

2021 HMO Blue 25 Schedule of Benefits

Benefit	
Office visit copay, Primary Care Physician (PCP)	\$25 copay
Office visit copay, Specialist	\$40 copay
Out of Pocket Maximum	Single \$6,350 Family \$12,700
Lifetime maximum	None
Office or Outpatient Hospital Based Services	
Primary Care Physician	\$25 copay
Specialist	\$40 copay
Well child visits	Covered in full
Adult routine physical exams	Covered in full
Adult immunizations	Covered in full
Routine mammography	Covered in full
Routine Pap smear	Covered in full
Routine GYN exam	Covered in full
Prostate cancer screening	Covered in full
Diagnostic imaging (X-rays, EKG/EEG, CAT scans, MRI, MRA)	\$40 copay
Diagnostic laboratory and pathology including EKG/EEG	Covered in full
Office Surgery	lesser of \$50 copay or 20% coinsurance
Outpatient Surgery	Facility: \$50 copay Physician: \$40 copay
Chiropractic care	\$40 copay
Allergy tests	\$25 PCP / \$40 Specialist copay
Allergy injections	\$25 PCP / \$40 Specialist copay
Chemotherapy	\$25 copay
Radiation therapy	\$25 copay
Emergency Services	
Emergency Room	\$100 copay per visit (Copay waived if admitted inpatient)
Freestanding urgent care center	\$35 copay
Ambulance (Medically necessary ground and air ambulance transportation)	\$100 copay

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Inpatient Hospital	
Inpatient Hospital Services	Covered in full
Surgery	Physician: 20% coinsurance or \$200 copay, whichever is less
Anesthesia	Covered in full
Maternity Services	
Prenatal and postpartum care	Covered in full
Hospital care for mother (including delivery)	Facility: Covered in full Physician: lesser of \$200 copay or 20% coinsurance
Newborn nursery care	Covered in full
Mental Health and Chemical Dependence	
Inpatient mental health care	Covered in full
Outpatient mental health care	\$40 copay
Inpatient chemical dependence care	Covered in full (includes detox and rehab)
Outpatient chemical dependence care	\$25 copay
Prescription Drugs	
Retail 30-day supply	\$10 copay tier 1/\$30 copay tier 2/\$50 copay tier 3
Mail-order 90-day supply	\$20 copay tier 1/\$60 copay tier 2/\$100 copay tier 3
Other Services	
Home care	Covered in full for up to 40 visits per calendar year
Outpatient therapy – Physical, Speech and Occupational	\$40 copay, Limit: 30 visits per calendar year, combined benefit
Durable medical equipment & medical supplies	Covered at 50%
Telemedicine – MD Live	Covered in full
Telemedicine – Physician	Covered in full