

Supplement to:

Mid-Market Product Portfolio Companion Guide

Maryland

Effective: 01/01/2024 (added 07/01/2024 MV plans)

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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.

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	4	BAVMB02K	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB298	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02KRXXMB298N012024
B	4	BAVMB02K	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB299	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02KRXXMB299N012024
B	4	BAVMB02K	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB375	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02KRXXMB375N012024
B	4	BAVMB02K	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB281	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02KRXXMB281N012024
B	4	BAVMB02K	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB376	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02KRXXMB376N012024
B	4	BAVMB02K	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB377	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02KRXXMB377N012024
B	4	BAVMB02K	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB378	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02KRXXMB378N012024
B	4	BAVMB02K	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB379	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02KRXXMB379N012024

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
M	4	BAVMM02R	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM396	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02RRXXMM396N012024
M	4	BAVMM02R	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM397	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02RRXXMM397N012024
M	4	BAVMM02R	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM398	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02RRXXMM398N012024
M	4	BAVMM02R	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM399	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02RRXXMM399N012024
M	4	BAVMM02R	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM440	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02RRXXMM440N012024
M	4	BAVMM02R	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM441	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02RRXXMM441N012024
M	4	BAVMM02R	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM442	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02RRXXMM442N012024
M	4	BAVMM02R	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM443	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02RRXXMM443N012024

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	6	BAVMB02P	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB298	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02PRXXMB298N012024
B	6	BAVMB02P	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB299	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02PRXXMB299N012024
B	6	BAVMB02P	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB375	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02PRXXMB375N012024
B	6	BAVMB02P	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB281	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02PRXXMB281N012024
B	6	BAVMB02P	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB376	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02PRXXMB376N012024
B	6	BAVMB02P	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB377	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02PRXXMB377N012024
B	6	BAVMB02P	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB378	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02PRXXMB378N012024
B	6	BAVMB02P	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB379	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02PRXXMB379N012024

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
M	6	BAVMM02Q	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM396	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02QRXXMM396N012024
M	6	BAVMM02Q	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM397	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02QRXXMM397N012024
M	6	BAVMM02Q	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM398	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02QRXXMM398N012024
M	6	BAVMM02Q	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM399	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02QRXXMM399N012024
M	6	BAVMM02Q	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM440	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02QRXXMM440N012024
M	6	BAVMM02Q	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM441	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02QRXXMM441N012024
M	6	BAVMM02Q	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM442	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02QRXXMM442N012024
M	6	BAVMM02Q	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM443	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02QRXXMM443N012024

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	7	BAVMB01Z	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB298	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01ZRXXMB298N012024
B	7	BAVMB01Z	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB299	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01ZRXXMB299N012024
B	7	BAVMB01Z	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB375	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01ZRXXMB375N012024
B	7	BAVMB01Z	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB281	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01ZRXXMB281N012024
B	7	BAVMB01Z	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB376	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01ZRXXMB376N012024
B	7	BAVMB01Z	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB377	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01ZRXXMB377N012024
B	7	BAVMB01Z	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB378	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01ZRXXMB378N012024
B	7	BAVMB01Z	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB379	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01ZRXXMB379N012024

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
M	7	BAVMM01U	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM396	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01URXXMM396N012024
M	7	BAVMM01U	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM397	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01URXXMM397N012024
M	7	BAVMM01U	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM398	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01URXXMM398N012024
M	7	BAVMM01U	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM399	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01URXXMM399N012024
M	7	BAVMM01U	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM440	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01URXXMM440N012024
M	7	BAVMM01U	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM441	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01URXXMM441N012024
M	7	BAVMM01U	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM442	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01URXXMM442N012024
M	7	BAVMM01U	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM443	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01URXXMM443N012024

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	8	BAVMB023	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB298	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB023RXXMB298N012024
B	8	BAVMB023	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB299	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB023RXXMB299N012024
B	8	BAVMB023	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB375	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB023RXXMB375N012024
B	8	BAVMB023	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB281	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB023RXXMB281N012024
B	8	BAVMB023	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB376	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB023RXXMB376N012024
B	8	BAVMB023	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB377	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB023RXXMB377N012024
B	8	BAVMB023	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB378	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB023RXXMB378N012024
B	8	BAVMB023	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB379	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB023RXXMB379N012024

