

Supplement to:

Mid-Market Product Portfolio Companion Guide

DC

Effective: 01/01/2024

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51+ Medical Product Overview

	BlueChoice HMO	BlueChoice HMO Open Access	BlueHPN	BlueChoice Advantage	BluePreferred PPO
Enrollment	Members must live or work within the CareFirst service area	Members must live or work within the CareFirst service area	Members can live or work inside or outside of the CareFirst service area	Members can live or work inside or outside of the CareFirst service area	Members can live or work inside or outside of the CareFirst service area
Referrals	Referrals required	No referrals	No referrals	No referrals	No referrals
In-Network	In MD, D.C. & VA: BlueChoice Regional Network	In MD, D.C. & VA: BlueChoice Regional Network	In MD, D.C. & VA: BlueHPN Network Out-of-Area: BlueHPN Network	In MD, D.C. & VA: BlueChoice Regional Network Out-of-Area: BlueCard PPO Network	In MD, D.C. & VA: CareFirst PPO Network Out-of-Area: BlueCard PPO Network
Out-of-Network	Emergency or urgent care only	Emergency or urgent care only	Emergency or urgent care only	In MD, D.C. & VA: CareFirst PPO Network (no balance billing) or Non-participating providers (may be balance billed) Out-of-Area: Non-participating providers (may be balance billed)	In MD, D.C. & VA and Out-of-Area: Non-participating providers (may be balance billed)
PCP Selection	PCP selection is required. A PCMH PCP is required for the Blue Rewards program	PCP selection is required. A PCMH PCP is required for the Blue Rewards program	PCP selection is recommended, but not required.	PCP selection is recommended, but not required. For Blue Rewards in MD, D.C. & VA: a PCMH PCP is required For Blue Rewards Out-of-Area: a BlueCard PPO PCP is required	PCP selection is recommended, but not required. For Blue Rewards in MD, D.C. & VA: a PCMH PCP is required For Blue Rewards Out-of-Area: a BlueCard PPO PCP is required
BlueChoice Rules (i.e., Labcorp)	Yes	Yes	Only applicable in MD, DC and Northern VA	Only applicable in the CareFirst service area with the BlueChoice network is utilized	Not applicable

51+ RX Product Overview

	Definition	Formulary 3 5 Tier
Preventive Drug	Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.	Preventive drugs are covered
Generic Drugs (Tier 1) (up to a 34-day supply)	Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Generic drugs generally cost less than brand-name drugs.	Generic drugs are covered
Preferred Brand Drugs (Tier 2) (up to a 34-day supply)	Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.	Preferred brand drugs are covered
Non-preferred brand drugs (Tier 3) (up to a 34-day supply)	Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.	Non-preferred brand drugs are covered
Preferred Specialty Drugs (Tier 4) (up to a 34-day supply)	Preferred specialty brand drugs are specialty brand-name drugs that may not be available in generic form but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred specialty brand drugs. If a generic drug becomes available, the preferred specialty brand drug may be moved to the non-preferred specialty brand category.	MD & DC: Specialty drugs must be filled through Exclusive Specialty Pharmacy Network VA: Benefits for covered Specialty drugs are available when purchased by mail order
Non-preferred Specialty drugs (Tier 5) (up to a 34-day supply)	Non-preferred specialty drugs often have a specialty drug option where your cost-share will be lower.	MD & DC: Specialty drugs must be filled through Exclusive Specialty Pharmacy Network VA: Benefits for covered Specialty drugs are available when purchased by mail order
Maintenance Drugs (up to a 90-day supply)		Maintenance generic, preferred brand and non-preferred brand drugs up to a 90-day supply are available for twice the copay through Mail Service Pharmacy or a retail pharmacy MD & DC: Maintenance preferred and non-preferred specialty drugs up to a 90-day supply must be filled through Exclusive Specialty Pharmacy Network VA: Maintenance preferred and non-preferred specialty drugs up to a 90-day supply are available when purchased by mail order

Visit carefirst.com/rx for the most up-to-date drug lists, including the prescription guidelines. Prescription guidelines indicate drugs that require your doctor to obtain prior authorization from CareFirst before they can be filled and drugs that can be filled in limited quantities.

Open Access Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	4	BAVDC00P	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWJ7	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00PRXXDCWJ7N012024
C	4	BAVDC00P	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWJ6	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00PRXXDCWJ6N012024
C	4	BAVDC00P	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWJ8	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00PRXXDCWJ8N012024
C	4	BAVDC00P	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWJ9	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00PRXXDCWJ9N012024
C	4	BAVDC00P	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWK1	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00PRXXDCWK1N012024
C	4	BAVDC00P	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWK3	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00PRXXDCWK3N012024
C	4	BAVDC00P	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWK5	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00PRXXDCWK5N012024
C	4	BAVDC00P	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWK7	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00PRXXDCWK7N012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	6	BAVDC00N	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWJ7	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00NRXXDCWJ7N012024
C	6	BAVDC00N	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWJ6	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00NRXXDCWJ6N012024
C	6	BAVDC00N	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWJ8	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00NRXXDCWJ8N012024
C	6	BAVDC00N	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWJ9	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00NRXXDCWJ9N012024
C	6	BAVDC00N	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWK1	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00NRXXDCWK1N012024
C	6	BAVDC00N	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWK3	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00NRXXDCWK3N012024
C	6	BAVDC00N	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWK5	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00NRXXDCWK5N012024
C	6	BAVDC00N	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWK7	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00NRXXDCWK7N012024

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	7	BAVDC00T	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWJ7	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00TRXXDCWJ7N012024
C	7	BAVDC00T	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWJ6	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00TRXXDCWJ6N012024
C	7	BAVDC00T	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWJ8	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00TRXXDCWJ8N012024
C	7	BAVDC00T	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWJ9	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00TRXXDCWJ9N012024
C	7	BAVDC00T	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWK1	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00TRXXDCWK1N012024
C	7	BAVDC00T	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWK3	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00TRXXDCWK3N012024
C	7	BAVDC00T	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWK5	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00TRXXDCWK5N012024
C	7	BAVDC00T	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWK7	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00TRXXDCWK7N012024

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	8	BAVDC00S	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWJ7	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00SRXXDCWJ7N012024
C	8	BAVDC00S	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWJ6	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00SRXXDCWJ6N012024
C	8	BAVDC00S	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWJ8	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00SRXXDCWJ8N012024
C	8	BAVDC00S	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWJ9	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00SRXXDCWJ9N012024
C	8	BAVDC00S	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWK1	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00SRXXDCWK1N012024
C	8	BAVDC00S	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWK3	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00SRXXDCWK3N012024
C	8	BAVDC00S	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWK5	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00SRXXDCWK5N012024
C	8	BAVDC00S	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDCWK7	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00SRXXDCWK7N012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
B	15	BAVDC00Y	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXDC501	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00YRXXDC501N012024
B	15	BAVDC00Y	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXDC500	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00YRXXDC500N012024
B	15	BAVDC00Y	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXDC502	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00YRXXDC502N012024
B	15	BAVDC00Y	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXDC503	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00YRXXDC503N012024
B	15	BAVDC00Y	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXDC504	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00YRXXDC504N012024
B	15	BAVDC00Y	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXDC520	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00YRXXDC520N012024
B	15	BAVDC00Y	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXDC521	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00YRXXDC521N012024
B	15	BAVDC00Y	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXDC522	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00YRXXDC522N012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
B	16	BAVDC00X	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXDC501	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00XRXDC501N012024
B	16	BAVDC00X	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXDC500	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00XRXDC500N012024
B	16	BAVDC00X	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXDC502	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00XRXDC502N012024
B	16	BAVDC00X	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXDC503	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00XRXDC503N012024
B	16	BAVDC00X	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXDC504	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00XRXDC504N012024
B	16	BAVDC00X	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXDC520	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00XRXDC520N012024
B	16	BAVDC00X	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXDC521	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00XRXDC521N012024
B	16	BAVDC00X	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXDC522	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00XRXDC522N012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
B	17	BANDC008	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXDC506	RX \$0 DED \$2000/\$4000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC008RXXDC506N012024
B	17	BANDC008	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXDC505	RX \$0 DED \$2000/\$4000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC008RXXDC505N012024
B	17	BANDC008	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXDC507	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC008RXXDC507N012024
B	17	BANDC008	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXDC508	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC008RXXDC508N012024
B	17	BANDC008	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXDC509	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC008RXXDC509N012024
B	17	BANDC008	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXDC523	RX \$100 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC008RXXDC523N012024
B	17	BANDC008	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXDC524	RX \$200 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC008RXXDC524N012024
B	17	BANDC008	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXDC525	RX \$300 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC008RXXDC525N012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
B	18	BANDC007	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXDC511	RX \$0 DED \$3000/\$6000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC007RXXDC511N012024
B	18	BANDC007	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXDC510	RX \$0 DED \$3000/\$6000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC007RXXDC510N012024
B	18	BANDC007	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXDC512	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC007RXXDC512N012024
B	18	BANDC007	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXDC513	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC007RXXDC513N012024
B	18	BANDC007	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXDC514	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC007RXXDC514N012024
B	18	BANDC007	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXDC526	RX \$100 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC007RXXDC526N012024
B	18	BANDC007	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXDC527	RX \$200 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC007RXXDC527N012024
B	18	BANDC007	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXDC528	RX \$300 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC007RXXDC528N012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
B	19	BANDC006	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXDC516	RX \$0 DED \$4000/\$8000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC006RXXDC516N012024
B	19	BANDC006	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXDC515	RX \$0 DED \$4000/\$8000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC006RXXDC515N012024
B	19	BANDC006	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXDC517	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC006RXXDC517N012024
B	19	BANDC006	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXDC518	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC006RXXDC518N012024
B	19	BANDC006	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXDC519	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC006RXXDC519N012024
B	19	BANDC006	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXDC529	RX \$100 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC006RXXDC529N012024
B	19	BANDC006	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXDC530	RX \$200 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC006RXXDC530N012024
B	19	BANDC006	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXDC531	RX \$300 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC006RXXDC531N012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
B	20	BANDC005	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXDC533	RX \$0 DED \$5000/\$10000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC005RXXDC533N012024
B	20	BANDC005	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXDC532	RX \$0 DED \$5000/\$10000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC005RXXDC532N012024
B	20	BANDC005	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXDC534	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC005RXXDC534N012024
B	20	BANDC005	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXDC535	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC005RXXDC535N012024
B	20	BANDC005	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXDC536	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC005RXXDC536N012024
B	20	BANDC005	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXDC537	RX \$100 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC005RXXDC537N012024
B	20	BANDC005	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXDC538	RX \$200 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC005RXXDC538N012024
B	20	BANDC005	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXDC539	RX \$300 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC005RXXDC539N012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	Q	BANDC004	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXDCWJ2	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC004RXXDCWJ2N012024
C	Q	BANDC004	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXDCWJ1	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC004RXXDCWJ1N012024
C	Q	BANDC004	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXDCWJ3	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC004RXXDCWJ3N012024
C	Q	BANDC004	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXDCWJ4	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC004RXXDCWJ4N012024
C	Q	BANDC004	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXDCWJ5	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC004RXXDCWJ5N012024
C	Q	BANDC004	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXDCWK2	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC004RXXDCWK2N012024
C	Q	BANDC004	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXDCWK4	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC004RXXDCWK4N012024
C	Q	BANDC004	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXDCWK6	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANDC004RXXDCWK6N012024

