgical Services | Deductible, \$200 | \$50 | \$100 |
| Outpatient Hospital Surgical Services | Deductible, \$300 | \$200 | \$150 |
| Inpatient Hospital Services | Deductible, 20% | 25% | 20% |
| Maternity | Deductible, 20% | 25% | 20% |
| MENTAL HEALTH AND SUBSTANCE 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 2023 FEHBP BlueChoice Contract for specific plan details.

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