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
M	8	BAVMM01Y	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM396	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01YRXXMM396N012024
M	8	BAVMM01Y	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM397	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01YRXXMM397N012024
M	8	BAVMM01Y	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM398	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01YRXXMM398N012024
M	8	BAVMM01Y	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM399	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01YRXXMM399N012024
M	8	BAVMM01Y	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM440	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01YRXXMM440N012024
M	8	BAVMM01Y	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM441	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01YRXXMM441N012024
M	8	BAVMM01Y	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM442	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01YRXXMM442N012024
M	8	BAVMM01Y	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM443	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01YRXXMM443N012024

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	BAVMB01L	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMB242	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01LRXXMB242N012024
B	15	BAVMB01L	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMB241	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01LRXXMB241N012024
B	15	BAVMB01L	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMB243	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01LRXXMB243N012024
B	15	BAVMB01L	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMB244	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01LRXXMB244N012024
B	15	BAVMB01L	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMB245	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01LRXXMB245N012024
B	15	BAVMB01L	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMB266	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01LRXXMB266N012024
B	15	BAVMB01L	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMB267	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01LRXXMB267N012024
B	15	BAVMB01L	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMB268	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01LRXXMB268N012024

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
M	15	BAVMM01L	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMM283	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01LRXXMM283N012024
M	15	BAVMM01L	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMM282	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01LRXXMM282N012024
M	15	BAVMM01L	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMM284	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01LRXXMM284N012024
M	15	BAVMM01L	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMM285	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01LRXXMM285N012024
M	15	BAVMM01L	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMM286	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01LRXXMM286N012024
M	15	BAVMM01L	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMM381	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01LRXXMM381N012024
M	15	BAVMM01L	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMM382	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01LRXXMM382N012024
M	15	BAVMM01L	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMM383	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01LRXXMM383N012024

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	BAVMB01Q	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMB242	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01QRXXMB242N012024
B	16	BAVMB01Q	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMB241	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01QRXXMB241N012024
B	16	BAVMB01Q	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMB243	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01QRXXMB243N012024
B	16	BAVMB01Q	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMB244	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01QRXXMB244N012024
B	16	BAVMB01Q	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMB245	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01QRXXMB245N012024
B	16	BAVMB01Q	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMB266	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01QRXXMB266N012024
B	16	BAVMB01Q	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMB267	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01QRXXMB267N012024
B	16	BAVMB01Q	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMB268	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB01QRXXMB268N012024

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
M	16	BAVMM01K	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMM283	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01KRXXMM283N012024
M	16	BAVMM01K	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMM282	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01KRXXMM282N012024
M	16	BAVMM01K	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMM284	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01KRXXMM284N012024
M	16	BAVMM01K	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMM285	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01KRXXMM285N012024
M	16	BAVMM01K	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMM286	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01KRXXMM286N012024
M	16	BAVMM01K	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMM381	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01KRXXMM381N012024
M	16	BAVMM01K	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMM382	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01KRXXMM382N012024
M	16	BAVMM01K	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXMM383	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM01KRXXMM383N012024

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	BANMB00G	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXMB247	RX \$0 DED \$2000/\$4000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00GRXXMB247N012024
B	17	BANMB00G	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXMB246	RX \$0 DED \$2000/\$4000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00GRXXMB246N012024
B	17	BANMB00G	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXMB248	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00GRXXMB248N012024
B	17	BANMB00G	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXMB249	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00GRXXMB249N012024
B	17	BANMB00G	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXMB250	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00GRXXMB250N012024
B	17	BANMB00G	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXMB269	RX \$100 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00GRXXMB269N012024
B	17	BANMB00G	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXMB270	RX \$200 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00GRXXMB270N012024
B	17	BANMB00G	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXMB271	RX \$300 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00GRXXMB271N012024

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
M	17	BANMM00H	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXMM288	RX \$0 DED \$2000/\$4000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00HRXXMM288N012024
M	17	BANMM00H	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXMM287	RX \$0 DED \$2000/\$4000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00HRXXMM287N012024
M	17	BANMM00H	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXMM289	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00HRXXMM289N012024
M	17	BANMM00H	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXMM290	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00HRXXMM290N012024
M	17	BANMM00H	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXMM291	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00HRXXMM291N012024
M	17	BANMM00H	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXMM384	RX \$100 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00HRXXMM384N012024
M	17	BANMM00H	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXMM385	RX \$200 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00HRXXMM385N012024
M	17	BANMM00H	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXMM386	RX \$300 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00HRXXMM386N012024