BlueChoice Advantage – Smart Selections

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	1-S	BAVDCF07	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXDCF29	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF07RXXDCF29N012024
C	1-S	BAVDCF07	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXDCF28	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF07RXXDCF28N012024
C	1-S	BAVDCF07	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXDCF30	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF07RXXDCF30N012024
C	1-S	BAVDCF07	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXDCF31	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF07RXXDCF31N012024
C	1-S	BAVDCF07	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXDCF40	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF07RXXDCF40N012024
C	1-S	BAVDCF07	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXDCF49	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF07RXXDCF49N012024
C	1-S	BAVDCF07	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXDCF69	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF07RXXDCF69N012024
C	1-S	BAVDCF07	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXDCA5	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF07RXXDCA5N012024

BlueChoice Advantage – Smart Selections

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	2-S	BAVDCF06	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXDCF29	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF06RXXDCF29N012024
C	2-S	BAVDCF06	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXDCF28	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF06RXXDCF28N012024
C	2-S	BAVDCF06	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXDCF30	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF06RXXDCF30N012024
C	2-S	BAVDCF06	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXDCF31	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF06RXXDCF31N012024
C	2-S	BAVDCF06	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXDCF40	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF06RXXDCF40N012024
C	2-S	BAVDCF06	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXDCF49	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF06RXXDCF49N012024
C	2-S	BAVDCF06	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXDCF69	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF06RXXDCF69N012024
C	2-S	BAVDCF06	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXDCA5	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF06RXXDCA5N012024

BlueChoice Advantage – Smart Selections

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	3-S	BAVDCF08	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXDCF44	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF08RXXDCF44N012024
C	3-S	BAVDCF08	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXDCF43	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF08RXXDCF43N012024
C	3-S	BAVDCF08	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXDCF45	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF08RXXDCF45N012024
C	3-S	BAVDCF08	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXDCF46	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF08RXXDCF46N012024
C	3-S	BAVDCF08	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXDCF47	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF08RXXDCF47N012024
C	3-S	BAVDCF08	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXDCF67	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF08RXXDCF67N012024
C	3-S	BAVDCF08	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXDCA3	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF08RXXDCA3N012024
C	3-S	BAVDCF08	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXDCA8	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF08RXXDCA8N012024

BlueChoice Advantage – Smart Selections

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	4-S	BAVDCF05	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXDCF44	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF05RXXDCF44N012024
C	4-S	BAVDCF05	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXDCF43	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF05RXXDCF43N012024
C	4-S	BAVDCF05	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXDCF45	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF05RXXDCF45N012024
C	4-S	BAVDCF05	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXDCF46	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF05RXXDCF46N012024
C	4-S	BAVDCF05	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXDCF47	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF05RXXDCF47N012024
C	4-S	BAVDCF05	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXDCF67	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF05RXXDCF67N012024
C	4-S	BAVDCF05	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXDCA6	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF05RXXDCA6N012024
C	4-S	BAVDCF05	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXDCA8	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCF05RXXDCA8N012024

BlueChoice Advantage

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	9	BAVDC00W	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC609	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00WRXXDC609N012024
C	9	BAVDC00W	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC608	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00WRXXDC608N012024
C	9	BAVDC00W	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC610	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00WRXXDC610N012024
C	9	BAVDC00W	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC611	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00WRXXDC611N012024
C	9	BAVDC00W	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC612	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00WRXXDC612N012024
C	9	BAVDC00W	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC613	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00WRXXDC613N012024
C	9	BAVDC00W	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC614	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00WRXXDC614N012024
C	9	BAVDC00W	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC615	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00WRXXDC615N012024

BlueChoice Advantage

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	10	BAVDC00V	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC609	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00VRXXDC609N012024
C	10	BAVDC00V	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC608	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00VRXXDC608N012024
C	10	BAVDC00V	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC610	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00VRXXDC610N012024
C	10	BAVDC00V	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC611	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00VRXXDC611N012024
C	10	BAVDC00V	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC612	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00VRXXDC612N012024
C	10	BAVDC00V	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC613	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00VRXXDC613N012024
C	10	BAVDC00V	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC614	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00VRXXDC614N012024
C	10	BAVDC00V	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC615	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00VRXXDC615N012024

BlueChoice Advantage

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	11	BAVDC00Z	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC609	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00ZRXXDC609N012024
C	11	BAVDC00Z	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC608	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00ZRXXDC608N012024
C	11	BAVDC00Z	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC610	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00ZRXXDC610N012024
C	11	BAVDC00Z	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC611	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00ZRXXDC611N012024
C	11	BAVDC00Z	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC612	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00ZRXXDC612N012024
C	11	BAVDC00Z	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC613	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00ZRXXDC613N012024
C	11	BAVDC00Z	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC614	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00ZRXXDC614N012024
C	11	BAVDC00Z	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC615	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC00ZRXXDC615N012024

BlueChoice Advantage

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	12	BAVDC010	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC609	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC010RXXDC609N012024
C	12	BAVDC010	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC608	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC010RXXDC608N012024
C	12	BAVDC010	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC610	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC010RXXDC610N012024
C	12	BAVDC010	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC611	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC010RXXDC611N012024
C	12	BAVDC010	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC612	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC010RXXDC612N012024
C	12	BAVDC010	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC613	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC010RXXDC613N012024
C	12	BAVDC010	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC614	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC010RXXDC614N012024
C	12	BAVDC010	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC615	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC010RXXDC615N012024

BlueChoice Advantage

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	13	BAVDC012	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC609	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC012RXXDC609N012024
C	13	BAVDC012	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC608	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC012RXXDC608N012024
C	13	BAVDC012	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC610	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC012RXXDC610N012024
C	13	BAVDC012	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC611	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC012RXXDC611N012024
C	13	BAVDC012	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC612	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC012RXXDC612N012024
C	13	BAVDC012	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC613	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC012RXXDC613N012024
C	13	BAVDC012	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC614	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC012RXXDC614N012024
C	13	BAVDC012	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXDC615	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDC012RXXDC615N012024

BlueChoice Advantage

Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	1	BAHDC00S	\$1,600/\$3,200	\$3,200/\$6400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCDC654	RX \$1600/\$3200 DED \$4000/\$8000 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00SRXCDC654N012024
C	1	BAHDC00S	\$1,600/\$3,200	\$3,200/\$6400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCDC655	RX \$1600/\$3200 DED \$4000/\$8000 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00SRXCDC655N012024
C	1	BAHDC00S	\$1,600/\$3,200	\$3,200/\$6400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCDC656	RX \$1600/\$3200 DED \$4000/\$8000 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00SRXCDC656N012024
C	1	BAHDC00S	\$1,600/\$3,200	\$3,200/\$6400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCDC657	RX \$1600/\$3200 DED \$4000/\$8000 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00SRXCDC657N012024
C	2	BAHDC008	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCDC575	RX \$2000/\$4000 DED \$3000/\$6550 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC008RXCDC575N012024
C	2	BAHDC008	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCDC576	RX \$2000/\$4000 DED \$3000/\$6550 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC008RXCDC576N012024
C	2	BAHDC008	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCDC574	RX \$2000/\$4000 DED \$3000/\$6550 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC008RXCDC574N012024
C	2	BAHDC008	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCDC577	RX \$2000/\$4000 DED \$3000/\$6550 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC008RXCDC577N012024

BlueChoice Advantage

Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	12	BAHDC00L	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCDC575	RX \$2000/\$4000 DED \$3000/\$6550 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00LRXCDC575N012024
C	12	BAHDC00L	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCDC576	RX \$2000/\$4000 DED \$3000/\$6550 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00LRXCDC576N012024
C	12	BAHDC00L	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCDC574	RX \$2000/\$4000 DED \$3000/\$6550 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00LRXCDC574N012024
C	12	BAHDC00L	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCDC577	RX \$2000/\$4000 DED \$3000/\$6550 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00LRXCDC577N012024
C	14	BAHDC00P	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXCDC586	RX \$2000/\$4000 DED \$4,000/\$8,000 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00PRXCDC586N012024
C	14	BAHDC00P	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXCDC587	RX \$2000/\$4000 DED \$4,000/\$8,000 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00PRXCDC587N012024
C	14	BAHDC00P	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXCDC588	RX \$2000/\$4000 DED \$4,000/\$8,000 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00PRXCDC588N012024
C	14	BAHDC00P	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXCDC589	RX \$2000/\$4000 DED \$4,000/\$8,000 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00PRXCDC589N012024

BlueChoice Advantage

Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	3	BAHDC00R	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCDC650	RX \$1600/\$3200 DED \$4500/\$7900 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00RRXCDC650N012024
C	3	BAHDC00R	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCDC651	RX \$1600/\$3200 DED \$4500/\$7900 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00RRXCDC651N012024
C	3	BAHDC00R	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCDC652	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00RRXCDC652N012024
C	3	BAHDC00R	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCDC653	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00RRXCDC653N012024
C	4	BAHDC00W	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCDC650	RX \$1600/\$3200 DED \$4500/\$7900 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00WRXCDC650N012024
C	4	BAHDC00W	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCDC651	RX \$1600/\$3200 DED \$4500/\$7900 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00WRXCDC651N012024
C	4	BAHDC00W	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCDC652	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00WRXCDC652N012024
C	4	BAHDC00W	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCDC653	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00WRXCDC653N012024

BlueChoice Advantage

Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	5	BAHDC00J	\$2,500/\$5,000	\$5,000/\$10,000	\$4,500/\$7,900	\$9,000/\$18,000	Combined with Medical	RXCDC554	RX \$2500/\$5000 DED \$4500/\$7900 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00JRXCDC554N012024
C	5	BAHDC00J	\$2,500/\$5,000	\$5,000/\$10,000	\$4,500/\$7,900	\$9,000/\$18,000	Combined with Medical	RXCDC555	RX \$2500/\$5000 DED \$4500/\$7900 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00JRXCDC555N012024
C	5	BAHDC00J	\$2,500/\$5,000	\$5,000/\$10,000	\$4,500/\$7,900	\$9,000/\$18,000	Combined with Medical	RXCDC556	RX \$2500/\$5000 DED \$4500/\$7900 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00JRXCDC556N012024
C	5	BAHDC00J	\$2,500/\$5,000	\$5,000/\$10,000	\$4,500/\$7,900	\$9,000/\$18,000	Combined with Medical	RXCDC557	RX \$2500/\$5000 DED \$4500/\$7900 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00JRXCDC557N012024
C	6	BAHDC00T	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCDC650	RX \$1600/\$3200 DED \$4500/\$7900 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00TRXCDC650N012024
C	6	BAHDC00T	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCDC651	RX \$1600/\$3200 DED \$4500/\$7900 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00TRXCDC651N012024
C	6	BAHDC00T	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCDC652	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00TRXCDC652N012024
C	6	BAHDC00T	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCDC653	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHDC00TRXCDC653N012024

