



FCCRCM BENEFIT COMPARISON EFFECTIVE 1/1/2009



BCBSF Plan Description FCCRCM Plan Description	Predictable Cost Plan 1550 Plan A	BlueCare 10 Plan B	Lower Cost Plan 1151 Plan D
<b>Office Services</b>			
In-Network Family Physician / PCP:	\$20 Copay	\$20 Copay	CYD + Coinsurance
In-Network Specialist:	\$35 Copay	\$35 Copay	CYD + Coinsurance
Out-of-Network Providers:	CYD + Coinsurance	Not Covered	CYD + Coinsurance
In-Network e-Office Visit Family Physician:	\$10 Copayment	\$15 Copayment	\$10 Copayment
In-Network e-Office Visit Specialist:	\$10 Copayment	\$25 Copayment	\$10 Copayment
Out-of-Network e-Office Visit:	CYD + Coinsurance	Not Covered	CYD + Coinsurance
In-Network Family Physician Advanced Imaging Services:	\$15 Copayment	\$0 X-ray; \$15 Dx Testing	CYD + Coinsurance
In-Network Specialist Advanced Imaging Services:	\$30 Copayment	\$0 X-ray; \$25 Dx Testing	CYD + Coinsurance
Out-of-Network Providers Advanced Imaging Services:	CYD + Coinsurance	Not Covered	CYD + Coinsurance
Allergy Injection In-Network:	\$10 Copay	\$10 Copay	CYD + Coinsurance
<b>Preventive Health</b>			
Mammograms:	\$0 Copay	\$0 Copay	\$0 Copay
Well Child:	Copay or Coinsurance	\$15 Copay	Coinsurance
Adult Wellness:	Copay or Coins up to \$250 CYM	\$15/\$25 (OB/GYN Annual Exam) Copay	Coinsurance up to \$250 CYM
Routine Colonoscopy (Age 50+ then frequency sch. applies):	See Adult Wellness	Based on Location of Service	See Adult Wellness
<b>Hospital Services</b>			
Inpatient In-Network:	\$750/\$1,500 Copay	\$150 Copay per day/5 day max	Per Visit, CYD Does Not Apply: 20%/25% CYD + 30%
Inpatient Out-of-Network:	\$2,500 Copay	Not Covered	Per Visit, CYD Does Not Apply: 20%/25% Per Visit, CYD Does Not Apply: 20%/25% CYD + 30%
Outpatient In-Network - Therapy Services:	\$150/\$250 Copay	\$25 Copayment	
Outpatient In-Network - All other Services:	\$150/\$250 Copay	\$200 Copayment	
Outpatient Out-of-Network: Therapy Services / All other Services:	\$350 Copay	Not Covered	
Urgent Care Centers In-Network:	\$35 Copayment	\$35 Copayment	CYD + Coinsurance
Urgent Care Centers Out-of-Network:	CYD + Coinsurance	Not Covered	CYD + Coinsurance
Emergency Room - In-Network:	\$100 Copay + Coins	\$50 Copay	CYD + Coins
Emergency Room - Out-of-Network:	\$100 Copay + Coins	\$50 Copay	CYD + Coins
Provider Services at Hospital and ER:	CYD + Coins In-Ntwk; CYD + In-Ntwk Coins Out-of-Ntwk	\$0 In-Ntwk or Out-of-Ntwk	CYD + Coins In-Ntwk; CYD + In-Ntwk Coins Out-of-Ntwk
<b>Calendar Year Deductible</b>			
In-Network (per person/family):	\$500 / \$1,500	N/A	\$1,000 / \$3,000
Out-of-Network (per person/family):	Combined w/In-Ntwk	N/A	Combined w/In-Ntwk
<b>Coinsurance</b>			
In-Network:	20%	N/A	20%
Out-of-Network:	30%	N/A	30%
<b>Out-of-Pocket Maximum</b>			
In-Network:	\$5,000 / \$10,000	\$5,000 / \$10,000	\$3,000 / \$9,000
Out-of-Network:	Combined w/In-Ntwk	N/A	Combined w/In-Ntwk
<b>Benefit Maximums</b>			
Lifetime Maximum:	\$5,000,000	Unlimited	\$5,000,000
Substance Dependency:	\$5,000 LTM	IP Detox Only; 20 OP Visits CYM (\$15 Copay)	\$2,500 LTM
Mental Health:	30 IP / 20 OP CYM	30 IP / 20 OP CYM (\$25 Copay)	30 IP / 20 OP CYM
Hospice:	\$10,000 LTM	Unlimited \$0 Copay	\$7,500 LTM
Home Health Care:	\$5,000 CYM	Unlimited \$0 Copay	\$2,500 CYM
Skilled Nursing Facility:	60 Days CYM	90 Days CYM; \$0 Copay	60 Days CYM
Outpatient Therapy and Spinal Manipulation (Rehabilitation):	\$5,000 CYM	Within 62-day period; \$5 Copay	\$2,500 CYM
<b>Other</b>			
Independent Clinical Labs:	\$0 In-Ntwk; CYD + Coins Out-of-Ntwk	\$0 Copay In-Ntwk	\$0 In-Ntwk; CYD + Coins Out-of-Ntwk
Independent Diagnostic Testing Facility:	CYD + Coins In-Ntwk; CYD + Coins Out-of-Ntwk	\$0 Copay for X-rays; applicable Provider Copay for Dx Testing	CYD + Coins
Contraceptive Injections:	Copay In-Ntwk; CYD + Coins Out-of-Ntwk	Not Covered	CYD + Coinsurance In and Out-of-Ntwk
Prosthetics & Orthotics:	CYD + Coinsurance In and Out-of-Ntwk	\$0 Copay	CYD + Coinsurance In and Out-of-Ntwk
Durable Medical Equipment:	CYD + Coinsurance In and Out-of-Ntwk	\$0 Copay	CYD + Coinsurance In and Out-of-Ntwk
Ambulance Services:	CYD + In-Ntwk Coins up to \$400 Per Day Ground & \$4,000 Per Day Air/Water Max	\$0 Copay	CYD + In-Ntwk Coins up to \$400 Per Day Ground & \$4,000 Per Day Air/Water Max
Ambulatory Surgical Center:	\$75 Copay In-Ntwk; CYD + Coins Out-of-Ntwk	\$100 Copay	CYD + Coins
Radiology, Pathology & Anesthesiology Provider Services (Ambulatory Surgical Center):	CYD + Coins In and Out-of-Ntwk	\$0 In-Ntwk; Not Covered Out-of-Ntwk	CYD + Coins In and Out-of-Ntwk
Provider Services at Locations Other than Office, Hospital and ER:	CYD + Coins In and Out-of-Ntwk	\$0 In-Ntwk; Not Covered Out-of-Ntwk	CYD + Coins In and Out-of-Ntwk
Pharmacy:	\$15/\$40/\$60 **	\$15/\$40/\$60 **	\$15/\$40/\$60 **
Pharmacy - Mail Order:	\$30/\$80/\$120 **	\$30/\$80/\$120 **	\$30/\$80/\$120 **

\*\* Please Note: If a Brand Name Prescription Drug is purchased when a Generic Prescription Drug is available and the Physician has not indicated that a Brand Name Prescription Drug is Medically Necessary, you will be required to pay the difference between the cost of the Brand name and Generic Prescription Drug. This does not apply for Insulin.