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	BANMB00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXMB252	RX \$0 DED \$3000/\$6000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00FRXXMB252N012024
B	18	BANMB00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXMB251	RX \$0 DED \$3000/\$6000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00FRXXMB251N012024
B	18	BANMB00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXMB253	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00FRXXMB253N012024
B	18	BANMB00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXMB254	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00FRXXMB254N012024
B	18	BANMB00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXMB255	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00FRXXMB255N012024
B	18	BANMB00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXMB272	RX \$100 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00FRXXMB272N012024
B	18	BANMB00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXMB273	RX \$200 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00FRXXMB273N012024
B	18	BANMB00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXMB274	RX \$300 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00FRXXMB274N012024

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
M	18	BANMM00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXMM293	RX \$0 DED \$3000/\$6000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00FRXXMM293N012024
M	18	BANMM00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXMM292	RX \$0 DED \$3000/\$6000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00FRXXMM292N012024
M	18	BANMM00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXMM294	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00FRXXMM294N012024
M	18	BANMM00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXMM295	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00FRXXMM295N012024
M	18	BANMM00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXMM296	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00FRXXMM296N012024
M	18	BANMM00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXMM393	RX \$100 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00FRXXMM393N012024
M	18	BANMM00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXMM394	RX \$200 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00FRXXMM394N012024
M	18	BANMM00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXMM395	RX \$300 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00FRXXMM395N012024

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	BANMB00E	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXMB257	RX \$0 DED \$4000/\$8000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00ERXXMB257N012024
B	19	BANMB00E	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXMB256	RX \$0 DED \$4000/\$8000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00ERXXMB256N012024
B	19	BANMB00E	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXMB258	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00ERXXMB258N012024
B	19	BANMB00E	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXMB259	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00ERXXMB259N012024
B	19	BANMB00E	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXMB260	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00ERXXMB260N012024
B	19	BANMB00E	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXMB275	RX \$100 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00ERXXMB275N012024
B	19	BANMB00E	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXMB276	RX \$200 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00ERXXMB276N012024
B	19	BANMB00E	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXMB277	RX \$300 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00ERXXMB277N012024

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
M	19	BANMM00E	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXMM297	RX \$0 DED \$4000/\$8000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00ERXXMM297N012024
M	19	BANMM00E	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXMM298	RX \$0 DED \$4000/\$8000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00ERXXMM298N012024
M	19	BANMM00E	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXMM299	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00ERXXMM299N012024
M	19	BANMM00E	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXMM374	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00ERXXMM374N012024
M	19	BANMM00E	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXMM375	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00ERXXMM375N012024
M	19	BANMM00E	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXMM387	RX \$100 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00ERXXMM387N012024
M	19	BANMM00E	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXMM388	RX \$200 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00ERXXMM388N012024
M	19	BANMM00E	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXMM389	RX \$300 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00ERXXMM389N012024

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	BANMB00D	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXMB262	RX \$0 DED \$5000/\$10000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00DRXXMB262N012024
B	20	BANMB00D	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXMB261	RX \$0 DED \$5000/\$10000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00DRXXMB261N012024
B	20	BANMB00D	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXMB263	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00DRXXMB263N012024
B	20	BANMB00D	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXMB264	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00DRXXMB264N012024
B	20	BANMB00D	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXMB265	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00DRXXMB265N012024
B	20	BANMB00D	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXMB278	RX \$100 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00DRXXMB278N012024
B	20	BANMB00D	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXMB279	RX \$200 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00DRXXMB279N012024
B	20	BANMB00D	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXMB280	RX \$300 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00DRXXMB280N012024

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
M	20	BANMM00D	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXMM377	RX \$0 DED \$5000/\$10000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00DRXXMM377N012024
M	20	BANMM00D	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXMM376	RX \$0 DED \$5000/\$10000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00DRXXMM376N012024
M	20	BANMM00D	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXMM378	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00DRXXMM378N012024
M	20	BANMM00D	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXMM379	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00DRXXMM379N012024
M	20	BANMM00D	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXMM380	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00DRXXMM380N012024
M	20	BANMM00D	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXMM390	RX \$100 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00DRXXMM390N012024
M	20	BANMM00D	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXMM391	RX \$200 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00DRXXMM391N012024
M	20	BANMM00D	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXMM392	RX \$300 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00DRXXMM392N012024