BlueChoice Advantage – Minimum Value

Separate Medical & RX Deductibles (HRA) - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	Option MV1	BAVDCV07	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$12,700/\$25,400	Combined with Medical	RXXDCV30	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCV07RXXDCV30N012024
C	Option MV1	BAVDCV07	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$12,700/\$25,400	Combined with Medical	RXXDCV32	RX \$500 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCV07RXXDCV32N012024
C	Option MV1	BAVDCV07	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$12,700/\$25,400	Combined with Medical	RXXDCV33	RX \$500 DED \$6350/\$12700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCV07RXXDCV33N012024
C	Option MV3	BAVDCV09	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXDCV36	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCV09RXXDCV36N012024
C	Option MV3	BAVDCV09	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXDCV37	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCV09RXXDCV37N012024
C	Option MV3	BAVDCV09	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXDCV38	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCV09RXXDCV38N012024

BlueChoice Advantage – Minimum Value

Separate Medical & RX Deductibles (HRA) - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	Option MV4	BAVDCV0B	\$5,000/\$10,000	\$10,000/\$20,000	\$7,350/\$14,700	\$15,000/\$30,000	Combined with Medical	RXXDCV39	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCV0BRXXDCV39N012024
C	Option MV4	BAVDCV0B	\$5,000/\$10,000	\$10,000/\$20,000	\$7,350/\$14,700	\$15,000/\$30,000	Combined with Medical	RXXDCV40	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCV0BRXXDCV40N012024
C	Option MV4	BAVDCV0B	\$5,000/\$10,000	\$10,000/\$20,000	\$7,350/\$14,700	\$15,000/\$30,000	Combined with Medical	RXXDCV41	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCV0BRXXDCV41N012024
C	Option MV5	BAVDCV0A	\$7,000/\$14,000	\$10,000/\$20,000	\$8,150/\$16,300	\$15,000/\$30,000	Combined with Medical	RXXDCV42	RX \$0 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCV0ARXXDCV42N012024
C	Option MV5	BAVDCV0A	\$7,000/\$14,000	\$10,000/\$20,000	\$8,150/\$16,300	\$15,000/\$30,000	Combined with Medical	RXXDCV43	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCV0ARXXDCV43N012024
C	Option MV5	BAVDCV0A	\$7,000/\$14,000	\$10,000/\$20,000	\$8,150/\$16,300	\$15,000/\$30,000	Combined with Medical	RXXDCV44	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVDCV0ARXXDCV44N012024

BlueChoice Advantage – Minimum Value

Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	Option MV1	BAHDCV0B	\$4,000/\$8,000	\$8,000/\$16,000	\$6,550/\$13,100	\$12,700/\$25,400	Combined with Medical	RXCDCV30	RX \$4000/\$8000 DED \$6550/\$13100 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHDCV0BRXCDCV30N012024
C	Option MV1	BAHDCV0B	\$4,000/\$8,000	\$8,000/\$16,000	\$6,550/\$13,100	\$12,700/\$25,400	Combined with Medical	RXCDCV31	RX \$4000/\$8000 DED \$6550/\$13100 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHDCV0BRXCDCV31N012024
C	Option MV2	BAHDCV06	\$5,500/\$11,000	\$11,000/\$15,000	\$6,550/\$13,100	\$13,100/\$25,000	Combined with Medical	RXCDCV32	RX \$5500/\$11000 DED \$6550/\$13100 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHDCV06RXCDCV32N012024
C	Option MV2	BAHDCV06	\$5,500/\$11,000	\$11,000/\$15,000	\$6,550/\$13,100	\$13,100/\$25,000	Combined with Medical	RXCDCV33	RX \$5500/\$11000 DED \$6550/\$13100 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHDCV06RXCDCV33N012024
C	Option MV3	BAHDCV0D	\$3,200/\$6,400	\$6,400/\$12,800	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXCDCV40	RX \$3200/\$6400 DED \$6000/\$12000 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHDCV0DRXCDCV40N012024
C	Option MV3	BAHDCV0D	\$3,200/\$6,400	\$6,400/\$12,800	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXCDCV41	RX \$3200/\$6400 DED \$6000/\$12000 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHDCV0DRXCDCV41N012024
C	Option MV4	BAHDCV0C	\$5,000/\$10,000	\$10,000/\$20,000	\$6,650/\$13,300	\$15,000/\$30,000	Combined with Medical	RXCDCV36	RX \$5000/\$10000 DED \$6650/\$13300 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHDCV0CRXCDCV36N012024
C	Option MV4	BAHDCV0C	\$5,000/\$10,000	\$10,000/\$20,000	\$6,650/\$13,300	\$15,000/\$30,000	Combined with Medical	RXCDCV37	RX \$5000/\$10000 DED \$6650/\$13300 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHDCV0CRXCDCV37N012024

BlueHPN – Virtual Connect

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	1	EBNDC002	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXDC812	RX \$0 DED \$2500/\$5000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC002RXXDC812N012024
C	1	EBNDC002	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXDC800	RX \$0 DED \$2500/\$5000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC002RXXDC800N012024
C	1	EBNDC002	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXDC832	RX \$0 DED \$2500/\$5000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC002RXXDC832N012024
C	1	EBNDC002	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXDC848	RX \$0 DED \$2500/\$5000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC002RXXDC848N012024
C	1	EBNDC002	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXDC852	RX \$0 DED \$2500/\$5000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC002RXXDC852N012024
C	1	EBNDC002	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXDC833	RX \$100 DED \$2500/\$5000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC002RXXDC833N012024
C	1	EBNDC002	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXDC834	RX \$200 DED \$2500/\$5000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC002RXXDC834N012024
C	1	EBNDC002	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXDC835	RX \$300 DED \$2500/\$5000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC002RXXDC835N012024

BlueHPN – Virtual Connect

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	2	EBNDC003	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC609	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC003RXXDC609N012024
C	2	EBNDC003	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC608	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC003RXXDC608N012024
C	2	EBNDC003	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC610	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC003RXXDC610N012024
C	2	EBNDC003	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC611	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC003RXXDC611N012024
C	2	EBNDC003	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC612	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC003RXXDC612N012024
C	2	EBNDC003	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC613	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC003RXXDC613N012024
C	2	EBNDC003	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC614	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC003RXXDC614N012024
C	2	EBNDC003	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC615	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC003RXXDC615N012024

BlueHPN – Virtual Connect

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	4	EBNDC004	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC609	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC004RXXDC609N012024
C	4	EBNDC004	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC608	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC004RXXDC608N012024
C	4	EBNDC004	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC610	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC004RXXDC610N012024
C	4	EBNDC004	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC611	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC004RXXDC611N012024
C	4	EBNDC004	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC612	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC004RXXDC612N012024
C	4	EBNDC004	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC613	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC004RXXDC613N012024
C	4	EBNDC004	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC614	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC004RXXDC614N012024
C	4	EBNDC004	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC615	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC004RXXDC615N012024

BlueHPN – Virtual Connect

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	5	EBNDC006	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDC814	RX \$0 DED \$6000/\$12000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC006RXXDC814N012024
C	5	EBNDC006	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDC802	RX \$0 DED \$6000/\$12000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC006RXXDC802N012024
C	5	EBNDC006	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDC840	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC006RXXDC840N012024
C	5	EBNDC006	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDC850	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC006RXXDC850N012024
C	5	EBNDC006	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDC854	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC006RXXDC854N012024
C	5	EBNDC006	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDC841	RX \$100 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC006RXXDC841N012024
C	5	EBNDC006	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDC842	RX \$200 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC006RXXDC842N012024
C	5	EBNDC006	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDC843	RX \$300 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC006RXXDC843N012024

BlueHPN – Virtual Connect

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	6	EBNDC007	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXDC815	RX \$0 DED \$7350/\$14700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC007RXXDC815N012024
C	6	EBNDC007	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXDC803	RX \$0 DED \$7350/\$14700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC007RXXDC803N012024
C	6	EBNDC007	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXDC844	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC007RXXDC844N012024
C	6	EBNDC007	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXDC851	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC007RXXDC851N012024
C	6	EBNDC007	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXDC855	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC007RXXDC855N012024
C	6	EBNDC007	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXDC845	RX \$100 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC007RXXDC845N012024
C	6	EBNDC007	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXDC846	RX \$200 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC007RXXDC846N012024
C	6	EBNDC007	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXDC847	RX \$300 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNDC007RXXDC847N012024

BlueHPN HSA/HRA

Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	3	EBHDC004	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC650	RX \$1600/\$3200 DED \$4500/\$7900 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	EBHDC004RXCDC650N012024
C	3	EBHDC004	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC651	RX \$1600/\$3200 DED \$4500/\$7900 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	EBHDC004RXCDC651N012024
C	3	EBHDC004	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC652	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	EBHDC004RXCDC652N012024
C	3	EBHDC004	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC653	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	EBHDC004RXCDC653N012024
C	7	EBHDC003	\$5,000/\$10,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCDC594	RX \$5000/\$10000 DED \$6550/\$13100 \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBHDC003RXCDC594N012024
C	7	EBHDC003	\$5,000/\$10,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCDC595	RX \$5000/\$10000 DED \$6550/\$13100 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBHDC003RXCDC595N012024
C	7	EBHDC003	\$5,000/\$10,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCDC596	RX \$5000/\$10000 DED \$6550/\$13100 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBHDC003RXCDC596N012024
C	7	EBHDC003	\$5,000/\$10,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCDC597	RX \$5000/\$10000 DED \$6550/\$13100 \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBHDC003RXCDC597N012024

BluePreferred PPO

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
B	1	BPPDB00T	None	\$300/\$600	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXDBWK6	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00TRXXDBWK6N012024
B	1	BPPDB00T	None	\$300/\$600	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXDBWK5	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00TRXXDBWK5N012024.
B	1	BPPDB00T	None	\$300/\$600	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXDBWK7	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00TRXXDBWK7N012024
B	1	BPPDB00T	None	\$300/\$600	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXDBWK8	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00TRXXDBWK8N012024
B	1	BPPDB00T	None	\$300/\$600	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXDBWK9	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00TRXXDBWK9N012024
B	1	BPPDB00T	None	\$300/\$600	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXDBWL7	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00TRXXDBWL7N012024
B	1	BPPDB00T	None	\$300/\$600	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXDBWM2	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00TRXXDBWM2N012024
B	1	BPPDB00T	None	\$300/\$600	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXDBWM5	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00TRXXDBWM5N012024