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	Q	BANMB00J	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXMB291	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00JRXXMB291N012024
B	Q	BANMB00J	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXMB290	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00JRXXMB290N012024
B	Q	BANMB00J	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXMB292	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00JRXXMB292N012024
B	Q	BANMB00J	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXMB293	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00JRXXMB293N012024
B	Q	BANMB00J	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXMB294	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00JRXXMB294N012024
B	Q	BANMB00J	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXMB295	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00JRXXMB295N012024
B	Q	BANMB00J	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXMB296	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00JRXXMB296N012024
B	Q	BANMB00J	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXMB297	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMB00JRXXMB297N012024

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
M	Q	BANMM00K	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXMM275	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00KRXXMM275N012024
M	Q	BANMM00K	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXMM274	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00KRXXMM274N012024
M	Q	BANMM00K	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXMM276	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00KRXXMM276N012024
M	Q	BANMM00K	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXMM277	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00KRXXMM277N012024
M	Q	BANMM00K	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXMM278	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00KRXXMM278N012024
M	Q	BANMM00K	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXMM279	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00KRXXMM279N012024
M	Q	BANMM00K	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXMM280	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00KRXXMM280N012024
M	Q	BANMM00K	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXMM281	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANMM00KRXXMM281N012024

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
B	1-S	BAVMBFOL	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMBFL7	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBFOLRXXMBFL7N012024
B	1-S	BAVMBFOL	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMBFL8	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBFOLRXXMBFL8N012024
B	1-S	BAVMBFOL	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMBFL9	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBFOLRXXMBFL9N012024
B	1-S	BAVMBFOL	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMBFM1	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBFOLRXXMBFM1N012024
B	1-S	BAVMBFOL	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMBFM2	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBFOLRXXMBFM2N012024
B	1-S	BAVMBFOL	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMBFM3	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBFOLRXXMBFM3N012024
B	1-S	BAVMBFOL	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMBFM4	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBFOLRXXMBFM4N012024
B	1-S	BAVMBFOL	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMBFM5	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBFOLRXXMBFM5N012024

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
M	1-S	BAVMMF0Q	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMMFL6	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0QRXXMMFL6N012024
M	1-S	BAVMMF0Q	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMMFL7	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0QRXXMMFL7N012024
M	1-S	BAVMMF0Q	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMMFL8	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0QRXXMMFL8N012024
M	1-S	BAVMMF0Q	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMMFL9	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0QRXXMMFL9N012024
M	1-S	BAVMMF0Q	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMMFM1	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0QRXXMMFM1N012024
M	1-S	BAVMMF0Q	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMMFM2	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0QRXXMMFM2N012024
M	1-S	BAVMMF0Q	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMMFM3	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0QRXXMMFM3N012024
M	1-S	BAVMMF0Q	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMMFM4	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0QRXXMMFM4N012024

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
B	2-S	BAVMBF0K	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMBFL7	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBF0KRXXMBFL7N012024
B	2-S	BAVMBF0K	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMBFL8	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBF0KRXXMBFL8N012024
B	2-S	BAVMBF0K	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMBFL9	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBF0KRXXMBFL9N012024
B	2-S	BAVMBF0K	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMBFM1	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBF0KRXXMBFM1N012024
B	2-S	BAVMBF0K	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMBFM2	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBF0KRXXMBFM2N012024
B	2-S	BAVMBF0K	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMBFM3	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBF0KRXXMBFM3N012024
B	2-S	BAVMBF0K	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMBFM4	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBF0KRXXMBFM4N012024
B	2-S	BAVMBF0K	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMBFM5	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBF0KRXXMBFM5N012024

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
M	2-S	BAVMMFOP	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMMFL6	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMFOPRXXMMFL6N012024
M	2-S	BAVMMFOP	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMMFL7	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMFOPRXXMMFL7N012024
M	2-S	BAVMMFOP	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMMFL8	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMFOPRXXMMFL8N012024
M	2-S	BAVMMFOP	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMMFL9	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMFOPRXXMMFL9N012024
M	2-S	BAVMMFOP	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMMFM1	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMFOPRXXMMFM1N012024
M	2-S	BAVMMFOP	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMMFM2	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMFOPRXXMMFM2N012024
M	2-S	BAVMMFOP	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMMFM3	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMFOPRXXMMFM3N012024
M	2-S	BAVMMFOP	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXMMFM4	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMFOPRXXMMFM4N012024

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
B	3-S	BAVMBF0J	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMBFK8	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBF0JRXMBFK8N012024
B	3-S	BAVMBF0J	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMBFK9	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBF0JRXMBFK9N012024
B	3-S	BAVMBF0J	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMBFL1	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBF0JRXMBFL1N012024
B	3-S	BAVMBF0J	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMBFL2	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBF0JRXMBFL2N012024
B	3-S	BAVMBF0J	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMBFL3	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBF0JRXMBFL3N012024
B	3-S	BAVMBF0J	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMBFL4	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBF0JRXMBFL4N012024
B	3-S	BAVMBF0J	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMBFL5	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBF0JRXMBFL5N012024
B	3-S	BAVMBF0J	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMBFL6	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBF0JRXMBFL6N012024

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
M	3-S	BAVMMF0N	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMMFK7	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0NRXXMMFK7N012024
M	3-S	BAVMMF0N	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMMFK8	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0NRXXMMFK8N012024
M	3-S	BAVMMF0N	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMMFK9	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0NRXXMMFK9N012024
M	3-S	BAVMMF0N	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMMFL1	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0NRXXMMFL1N012024
M	3-S	BAVMMF0N	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMMFL2	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0NRXXMMFL2N012024
M	3-S	BAVMMF0N	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMMFL3	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0NRXXMMFL3N012024
M	3-S	BAVMMF0N	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMMFL4	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0NRXXMMFL4N012024
M	3-S	BAVMMF0N	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMMFL5	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0NRXXMMFL5N012024

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
B	4-S	BAVMBF0H	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMBFK8	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBFOHRXXMBFK8N012024
B	4-S	BAVMBF0H	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMBFK9	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBFOHRXXMBFK9N012024
B	4-S	BAVMBF0H	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMBFL1	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBFOHRXXMBFL1N012024
B	4-S	BAVMBF0H	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMBFL2	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBFOHRXXMBFL2N012024
B	4-S	BAVMBF0H	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMBFL3	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBFOHRXXMBFL3N012024
B	4-S	BAVMBF0H	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMBFL4	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBFOHRXXMBFL4N012024
B	4-S	BAVMBF0H	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMBFL5	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBFOHRXXMBFL5N012024
B	4-S	BAVMBF0H	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMBFL6	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBFOHRXXMBFL6N012024

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
M	4-S	BAVMMF0M	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMMFK7	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0MRXXMMFK7N012024
M	4-S	BAVMMF0M	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMMFK8	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0MRXXMMFK8N012024
M	4-S	BAVMMF0M	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMMFK9	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0MRXXMMFK9N012024
M	4-S	BAVMMF0M	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMMFL1	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0MRXXMMFL1N012024
M	4-S	BAVMMF0M	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMMFL2	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0MRXXMMFL2N012024
M	4-S	BAVMMF0M	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMMFL3	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0MRXXMMFL3N012024
M	4-S	BAVMMF0M	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMMFL4	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0MRXXMMFL4N012024
M	4-S	BAVMMF0M	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXMMFL5	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMF0MRXXMMFL5N012024

BlueChoice Advantage

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	BAVMB02E	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB282	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02ERXXMB282N012024
B	9	BAVMB02E	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB283	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02ERXXMB283N012024
B	9	BAVMB02E	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB284	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02ERXXMB284N012024
B	9	BAVMB02E	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB285	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02ERXXMB285N012024
B	9	BAVMB02E	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB286	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02ERXXMB286N012024
B	9	BAVMB02E	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB287	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02ERXXMB287N012024
B	9	BAVMB02E	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB288	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02ERXXMB288N012024
B	9	BAVMB02E	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB289	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02ERXXMB289N012024