BluePreferred PPO

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
B	6	BPPDB01B	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWK6	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB01BRXXDBWK6N012024
B	6	BPPDB01B	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWK5	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB01BRXXDBWK5N012024
B	6	BPPDB01B	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWK7	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB01BRXXDBWK7N012024
B	6	BPPDB01B	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWK8	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB01BRXXDBWK8N012024
B	6	BPPDB01B	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWK9	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB01BRXXDBWK9N012024
B	6	BPPDB01B	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWL7	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB01BRXXDBWL7N012024
B	6	BPPDB01B	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWM2	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB01BRXXDBWM2N012024
B	6	BPPDB01B	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWM5	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB01BRXXDBWM5N012024

BluePreferred PPO

Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
B	7	BPPDB01A	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWK6	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB01ARXXDBWK6N012024
B	7	BPPDB01A	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWK5	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB01ARXXDBWK5N012024
B	7	BPPDB01A	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWK7	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB01ARXXDBWK7N012024
B	7	BPPDB01A	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWK8	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB01ARXXDBWK8N012024
B	7	BPPDB01A	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWK9	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB01ARXXDBWK9N012024
B	7	BPPDB01A	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWL7	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB01ARXXDBWL7N012024
B	7	BPPDB01A	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWM2	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB01ARXXDBWM2N012024
B	7	BPPDB01A	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWM5	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB01ARXXDBWM5N012024

BluePreferred PPO

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
B	9	BPPDB013	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWK6	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB013RXXDBWK6N012024
B	9	BPPDB013	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWK5	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB013RXXDBWK5N012024
B	9	BPPDB013	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWK7	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB013RXXDBWK7N012024
B	9	BPPDB013	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWK8	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB013RXXDBWK8N012024
B	9	BPPDB013	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWK9	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB013RXXDBWK9N012024
B	9	BPPDB013	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWL7	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB013RXXDBWL7N012024
B	9	BPPDB013	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWM2	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB013RXXDBWM2N012024
B	9	BPPDB013	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXDBWM5	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB013RXXDBWM5N012024

BluePreferred PPO

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
B	14	BPPDB00Y	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXDBWK1	RX \$0 DED \$2000/\$4000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00YRXXDBWK1N012024
B	14	BPPDB00Y	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXDBWJ8	RX \$0 DED \$2000/\$4000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00YRXXDBWJ8N012024
B	14	BPPDB00Y	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXDBWK2	RX \$0 DED \$2000/\$4000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00YRXXDBWK2N012024
B	14	BPPDB00Y	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXDBWK3	RX \$0 DED \$2000/\$4000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00YRXXDBWK3N012024
B	14	BPPDB00Y	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXDBWK4	RX \$0 DED \$2000/\$4000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00YRXXDBWK4N012024
B	14	BPPDB00Y	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXDBWL6	RX \$100 DED \$2000/\$4000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00YRXXDBWL6N012024
B	14	BPPDB00Y	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXDBWL9	RX \$200 DED \$2000/\$4000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00YRXXDBWL9N012024
B	14	BPPDB00Y	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXDBWM4	RX \$300 DED \$2000/\$4000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00YRXXDBWM4N012024

BluePreferred PPO

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
B	19	BPPDB00X	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$20,000/\$20,000	Combined with Medical	RXXDBWL2	RX \$0 DED \$6350/\$12700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00RXDXBWL2N012024
B	19	BPPDB00X	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$20,000/\$20,000	Combined with Medical	RXXDBWL1	RX \$0 DED \$6350/\$12700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00RXDXBWL1N012024
B	19	BPPDB00X	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$20,000/\$20,000	Combined with Medical	RXXDBWL3	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00RXDXBWL3N012024
B	19	BPPDB00X	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$20,000/\$20,000	Combined with Medical	RXXDBWL4	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00RXDXBWL4N012024
B	19	BPPDB00X	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$20,000/\$20,000	Combined with Medical	RXXDBWL5	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00RXDXBWL5N012024
B	19	BPPDB00X	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$20,000/\$20,000	Combined with Medical	RXXDBWL8	RX \$100 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00RXDXBWL8N012024
B	19	BPPDB00X	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$20,000/\$20,000	Combined with Medical	RXXDBWM3	RX \$200 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00RXDXBWM3N012024
B	19	BPPDB00X	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$20,000/\$20,000	Combined with Medical	RXXDBWM6	RX \$300 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPDB00RXDXBWM6N012024

BluePreferred PPO

Integrated Deductibles Health Reimbursement Arrangement (HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
B	3	BPHDB006	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$15,000/\$15,000	Combined with Medical	RXCDB784	RX \$2000/\$4000 DED \$3000/\$6550 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHDB006RXCDB784N012024
B	3	BPHDB006	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$15,000/\$15,000	Combined with Medical	RXCDB785	RX \$2000/\$4000 DED \$3000/\$6550 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHDB006RXCDB785N012024
B	3	BPHDB006	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$15,000/\$15,000	Combined with Medical	RXCDB786	RX \$2000/\$4000 DED \$3000/\$6550 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHDB006RXCDB786N012024
B	3	BPHDB006	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$15,000/\$15,000	Combined with Medical	RXCDB787	RX \$2000/\$4000 DED \$3000/\$6550 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHDB006RXCDB787N012024
Integrated Deductibles Health Reimbursement Arrangement (HSA) - Formulary 3 RX										
B	3	BPHDB008	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$8,000/\$16,000	Combined with Medical	RXCDB784	RX \$2000/\$4000 DED \$3000/\$6550 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHDB008RXCDB784N012024
B	3	BPHDB008	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$8,000/\$16,000	Combined with Medical	RXCDB785	RX \$2000/\$4000 DED \$3000/\$6550 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHDB008RXCDB785N012024
B	3	BPHDB008	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$8,000/\$16,000	Combined with Medical	RXCDB786	RX \$2000/\$4000 DED \$3000/\$6550 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHDB008RXCDB786N012024
B	3	BPHDB008	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$8,000/\$16,000	Combined with Medical	RXCDB787	RX \$2000/\$4000 DED \$3000/\$6550 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHDB008RXCDB787N012024

BluePreferred PPO

Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
B	8	BPHDB00M	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCDB280	RX \$1600/\$3200 DED \$4000/\$8000 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHDB00MRXCDB280N012024
B	8	BPHDB00M	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCDB281	RX \$1600/\$3200 DED \$4000/\$8000 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHDB00MRXCDB281N012024
B	8	BPHDB00M	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCDB282	RX \$1600/\$3200 DED \$4000/\$8000 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHDB00MRXCDB282N012024
B	8	BPHDB00M	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCDB283	RX \$1600/\$3200 DED \$4000/\$8000 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHDB00MRXCDB283N012024

BlueChoice HMO Referral

Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	3	BHMDC01V	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ7	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01VRXXDCWJ7N012024
C	3	BHMDC01V	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ6	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01VRXXDCWJ6N012024
C	3	BHMDC01V	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ8	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01VRXXDCWJ8N012024
C	3	BHMDC01V	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ9	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01VRXXDCWJ9N012024
C	3	BHMDC01V	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK1	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01VRXXDCWK1N012024
C	3	BHMDC01V	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK3	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01VRXXDCWK3N012024
C	3	BHMDC01V	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK5	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01VRXXDCWK5N012024
C	3	BHMDC01V	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK7	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01VRXXDCWK7N012024

BlueChoice HMO Referral

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	13	BHMDC01Y	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ7	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01YRXXDCWJ7N012024
C	13	BHMDC01Y	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ6	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01YRXXDCWJ6N012024
C	13	BHMDC01Y	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ8	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01YRXXDCWJ8N012024
C	13	BHMDC01Y	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ9	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01YRXXDCWJ9N012024
C	13	BHMDC01Y	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK1	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01YRXXDCWK1N012024
C	13	BHMDC01Y	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK3	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01YRXXDCWK3N012024
C	13	BHMDC01Y	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK5	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01YRXXDCWK5N012024
C	13	BHMDC01Y	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK7	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01YRXXDCWK7N012024

BlueChoice HMO Referral

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	14	BHMDC025	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ7	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD025RXXDCWJ7N012024
C	14	BHMDC025	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ6	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD025RXXDCWJ6N012024
C	14	BHMDC025	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ8	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD025RXXDCWJ8N012024
C	14	BHMDC025	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ9	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD025RXXDCWJ9N012024
C	14	BHMDC025	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK1	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD025RXXDCWK1N012024
C	14	BHMDC025	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK3	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD025RXXDCWK3N012024
C	14	BHMDC025	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK5	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD025RXXDCWK5N012024
C	14	BHMDC025	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK7	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD025RXXDCWK7N012024

BlueChoice HMO Referral

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	15	BHMDC02A	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC501	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD02ARXXDC501N012024
C	15	BHMDC02A	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC500	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD02ARXXDC500N012024
C	15	BHMDC02A	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC502	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD02ARXXDC502N012024
C	15	BHMDC02A	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC503	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD02ARXXDC503N012024
C	15	BHMDC02A	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC504	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD02ARXXDC504N012024
C	15	BHMDC02A	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC520	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD02ARXXDC520N012024
C	15	BHMDC02A	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC521	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD02ARXXDC521N012024
C	15	BHMDC02A	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC522	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD02ARXXDC522N012024

BlueChoice HMO Referral

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	16	BHMDC029	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC501	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD029RXXDC501N012024
C	16	BHMDC029	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC500	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD029RXXDC500N012024
C	16	BHMDC029	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC502	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD029RXXDC502N012024
C	16	BHMDC029	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC503	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD029RXXDC503N012024
C	16	BHMDC029	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC504	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD029RXXDC504N012024
C	16	BHMDC029	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC520	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD029RXXDC520N012024
C	16	BHMDC029	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC521	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD029RXXDC521N012024
C	16	BHMDC029	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC522	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD029RXXDC522N012024

BlueChoice HMO Referral

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	17	BCNDC004	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXDC506	RX \$0 DED \$2000/\$4000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC004RXXDC506N012024
C	17	BCNDC004	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXDC505	RX \$0 DED \$2000/\$4000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC004RXXDC505N012024
C	17	BCNDC004	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXDC507	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC004RXXDC507N012024
C	17	BCNDC004	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXDC508	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC004RXXDC508N012024
C	17	BCNDC004	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXDC509	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC004RXXDC509N012024
C	17	BCNDC004	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXDC523	RX \$100 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC004RXXDC523N012024
C	17	BCNDC004	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXDC524	RX \$200 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC004RXXDC524N012024
C	17	BCNDC004	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXDC525	RX \$300 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC004RXXDC525N012024