BlueChoice Advantage

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
M	9	BAVMM027	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM266	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM027RXXMM266N012024
M	9	BAVMM027	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM267	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM027RXXMM267N012024
M	9	BAVMM027	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM268	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM027RXXMM268N012024
M	9	BAVMM027	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM269	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM027RXXMM269N012024
M	9	BAVMM027	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM270	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM027RXXMM270N012024
M	9	BAVMM027	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM271	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM027RXXMM271N012024
M	9	BAVMM027	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM272	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM027RXXMM272N012024
M	9	BAVMM027	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM273	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM027RXXMM273N012024

BlueChoice Advantage

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	10	BAVMB02J	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB282	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02JRXRXMB282N012024
B	10	BAVMB02J	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB283	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02JRXRXMB283N012024
B	10	BAVMB02J	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB284	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02JRXRXMB284N012024
B	10	BAVMB02J	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB285	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02JRXRXMB285N012024
B	10	BAVMB02J	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB286	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02JRXRXMB286N012024
B	10	BAVMB02J	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB287	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02JRXRXMB287N012024
B	10	BAVMB02J	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB288	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02JRXRXMB288N012024
B	10	BAVMB02J	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB289	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02JRXRXMB289N012024

BlueChoice Advantage

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
M	10	BAVMM02P	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM266	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02PRXXMM266N012024
M	10	BAVMM02P	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM267	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02PRXXMM267N012024
M	10	BAVMM02P	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM268	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02PRXXMM268N012024
M	10	BAVMM02P	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM269	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02PRXXMM269N012024
M	10	BAVMM02P	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM270	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02PRXXMM270N012024
M	10	BAVMM02P	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM271	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02PRXXMM271N012024
M	10	BAVMM02P	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM272	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02PRXXMM272N012024
M	10	BAVMM02P	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM273	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02PRXXMM273N012024

BlueChoice Advantage

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	11	BAVMB02H	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB282	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02HRXXMB282N012024
B	11	BAVMB02H	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB283	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02HRXXMB283N012024
B	11	BAVMB02H	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB284	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02HRXXMB284N012024
B	11	BAVMB02H	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB285	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02HRXXMB285N012024
B	11	BAVMB02H	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB286	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02HRXXMB286N012024
B	11	BAVMB02H	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB287	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02HRXXMB287N012024
B	11	BAVMB02H	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB288	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02HRXXMB288N012024
B	11	BAVMB02H	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB289	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02HRXXMB289N012024

BlueChoice Advantage

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
M	11	BAVMM02N	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM266	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02NRXXMM266N012024
M	11	BAVMM02N	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM267	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02NRXXMM267N012024
M	11	BAVMM02N	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM268	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02NRXXMM268N012024
M	11	BAVMM02N	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM269	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02NRXXMM269N012024
M	11	BAVMM02N	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM270	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02NRXXMM270N012024
M	11	BAVMM02N	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM271	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02NRXXMM271N012024
M	11	BAVMM02N	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM272	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02NRXXMM272N012024
M	11	BAVMM02N	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM273	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM02NRXXMM273N012024

BlueChoice Advantage

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	12	BAVMB02G	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB282	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02GRXXMB282N012024
B	12	BAVMB02G	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB283	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02GRXXMB283N012024
B	12	BAVMB02G	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB284	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02GRXXMB284N012024
B	12	BAVMB02G	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB285	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02GRXXMB285N012024
B	12	BAVMB02G	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB286	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02GRXXMB286N012024
B	12	BAVMB02G	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB287	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02GRXXMB287N012024
B	12	BAVMB02G	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB288	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02GRXXMB288N012024
B	12	BAVMB02G	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB289	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02GRXXMB289N012024

BlueChoice Advantage

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
M	12	BAVMM029	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM266	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM029RXXMM266N012024
M	12	BAVMM029	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM267	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM029RXXMM267N012024
M	12	BAVMM029	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM268	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM029RXXMM268N012024
M	12	BAVMM029	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM269	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM029RXXMM269N012024
M	12	BAVMM029	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM270	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM029RXXMM270N012024
M	12	BAVMM029	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM271	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM029RXXMM271N012024
M	12	BAVMM029	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM272	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM029RXXMM272N012024
M	12	BAVMM029	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM273	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM029RXXMM273N012024