BlueChoice HMO Referral

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	18	BCNDC003	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXDC511	RX \$0 DED \$3000/\$6000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC003RXXDC511N012024
C	18	BCNDC003	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXDC510	RX \$0 DED \$3000/\$6000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC003RXXDC510N012024
C	18	BCNDC003	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXDC512	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC003RXXDC512N012024
C	18	BCNDC003	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXDC513	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC003RXXDC513N012024
C	18	BCNDC003	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXDC514	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC003RXXDC514N012024
C	18	BCNDC003	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXDC526	RX \$100 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC003RXXDC526N012024
C	18	BCNDC003	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXDC527	RX \$200 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC003RXXDC527N012024
C	18	BCNDC003	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXDC528	RX \$300 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC003RXXDC528N012024

BlueChoice HMO Referral

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	19	BCNDC002	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXDC516	RX \$0 DED \$4000/\$8000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC002RXXDC516N012024
C	19	BCNDC002	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXDC515	RX \$0 DED \$4000/\$8000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC002RXXDC515N012024
C	19	BCNDC002	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXDC517	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC002RXXDC517N012024
C	19	BCNDC002	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXDC518	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC002RXXDC518N012024
C	19	BCNDC002	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXDC519	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC002RXXDC519N012024
C	19	BCNDC002	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXDC529	RX \$100 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC002RXXDC529N012024
C	19	BCNDC002	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXDC530	RX \$200 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC002RXXDC530N012024
C	19	BCNDC002	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXDC531	RX \$300 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC002RXXDC531N012024

BlueChoice HMO Referral

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	20	BCNDC001	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDC533	RX \$0 DED \$5000/\$10000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC001RXXDC533N012024
C	20	BCNDC001	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDC532	RX \$0 DED \$5000/\$10000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC001RXXDC532N012024
C	20	BCNDC001	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDC534	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC001RXXDC534N012024
C	20	BCNDC001	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDC535	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC001RXXDC535N012024
C	20	BCNDC001	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDC536	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC001RXXDC536N012024
C	20	BCNDC001	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDC537	RX \$100 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC001RXXDC537N012024
C	20	BCNDC001	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDC538	RX \$200 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC001RXXDC538N012024
C	20	BCNDC001	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDC539	RX \$300 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNDC001RXXDC539N012024

BlueChoice HMO Referral

Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	B	BHMDC01U	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ2	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01URXXDCWJ2N012024
C	B	BHMDC01U	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ1	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01URXXDCWJ1N012024
C	B	BHMDC01U	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ3	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01URXXDCWJ3N012024
C	B	BHMDC01U	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ4	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01URXXDCWJ4N012024
C	B	BHMDC01U	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ5	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01URXXDCWJ5N012024
C	B	BHMDC01U	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK2	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01URXXDCWK2N012024
C	B	BHMDC01U	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK4	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01URXXDCWK4N012024
C	B	BHMDC01U	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK6	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01URXXDCWK6N012024

BlueChoice HMO Referral

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	C	BHMDC01T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ2	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01TRXXDCWJ2N012024
C	C	BHMDC01T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ1	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01TRXXDCWJ1N012024
C	C	BHMDC01T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ3	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01TRXXDCWJ3N012024
C	C	BHMDC01T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ4	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01TRXXDCWJ4N012024
C	C	BHMDC01T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ5	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01TRXXDCWJ5N012024
C	C	BHMDC01T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK2	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01TRXXDCWK2N012024
C	C	BHMDC01T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK4	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01TRXXDCWK4N012024
C	C	BHMDC01T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK6	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD01TRXXDCWK6N012024

BlueChoice HMO Referral

Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	I	BHMDC01R	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ2	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01RRXXDCWJ2N012024
C	I	BHMDC01R	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ1	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01RRXXDCWJ1N012024
C	I	BHMDC01R	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ3	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01RRXXDCWJ3N012024
C	I	BHMDC01R	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ4	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01RRXXDCWJ4N012024
C	I	BHMDC01R	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ5	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01RRXXDCWJ5N012024
C	I	BHMDC01R	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK2	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01RRXXDCWK2N012024
C	I	BHMDC01R	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK4	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01RRXXDCWK4N012024
C	I	BHMDC01R	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK6	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01RRXXDCWK6N012024

BlueChoice HMO Referral

Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	J	BHMDC01S	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ2	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01SRXXDCWJ2N012024
C	J	BHMDC01S	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ1	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01SRXXDCWJ1N012024
C	J	BHMDC01S	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ3	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01SRXXDCWJ3N012024
C	J	BHMDC01S	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ4	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01SRXXDCWJ4N012024
C	J	BHMDC01S	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ5	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01SRXXDCWJ5N012024
C	J	BHMDC01S	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK2	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01SRXXDCWK2N012024
C	J	BHMDC01S	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK4	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01SRXXDCWK4N012024
C	J	BHMDC01S	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK6	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C01SRXXDCWK6N012024

BlueChoice HMO – Smart Selections Referral

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	1-S	BHMDCF0E	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF29	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0ERXXDCF29N012024
C	1-S	BHMDCF0E	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF28	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0ERXXDCF28N012024
C	1-S	BHMDCF0E	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF30	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0ERXXDCF30N012024
C	1-S	BHMDCF0E	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF31	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0ERXXDCF31N012024
C	1-S	BHMDCF0E	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF40	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0ERXXDCF40N012024
C	1-S	BHMDCF0E	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF49	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0ERXXDCF49N012024
C	1-S	BHMDCF0E	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF69	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0ERXXDCF69N012024
C	1-S	BHMDCF0E	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCA5	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0ERXXDCA5N012024

BlueChoice HMO – Smart Selections Referral

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	2-S	BHMDCF0B	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF29	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0BRXXDCF29N012024
C	2-S	BHMDCF0B	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF28	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0BRXXDCF28N012024
C	2-S	BHMDCF0B	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF30	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0BRXXDCF30N012024
C	2-S	BHMDCF0B	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF31	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0BRXXDCF31N012024
C	2-S	BHMDCF0B	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF40	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0BRXXDCF40N012024
C	2-S	BHMDCF0B	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF49	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0BRXXDCF49N012024
C	2-S	BHMDCF0B	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF69	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0BRXXDCF69N012024
C	2-S	BHMDCF0B	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCA5	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0BRXXDCA5N012024

BlueChoice HMO – Smart Selections Referral

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	3-S	BHMDCF0C	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF44	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0CRXXDCF44N012024
C	3-S	BHMDCF0C	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF43	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0CRXXDCF43N012024
C	3-S	BHMDCF0C	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF45	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0CRXXDCF45N012024
C	3-S	BHMDCF0C	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF46	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0CRXXDCF46N012024
C	3-S	BHMDCF0C	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF47	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0CRXXDCF47N012024
C	3-S	BHMDCF0C	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF67	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0CRXXDCF67N012024
C	3-S	BHMDCF0C	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCA6	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0CRXXDCA6N012024
C	3-S	BHMDCF0C	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCA8	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF0CRXXDCA8N012024

BlueChoice HMO – Smart Selections Referral

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	4-S	BHMDCF07	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF44	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF07RXXDCF44N012024
C	4-S	BHMDCF07	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF43	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF07RXXDCF43N012024
C	4-S	BHMDCF07	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF45	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF07RXXDCF45N012024
C	4-S	BHMDCF07	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF46	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF07RXXDCF46N012024
C	4-S	BHMDCF07	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF47	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF07RXXDCF47N012024
C	4-S	BHMDCF07	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF67	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF07RXXDCF67N012024
C	4-S	BHMDCF07	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCA6	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF07RXXDCA6N012024
C	4-S	BHMDCF07	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCA8	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCF07RXXDCA8N012024

BlueChoice HMO – Smart Selections Referral

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	5-S	BHMDCV0C	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDCF34	RX \$0 DED \$5000/\$10000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0CRXXDCF34N012024
C	5-S	BHMDCV0C	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDCF33	RX \$0 DED \$5000/\$10000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0CRXXDCF33N012024
C	5-S	BHMDCV0C	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDCF35	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0CRXXDCF35N012024
C	5-S	BHMDCV0C	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDCF36	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0CRXXDCF36N012024
C	5-S	BHMDCV0C	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDCF37	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0CRXXDCF37N012024
C	5-S	BHMDCV0C	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDCF65	RX \$100 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0CRXXDCF65N012024
C	5-S	BHMDCV0C	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDCFA1	RX \$200 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0CRXXDCFA1N012024
C	5-S	BHMDCV0C	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDCFA6	RX \$300 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0CRXXDCFA6N012024

BlueChoice HMO – Smart Selections Referral

Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	6-S	BHMDCV0B	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCF39	RX \$0 DED \$6000/\$12000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0BRXXDCF39N012024
C	6-S	BHMDCV0B	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCF38	RX \$0 DED \$6000/\$12000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0BRXXDCF38N012024
C	6-S	BHMDCV0B	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCF40	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0BRXXDCF40N012024
C	6-S	BHMDCV0B	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCF41	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0BRXXDCF41N012024
C	6-S	BHMDCV0B	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCF42	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0BRXXDCF42N012024
C	6-S	BHMDCV0B	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCF66	RX \$100 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0BRXXDCF66N012024
C	6-S	BHMDCV0B	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCA2	RX \$200 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0BRXXDCA2N012024
C	6-S	BHMDCV0B	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCA7	RX \$300 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0BRXXDCA7N012024

BlueChoice HMO Referral

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	L	BHMDC028	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC609	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD028RXXDC609N012024
C	L	BHMDC028	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC608	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD028RXXDC608N012024
C	L	BHMDC028	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC610	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD028RXXDC610N012024
C	L	BHMDC028	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC611	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD028RXXDC611N012024
C	L	BHMDC028	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC612	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD028RXXDC612N012024
C	L	BHMDC028	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC613	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD028RXXDC613N012024
C	L	BHMDC028	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC614	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD028RXXDC614N012024
C	L	BHMDC028	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC615	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD028RXXDC615N012024

BlueChoice HMO Referral

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	M	BHMDC027	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC609	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD027RXXDC609N012024
C	M	BHMDC027	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC608	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD027RXXDC608N012024
C	M	BHMDC027	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC610	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD027RXXDC610N012024
C	M	BHMDC027	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC611	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD027RXXDC611N012024
C	M	BHMDC027	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC612	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD027RXXDC612N012024
C	M	BHMDC027	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC613	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD027RXXDC613N012024
C	M	BHMDC027	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC614	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD027RXXDC614N012024
C	M	BHMDC027	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC615	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD027RXXDC615N012024

BlueChoice HMO Referral

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	N	BHMDC026	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC609	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C026RXXDC609N012024
C	N	BHMDC026	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC608	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C026RXXDC608N012024
C	N	BHMDC026	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC610	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C026RXXDC610N012024
C	N	BHMDC026	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC611	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C026RXXDC611N012024
C	N	BHMDC026	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC612	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C026RXXDC612N012024
C	N	BHMDC026	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC613	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C026RXXDC613N012024
C	N	BHMDC026	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC614	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C026RXXDC614N012024
C	N	BHMDC026	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC615	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C026RXXDC615N012024

BlueChoice HMO Referral

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	O	BHMDC023	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC609	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD023RXXDC609N012024
C	O	BHMDC023	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC608	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD023RXXDC608N012024
C	O	BHMDC023	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC610	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD023RXXDC610N012024
C	O	BHMDC023	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC611	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD023RXXDC611N012024
C	O	BHMDC023	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC612	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD023RXXDC612N012024
C	O	BHMDC023	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC613	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD023RXXDC613N012024
C	O	BHMDC023	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC614	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD023RXXDC614N012024
C	O	BHMDC023	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC615	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD023RXXDC615N012024

BlueChoice HMO Referral

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	P	BHMDC021	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC609	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C021RXXDC609N012024
C	P	BHMDC021	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC608	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C021RXXDC608N012024
C	P	BHMDC021	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC610	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C021RXXDC610N012024
C	P	BHMDC021	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC611	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C021RXXDC611N012024
C	P	BHMDC021	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC612	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C021RXXDC612N012024
C	P	BHMDC021	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC613	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C021RXXDC613N012024
C	P	BHMDC021	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC614	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C021RXXDC614N012024
C	P	BHMDC021	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC615	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMD C021RXXDC615N012024

BlueChoice HMO Referral

Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	4	BCHDC00Q	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCDC654	RX \$1600/\$3200 DED \$4000/\$8000 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00QRXCDC654N012024
C	4	BCHDC00Q	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCDC655	RX \$1600/\$3200 DED \$4000/\$8000 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00QRXCDC655N012024
C	4	BCHDC00Q	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCDC656	RX \$1600/\$3200 DED \$4000/\$8000 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00QRXCDC656N012024
C	4	BCHDC00Q	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCDC657	RX \$1600/\$3200 DED \$4000/\$8000 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00QRXCDC657N012024
C	5	BCHDC00M	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCDC586	RX \$2000/\$4000 DED \$4000/\$8000 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00MRXCDC586N012024
C	5	BCHDC00M	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCDC587	RX \$2000/\$4000 DED \$4000/\$8000 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00MRXCDC587N012024
C	5	BCHDC00M	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCDC588	RX \$2000/\$4000 DED \$4000/\$8000 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00MRXCDC588N012024
C	5	BCHDC00M	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCDC589	RX \$2000/\$4000 DED \$4000/\$8000 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00MRXCDC589N012024
C	7	BCHDC00P	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC650	RX \$1600/\$3200 DED \$4500/\$7900 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00PRXCDC650N012024
C	7	BCHDC00P	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC651	RX \$1600/\$3200 DED \$4500/\$7900 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00PRXCDC651N012024
C	7	BCHDC00P	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC652	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00PRXCDC652N012024
C	7	BCHDC00P	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC653	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00PRXCDC653N012024

BlueChoice HMO Referral

Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	8	BCHDC00N	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC650	RX \$1600/\$3200 DED \$4500/\$7900 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00NRXCDC650N012024
C	8	BCHDC00N	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC651	RX \$1600/\$3200 DED \$4500/\$7900 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00NRXCDC651N012024
C	8	BCHDC00N	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC652	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00NRXCDC652N012024
C	8	BCHDC00N	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC653	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00NRXCDC653N012024
C	9	BCHDC009	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC554	RX \$2500/\$5000 DED \$4500/\$7900 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC009RXCDC554N012024
C	9	BCHDC009	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC555	RX \$2500/\$5000 DED \$4500/\$7900 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC009RXCDC555N012024
C	9	BCHDC009	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC556	RX \$2500/\$5000 DED \$4500/\$7900 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC009RXCDC556N012024
C	9	BCHDC009	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC557	RX \$2500/\$5000 DED \$4500/\$7900 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC009RXCDC557N012024

BlueChoice HMO Referral

Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	10	BCHDC00R	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC650	RX \$1600/\$3200 DED \$4500/\$7900 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00RRXCDC650N012024
C	10	BCHDC00R	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC651	RX \$1600/\$3200 DED \$4500/\$7900 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00RRXCDC651N012024
C	10	BCHDC00R	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC652	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00RRXCDC652N012024
C	10	BCHDC00R	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC653	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00RRXCDC653N012024
C	11	BCHDC00J	\$2,000/\$4000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC558	RX \$2000/\$4000 DED \$4500/\$7900 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00JRXCDC558N012024
C	11	BCHDC00J	\$2,000/\$4000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC559	RX \$2000/\$4000 DED \$4500/\$7900 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00JRXCDC559N012024
C	11	BCHDC00J	\$2,000/\$4000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC560	RX \$2000/\$4000 DED \$4500/\$7900 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00JRXCDC560N012024
C	11	BCHDC00J	\$2,000/\$4000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC561	RX \$2000/\$4000 DED \$4500/\$7900 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHDC00JRXCDC561N012024

BlueChoice HMO Referral - Minimum Value

Separate Medical & RX Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	Option MV1	BHMDCV07	\$4,500/\$9000	N/A	\$6,350/\$12700	N/A	Combined with Medical	RXXDCV30	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV07RXXDCV30N012024
C	Option MV1	BHMDCV07	\$4,500/\$9000	N/A	\$6,350/\$12700	N/A	Combined with Medical	RXXDCV32	RX \$500 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV07RXXDCV32N012024
C	Option MV1	BHMDCV07	\$4,500/\$9000	N/A	\$6,350/\$12700	N/A	Combined with Medical	RXXDCV33	RX \$500 DED \$6350/\$12700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV07RXXDCV33N012024
C	Option MV2	BHMDCV06	\$5,000/\$10,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCV31	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV06RXXDCV31N012024
C	Option MV2	BHMDCV06	\$5,000/\$10,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCV34	RX \$500 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV06RXXDCV34N012024
C	Option MV2	BHMDCV06	\$5,000/\$10,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCV35	RX \$500 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV06RXXDCV35N012024
C	Option MV3	BHMDCV0A	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCV36	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0ARXXDCV36N012024
C	Option MV3	BHMDCV0A	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCV37	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0ARXXDCV37N012024
C	Option MV3	BHMDCV0A	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCV38	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV0ARXXDCV38N012024

BlueChoice HMO Referral - Minimum Value

Separate Medical & RX Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	Option MV4	BHMDCV09	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXDCV39	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV09RXXDCV39N012024
C	Option MV4	BHMDCV09	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXDCV40	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV09RXXDCV40N012024
C	Option MV4	BHMDCV09	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXDCV41	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV09RXXDCV41N012024
C	Option MV5	BHMDCV08	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXDCV42	RX \$0 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV08RXXDCV42N012024
C	Option MV5	BHMDCV08	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXDCV43	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV08RXXDCV43N012024
C	Option MV5	BHMDCV08	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXDCV44	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMDCV08RXXDCV44N012024

BlueChoice HMO Referral - Minimum Value

Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	Option MV1	BCHDC00F	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCDCV30	RX \$4000/\$8000 DED \$6550/\$13100 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHDC00FRXCDCV30N012024
C	Option MV1	BCHDC00F	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCDCV31	RX \$4000/\$8000 DED \$6550/\$13100 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHDC00FRXCDCV31N012024
C	Option MV3	BCHDCV05	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCDCV40	RX \$3200/\$6400 DED \$6000/\$12000 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHDCV05RXCDCV40N012024
C	Option MV3	BCHDCV05	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCDCV41	RX \$3200/\$6400 DED \$6000/\$12000 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHDCV05RXCDCV41N012024
C	Option MV4	BCHDCV03	\$5,000/\$10,000	N/A	\$6,650/\$13,300	N/A	Combined with Medical	RXCDCV36	RX \$5000/\$10000 DED \$6650/\$13300 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHDCV03RXCDCV36N012024
C	Option MV4	BCHDCV03	\$5,000/\$10,000	N/A	\$6,650/\$13,300	N/A	Combined with Medical	RXCDCV37	RX \$5000/\$10000 DED \$6650/\$13300 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHDCV03RXCDCV37N012024

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Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	3	BHADC01N	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ7	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01NRXXDCWJ7N012024
C	3	BHADC01N	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ6	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01NRXXDCWJ6N012024
C	3	BHADC01N	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ8	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01NRXXDCWJ8N012024
C	3	BHADC01N	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ9	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01NRXXDCWJ9N012024
C	3	BHADC01N	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK1	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01NRXXDCWK1N012024
C	3	BHADC01N	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK3	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01NRXXDCWK3N012024
C	3	BHADC01N	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK5	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01NRXXDCWK5N012024
C	3	BHADC01N	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK7	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01NRXXDCWK7N012024

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Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	13	BHADC01J	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ7	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01JRXXDCWJ7N012024
C	13	BHADC01J	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ6	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01JRXXDCWJ6N012024
C	13	BHADC01J	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ8	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01JRXXDCWJ8N012024
C	13	BHADC01J	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ9	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01JRXXDCWJ9N012024
C	13	BHADC01J	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK1	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01JRXXDCWK1N012024
C	13	BHADC01J	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK3	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01JRXXDCWK3N012024
C	13	BHADC01J	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK5	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01JRXXDCWK5N012024
C	13	BHADC01J	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK7	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01JRXXDCWK7N012024

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Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	14	BHADC01G	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ7	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01GRXXDCWJ7N012024
C	14	BHADC01G	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ6	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01GRXXDCWJ6N012024
C	14	BHADC01G	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ8	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01GRXXDCWJ8N012024
C	14	BHADC01G	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWJ9	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01GRXXDCWJ9N012024
C	14	BHADC01G	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK1	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01GRXXDCWK1N012024
C	14	BHADC01G	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK3	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01GRXXDCWK3N012024
C	14	BHADC01G	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK5	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01GRXXDCWK5N012024
C	14	BHADC01G	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXDCWK7	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01GRXXDCWK7N012024

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Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	15	BHADC01V	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC501	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01VRXXDC501N012024
C	15	BHADC01V	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC500	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01VRXXDC500N012024
C	15	BHADC01V	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC502	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01VRXXDC502N012024
C	15	BHADC01V	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC503	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01VRXXDC503N012024
C	15	BHADC01V	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC504	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01VRXXDC504N012024
C	15	BHADC01V	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC520	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01VRXXDC520N012024
C	15	BHADC01V	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC521	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01VRXXDC521N012024
C	15	BHADC01V	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC522	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01VRXXDC522N012024

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Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	16	BHADC01U	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC501	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01URXXDC501N012024
C	16	BHADC01U	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC500	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01URXXDC500N012024
C	16	BHADC01U	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC502	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01URXXDC502N012024
C	16	BHADC01U	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC503	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01URXXDC503N012024
C	16	BHADC01U	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC504	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01URXXDC504N012024
C	16	BHADC01U	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC520	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01URXXDC520N012024
C	16	BHADC01U	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC521	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01URXXDC521N012024
C	16	BHADC01U	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXDC522	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01URXXDC522N012024

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Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	17	BHND000D	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXDC506	RX \$0 DED \$2000/\$4000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND000RXXDC506N012024
C	17	BHND000D	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXDC505	RX \$0 DED \$2000/\$4000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND000RXXDC505N012024
C	17	BHND000D	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXDC507	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND000RXXDC507N012024
C	17	BHND000D	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXDC508	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND000RXXDC508N012024
C	17	BHND000D	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXDC509	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND000RXXDC509N012024
C	17	BHND000D	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXDC523	RX \$100 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND000RXXDC523N012024
C	17	BHND000D	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXDC524	RX \$200 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND000RXXDC524N012024
C	17	BHND000D	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXDC525	RX \$300 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND000RXXDC525N012024

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Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	18	BHND00C	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXDC511	RX \$0 DED \$3000/\$6000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00CRXXDC511N012024
C	18	BHND00C	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXDC510	RX \$0 DED \$3000/\$6000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00CRXXDC510N012024
C	18	BHND00C	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXDC512	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00CRXXDC512N012024
C	18	BHND00C	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXDC513	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00CRXXDC513N012024
C	18	BHND00C	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXDC514	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00CRXXDC514N012024
C	18	BHND00C	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXDC526	RX \$100 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00CRXXDC526N012024
C	18	BHND00C	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXDC527	RX \$200 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00CRXXDC527N012024
C	18	BHND00C	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXDC528	RX \$300 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00CRXXDC528N012024

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Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	19	BHND00B	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXDC516	RX \$0 DED \$4000/\$8000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00BRXXDC516N012024
C	19	BHND00B	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXDC515	RX \$0 DED \$4000/\$8000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00BRXXDC515N012024
C	19	BHND00B	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXDC517	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00BRXXDC517N012024
C	19	BHND00B	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXDC518	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00BRXXDC518N012024
C	19	BHND00B	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXDC519	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00BRXXDC519N012024
C	19	BHND00B	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXDC529	RX \$100 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00BRXXDC529N012024
C	19	BHND00B	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXDC530	RX \$200 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00BRXXDC530N012024
C	19	BHND00B	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXDC531	RX \$300 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00BRXXDC531N012024

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Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	20	BHND00A	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDC533	RX \$0 DED \$5000/\$10000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00ARXXDC533N012024
C	20	BHND00A	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDC532	RX \$0 DED \$5000/\$10000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00ARXXDC532N012024
C	20	BHND00A	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDC534	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00ARXXDC534N012024
C	20	BHND00A	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDC535	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00ARXXDC535N012024
C	20	BHND00A	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDC536	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00ARXXDC536N012024
C	20	BHND00A	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDC537	RX \$100 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00ARXXDC537N012024
C	20	BHND00A	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDC538	RX \$200 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00ARXXDC538N012024
C	20	BHND00A	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDC539	RX \$300 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHND00ARXXDC539N012024

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Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	B	BHADC01M	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ2	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01MRXXDCWJ2N012024
C	B	BHADC01M	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ1	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01MRXXDCWJ1N012024
C	B	BHADC01M	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ3	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01MRXXDCWJ3N012024
C	B	BHADC01M	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ4	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01MRXXDCWJ4N012024
C	B	BHADC01M	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ5	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01MRXXDCWJ5N012024
C	B	BHADC01M	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK2	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01MRXXDCWK2N012024
C	B	BHADC01M	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK4	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01MRXXDCWK4N012024
C	B	BHADC01M	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK6	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01MRXXDCWK6N012024

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Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	C	BHADC01T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ2	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01TRXXDCWJ2N012024
C	C	BHADC01T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ1	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01TRXXDCWJ1N012024
C	C	BHADC01T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ3	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01TRXXDCWJ3N012024
C	C	BHADC01T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ4	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01TRXXDCWJ4N012024
C	C	BHADC01T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ5	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01TRXXDCWJ5N012024
C	C	BHADC01T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK2	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01TRXXDCWK2N012024
C	C	BHADC01T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK4	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01TRXXDCWK4N012024
C	C	BHADC01T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK6	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01TRXXDCWK6N012024

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Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	I	BHADC01K	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ2	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01KRXXDCWJ2N012024
C	I	BHADC01K	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ1	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01KRXXDCWJ1N012024
C	I	BHADC01K	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ3	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01KRXXDCWJ3N012024
C	I	BHADC01K	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ4	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01KRXXDCWJ4N012024
C	I	BHADC01K	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ5	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01KRXXDCWJ5N012024
C	I	BHADC01K	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK2	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01KRXXDCWK2N012024
C	I	BHADC01K	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK4	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01KRXXDCWK4N012024
C	I	BHADC01K	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK6	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01KRXXDCWK6N012024

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Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	J	BHADC01L	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ2	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01LRXXDCWJ2N012024
C	J	BHADC01L	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ1	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01LRXXDCWJ1N012024
C	J	BHADC01L	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ3	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01LRXXDCWJ3N012024
C	J	BHADC01L	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ4	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01LRXXDCWJ4N012024
C	J	BHADC01L	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ5	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01LRXXDCWJ5N012024
C	J	BHADC01L	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK2	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01LRXXDCWK2N012024
C	J	BHADC01L	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK4	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01LRXXDCWK4N012024
C	J	BHADC01L	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK6	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01LRXXDCWK6N012024

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Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	K	BHADC01E	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ2	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01ERXXDCWJ2N012024
C	K	BHADC01E	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ1	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01ERXXDCWJ1N012024
C	K	BHADC01E	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ3	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01ERXXDCWJ3N012024
C	K	BHADC01E	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ4	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01ERXXDCWJ4N012024
C	K	BHADC01E	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWJ5	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01ERXXDCWJ5N012024
C	K	BHADC01E	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK2	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01ERXXDCWK2N012024
C	K	BHADC01E	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK4	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01ERXXDCWK4N012024
C	K	BHADC01E	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXDCWK6	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01ERXXDCWK6N012024

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Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	1-S	BHADCF0H	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF29	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0HRXXDCF29N012024
C	1-S	BHADCF0H	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF28	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0HRXXDCF28N012024
C	1-S	BHADCF0H	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF30	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0HRXXDCF30N012024
C	1-S	BHADCF0H	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF31	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0HRXXDCF31N012024
C	1-S	BHADCF0H	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF32	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0HRXXDCF32N012024
C	1-S	BHADCF0H	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF49	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0HRXXDCF49N012024
C	1-S	BHADCF0H	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF69	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0HRXXDCF69N012024
C	1-S	BHADCF0H	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCA5	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0HRXXDCA5N012024

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Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	2-S	BHADCF0G	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF29	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0GRXXDCF29N012024
C	2-S	BHADCF0G	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF28	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0GRXXDCF28N012024
C	2-S	BHADCF0G	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF30	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0GRXXDCF30N012024
C	2-S	BHADCF0G	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF31	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0GRXXDCF31N012024
C	2-S	BHADCF0G	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF32	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0GRXXDCF32N012024
C	2-S	BHADCF0G	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF49	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0GRXXDCF49N012024
C	2-S	BHADCF0G	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCF69	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0GRXXDCF69N012024
C	2-S	BHADCF0G	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDCA5	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0GRXXDCA5N012024

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Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	3-S	BHADCF0J	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF44	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0JRXDXCF44N012024
C	3-S	BHADCF0J	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF43	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0JRXDXCF43N012024
C	3-S	BHADCF0J	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF45	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0JRXDXCF45N012024
C	3-S	BHADCF0J	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF46	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0JRXDXCF46N012024
C	3-S	BHADCF0J	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF47	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0JRXDXCF47N012024
C	3-S	BHADCF0J	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF67	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0JRXDXCF67N012024
C	3-S	BHADCF0J	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCA3	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0JRXDXCA3N012024
C	3-S	BHADCF0J	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCA8	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0JRXDXCA8N012024

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Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	4-S	BHADCF0F	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF44	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0FRXXDCF44N012024
C	4-S	BHADCF0F	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF43	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0FRXXDCF43N012024
C	4-S	BHADCF0F	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF45	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0FRXXDCF45N012024
C	4-S	BHADCF0F	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF46	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0FRXXDCF46N012024
C	4-S	BHADCF0F	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF47	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0FRXXDCF47N012024
C	4-S	BHADCF0F	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCF67	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0FRXXDCF67N012024
C	4-S	BHADCF0F	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCA3	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0FRXXDCA3N012024
C	4-S	BHADCF0F	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXDCA8	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0FRXXDCA8N012024

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Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	5-S	BHADCF0M	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDCF34	RX \$0 DED \$5000/\$10000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0MRXXDCF34N012024
C	5-S	BHADCF0M	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDCF33	RX \$0 DED \$5000/\$10000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0MRXXDCF33N012024
C	5-S	BHADCF0M	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDCF35	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0MRXXDCF35N012024
C	5-S	BHADCF0M	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDCF36	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0MRXXDCF36N012024
C	5-S	BHADCF0M	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDCF37	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0MRXXDCF37N012024
C	5-S	BHADCF0M	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDCF65	RX \$100 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0MRXXDCF65N012024
C	5-S	BHADCF0M	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDCA1	RX \$200 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0MRXXDCA1N012024
C	5-S	BHADCF0M	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXDCA6	RX \$300 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCF0MRXXDCA6N012024

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Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	6-S	BHADCFOL	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCF39	RX \$0 DED \$6000/\$12000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCFOLRXXDCF39N012024
C	6-S	BHADCFOL	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCF38	RX \$0 DED \$6000/\$12000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCFOLRXXDCF38N012024
C	6-S	BHADCFOL	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCF40	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCFOLRXXDCF40N012024
C	6-S	BHADCFOL	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCF41	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCFOLRXXDCF41N012024
C	6-S	BHADCFOL	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCF42	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCFOLRXXDCF42N012024
C	6-S	BHADCFOL	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCF66	RX \$100 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCFOLRXXDCF66N012024
C	6-S	BHADCFOL	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCA2	RX \$200 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCFOLRXXDCA2N012024
C	6-S	BHADCFOL	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCA7	RX \$300 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCFOLRXXDCA7N012024

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Integrated Deductibles Health Reimbursement Arrangement (HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	1	BHHDC014	\$1,200/\$2,400	N/A	\$2,400/\$6,550	N/A	Combined with Medical	RXCDC562	RX \$1200/\$2400 DED \$2400/\$6550 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC014RXCDC562N012024
C	1	BHHDC014	\$1,200/\$2,400	N/A	\$2,400/\$6,550	N/A	Combined with Medical	RXCDC563	RX \$1200/\$2400 DED \$2400/\$6550 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC014RXCDC563N012024
C	1	BHHDC014	\$1,200/\$2,400	N/A	\$2,400/\$6,550	N/A	Combined with Medical	RXCDC564	RX \$1200/\$2400 DED \$2400/\$6550 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC014RXCDC564N012024
C	1	BHHDC014	\$1,200/\$2,400	N/A	\$2,400/\$6,550	N/A	Combined with Medical	RXCDC565	RX \$1200/\$2400 DED \$2400/\$6550 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC014RXCDC565N012024
C	6	BHHDC01A	\$1,300/\$2,600	N/A	\$2,600/\$6,550	N/A	Combined with Medical	RXCDC566	RX \$1300/\$2600 DED \$2600/\$6550 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01ARXCDC566N012024
C	6	BHHDC01A	\$1,300/\$2,600	N/A	\$2,600/\$6,550	N/A	Combined with Medical	RXCDC567	RX \$1300/\$2600 DED \$2600/\$6550 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01ARXCDC567N012024
C	6	BHHDC01A	\$1,300/\$2,600	N/A	\$2,600/\$6,550	N/A	Combined with Medical	RXCDC568	RX \$1300/\$2600 DED \$2600/\$6550 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01ARXCDC568N012024
C	6	BHHDC01A	\$1,300/\$2,600	N/A	\$2,600/\$6,550	N/A	Combined with Medical	RXCDC569	RX \$1300/\$2600 DED \$2600/\$6550 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01ARXCDC569N012024

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Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	2	BHHDC017	\$2,500/\$5,000	N/A	\$3,500/\$6,550	N/A	Combined with Medical	RXCDC578	RX \$2500/\$5000 DED \$3500/\$6550 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC017RXCDC578N012024
C	2	BHHDC017	\$2,500/\$5,000	N/A	\$3,500/\$6,550	N/A	Combined with Medical	RXCDC579	RX \$2500/\$5000 DED \$3500/\$6550 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC017RXCDC579N012024
C	2	BHHDC017	\$2,500/\$5,000	N/A	\$3,500/\$6,550	N/A	Combined with Medical	RXCDC580	RX \$2500/\$5000 DED \$3500/\$6550 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC017RXCDC580N012024
C	2	BHHDC017	\$2,500/\$5,000	N/A	\$3,500/\$6,550	N/A	Combined with Medical	RXCDC581	RX \$2500/\$5000 DED \$3500/\$6550 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC017RXCDC581N012024
C	3	BHHDC00Z	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCDC582	RX \$4000/\$8000 DED \$6550/\$13100 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHDC00ZRXCDC582N012024
C	3	BHHDC00Z	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCDC583	RX \$4000/\$8000 DED \$6550/\$13100 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHDC00ZRXCDC583N012024
C	3	BHHDC00Z	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCDC584	RX \$4000/\$8000 DED \$6550/\$13100 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHDC00ZRXCDC584N012024
C	3	BHHDC00Z	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCDC585	RX \$4000/\$8000 DED \$6550/\$13100 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHDC00ZRXCDC585N012024

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Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	4	BHHDC01C	\$1600/\$3200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCDC654	RX \$1600/\$3200 DED \$4000/\$8000 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01CRXCDC654N012024
C	4	BHHDC01C	\$1600/\$3200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCDC655	RX \$1600/\$3200 DED \$4000/\$8000 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01CRXCDC655N012024
C	4	BHHDC01C	\$1600/\$3200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCDC656	RX \$1600/\$3200 DED \$4000/\$8000 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01CRXCDC656N012024
C	4	BHHDC01C	\$1600/\$3200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCDC657	RX \$1600/\$3200 DED \$4000/\$8000 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01CRXCDC657N012024
C	11	BHHDC01B	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCDC586	RX \$2000/\$4000 DED \$4000/\$8000 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01BRXCDC586N012024
C	11	BHHDC01B	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCDC587	RX \$2000/\$4000 DED \$4000/\$8000 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01BRXCDC587N012024
C	11	BHHDC01B	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCDC588	RX \$2000/\$4000 DED \$4000/\$8000 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01BRXCDC588N012024
C	11	BHHDC01B	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCDC589	RX \$2000/\$4000 DED \$4000/\$8000 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01BRXCDC589N012024

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Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	L	BHADC01S	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC609	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01SRXXDC609N012024
C	L	BHADC01S	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC608	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01SRXXDC608N012024
C	L	BHADC01S	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC610	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01SRXXDC610N012024
C	L	BHADC01S	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC611	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01SRXXDC611N012024
C	L	BHADC01S	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC612	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01SRXXDC612N012024
C	L	BHADC01S	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC613	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01SRXXDC613N012024
C	L	BHADC01S	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC614	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01SRXXDC614N012024
C	L	BHADC01S	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC615	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01SRXXDC615N012024

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Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	M	BHADC01R	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC609	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01RRXXDC609N012024
C	M	BHADC01R	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC608	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01RRXXDC608N012024
C	M	BHADC01R	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC610	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01RRXXDC610N012024
C	M	BHADC01R	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC611	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01RRXXDC611N012024
C	M	BHADC01R	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC612	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01RRXXDC612N012024
C	M	BHADC01R	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC613	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01RRXXDC613N012024
C	M	BHADC01R	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC614	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01RRXXDC614N012024
C	M	BHADC01R	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC615	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01RRXXDC615N012024

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Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	N	BHADC01D	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC609	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01DRXXDC609N012024
C	N	BHADC01D	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC608	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01DRXXDC608N012024
C	N	BHADC01D	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC610	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01DRXXDC610N012024
C	N	BHADC01D	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC611	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01DRXXDC611N012024
C	N	BHADC01D	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC612	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01DRXXDC612N012024
C	N	BHADC01D	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC613	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01DRXXDC613N012024
C	N	BHADC01D	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC614	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01DRXXDC614N012024
C	N	BHADC01D	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC615	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01DRXXDC615N012024

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Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	O	BHADC01Q	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC609	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01QRXXDC609N012024
C	O	BHADC01Q	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC608	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01QRXXDC608N012024
C	O	BHADC01Q	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC610	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01QRXXDC610N012024
C	O	BHADC01Q	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC611	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01QRXXDC611N012024
C	O	BHADC01Q	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC612	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01QRXXDC612N012024
C	O	BHADC01Q	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC613	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01QRXXDC613N012024
C	O	BHADC01Q	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC614	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01QRXXDC614N012024
C	O	BHADC01Q	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC615	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01QRXXDC615N012024

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Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	P	BHADC01P	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC609	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01PRXXDC609N012024
C	P	BHADC01P	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC608	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01PRXXDC608N012024
C	P	BHADC01P	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC610	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01PRXXDC610N012024
C	P	BHADC01P	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC611	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01PRXXDC611N012024
C	P	BHADC01P	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC612	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01PRXXDC612N012024
C	P	BHADC01P	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC613	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01PRXXDC613N012024
C	P	BHADC01P	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC614	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01PRXXDC614N012024
C	P	BHADC01P	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXDC615	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADC01PRXXDC615N012024

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Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	7	BHHDC01E	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC650	RX \$1600/\$3200 DED \$4500/\$7900 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01ERXCDC650N012024
C	7	BHHDC01E	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC651	RX \$1600/\$3200 DED \$4500/\$7900 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01ERXCDC651N012024
C	7	BHHDC01E	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC652	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01ERXCDC652N012024
C	7	BHHDC01E	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC653	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01ERXCDC653N012024
C	8	BHHDC01D	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC650	RX \$1600/\$3200 DED \$4500/\$7900 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01DRXCDC650N012024
C	8	BHHDC01D	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC651	RX \$1600/\$3200 DED \$4500/\$7900 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01DRXCDC651N012024
C	8	BHHDC01D	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC652	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01DRXCDC652N012024
C	8	BHHDC01D	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC653	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01DRXCDC653N012024

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Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	9	BHHDC00X	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC554	RX \$2500/\$5000 DED \$4500/\$7900 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC00RXRXCDC554N012024
C	9	BHHDC00X	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC555	RX \$2500/\$5000 DED \$4500/\$7900 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC00RXRXCDC555N012024
C	9	BHHDC00X	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC556	RX \$2500/\$5000 DED \$4500/\$7900 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC00RXRXCDC556N012024
C	9	BHHDC00X	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC557	RX \$2500/\$5000 DED \$4500/\$7900 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC00RXRXCDC557N012024
C	10	BHHDC01F	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC650	RX \$1600/\$3200 DED \$4500/\$7900 \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01FRXCDC650N012024
C	10	BHHDC01F	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC651	RX \$1600/\$3200 DED \$4500/\$7900 \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01FRXCDC651N012024
C	10	BHHDC01F	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC652	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01FRXCDC652N012024
C	10	BHHDC01F	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCDC653	RX \$1600/\$3200 DED \$4500/\$7900 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHDC01FRXCDC653N012024

BlueChoice HMO Open Access – Minimum Value

Separate Medical & RX Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	Option MV3	BHADCV06	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCV36	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCV06RXXDCV36N012024
C	Option MV3	BHADCV06	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCV37	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCV06RXXDCV37N012024
C	Option MV3	BHADCV06	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXDCV38	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCV06RXXDCV38N012024
C	Option MV4	BHADCV05	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXDCV39	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCV05RXXDCV39N012024
C	Option MV4	BHADCV05	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXDCV40	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCV05RXXDCV40N012024
C	Option MV4	BHADCV05	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXDCV41	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCV05RXXDCV41N012024
C	Option MV5	BHADCV04	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXDCV42	RX \$0 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCV04RXXDCV42N012024
C	Option MV5	BHADCV04	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXDCV43	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCV04RXXDCV43N012024
C	Option MV5	BHADCV04	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXDCV44	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHADCV04RXXDCV44N012024

BlueChoice HMO Open Access – Minimum Value

Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	Option MV1	BHHDCV06	\$4,000/\$8000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCDCV30	RX \$4000/\$8000 DED \$6550/\$13100 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHDCV06RXCDCV30N012024
C	Option MV1	BHHDCV06	\$4,000/\$8000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCDCV31	RX \$4000/\$8000 DED \$6550/\$13100 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHDCV06RXCDCV31N012024
C	Option MV3	BHHDCV09	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCDCV40	RX \$3200/\$6400 DED \$6000/\$12000 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHDCV09RXCDCV40N012024
C	Option MV3	BHHDCV09	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCDCV41	RX \$3200/\$6400 DED \$6000/\$12000 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHDCV09RXCDCV41N012024
C	Option MV4	BHHDCV08	\$5,000/\$10,000	N/A	\$6,650/\$13,300	N/A	Combined with Medical	RXCDCV36	RX \$5000/\$10000 DED \$6650/\$13300 \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHDCV08RXCDCV36N012024
C	Option MV4	BHHDCV08	\$5,000/\$10,000	N/A	\$6,650/\$13,300	N/A	Combined with Medical	RXCDCV37	RX \$5000/\$10000 DED \$6650/\$13300 \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHDCV08RXCDCV37N012024

Appendix: Change Coverage Period

<https://content.carefirst.com/sbc/BHHDCV08RXCDV37N012024.pdf>



Instructions:

- Right click and Copy Link for the desired medical/RX product combination
- Paste link in the address bar of your web browser (Best with Chrome)
- Change the two-digit month in the URL to the desired month of coverage, then
- Enter

❖ Please note:

The SBC link may change from year to year

If you need an SBC for a coverage year other than 2024, please send an email to

www.SBCProject@CareFirst.com