BlueChoice Advantage

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	13	BAVMB02F	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB282	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02FRXXMB282N012024
B	13	BAVMB02F	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB283	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02FRXXMB283N012024
B	13	BAVMB02F	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB284	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02FRXXMB284N012024
B	13	BAVMB02F	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB285	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02FRXXMB285N012024
B	13	BAVMB02F	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB286	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02FRXXMB286N012024
B	13	BAVMB02F	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB287	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02FRXXMB287N012024
B	13	BAVMB02F	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB288	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02FRXXMB288N012024
B	13	BAVMB02F	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMB289	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMB02FRXXMB289N012024

BlueChoice Advantage

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
M	13	BAVMM028	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM266	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM028RXXMM266N012024
M	13	BAVMM028	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM267	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM028RXXMM267N012024
M	13	BAVMM028	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM268	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM028RXXMM268N012024
M	13	BAVMM028	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM269	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM028RXXMM269N012024
M	13	BAVMM028	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM270	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM028RXXMM270N012024
M	13	BAVMM028	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM271	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM028RXXMM271N012024
M	13	BAVMM028	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM272	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM028RXXMM272N012024
M	13	BAVMM028	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXMM273	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMM028RXXMM273N012024

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
B	1	BAHMB01Q	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCMB414	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01QRXCMB414N012024
B	1	BAHMB01Q	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCMB415	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01QRXCMB415N012024
B	1	BAHMB01Q	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCMB416	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01QRXCMB416N012024
B	1	BAHMB01Q	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCMB417	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01QRXCMB417N012024
M	1	BAHMM01A	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCMM424	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM01ARXCMM424N012024
M	1	BAHMM01A	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCMM425	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM01ARXCMM425N012024
M	1	BAHMM01A	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCMM426	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM01ARXCMM426N012024
M	1	BAHMM01A	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCMM427	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM01ARXCMM427N012024

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
B	2	BAHMB01N	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCMB290	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01NRXCMB290N012024
B	2	BAHMB01N	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCMB279	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01NRXCMB279N012024
B	2	BAHMB01N	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCMB280	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01NRXCMB280N012024
B	2	BAHMB01N	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCMB281	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01NRXCMB281N012024
M	2	BAHMM019	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCMM465	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM019XCMM465N012024
M	2	BAHMM019	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCMM454	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM019XCMM454N012024
M	2	BAHMM019	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCMM455	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM019XCMM455N012024
M	2	BAHMM019	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCMM456	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM019XCMM456N012024

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
B	12	BAHMB01K	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCMB290	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01KRXCMB290N012024
B	12	BAHMB01K	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCMB279	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01KRXCMB279N012024
B	12	BAHMB01K	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCMB280	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01KRXCMB280N012024
B	12	BAHMB01K	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCMB281	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01KRXCMB281N012024
M	12	BAHMM014	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCMM465	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM014RXCMM465N012024
M	12	BAHMM014	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCMM454	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM014RXCMM454N012024
M	12	BAHMM014	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCMM455	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM014RXCMM455N012024
M	12	BAHMM014	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCMM456	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM014RXCMM456N012024

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
B	14	BAHMB01J	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXCMB275	RX \$2000/\$4000 DED \$4,000/\$8,000 OOP \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01JRXCMB275N012024
B	14	BAHMB01J	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXCMB276	RX \$2000/\$4000 DED \$4,000/\$8,000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01JRXCMB276N012024
B	14	BAHMB01J	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXCMB277	RX \$2000/\$4000 DED \$4,000/\$8,000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01JRXCMB277N012024
B	14	BAHMB01J	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXCMB278	RX \$2000/\$4000 DED \$4,000/\$8,000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01JRXCMB278N012024
M	14	BAHMM013	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXCMM450	RX \$2000/\$4000 DED \$4,000/\$8,000 OOP \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM013RXCMM450N012024
M	14	BAHMM013	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXCMM451	RX \$2000/\$4000 DED \$4,000/\$8,000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM013RXCMM451N012024
M	14	BAHMM013	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXCMM452	RX \$2000/\$4000 DED \$4,000/\$8,000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM013RXCMM452N012024
M	14	BAHMM013	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXCMM453	RX \$2000/\$4000 DED \$4,000/\$8,000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM013RXCMM453N012024

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
B	3	BAHMB01M	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMB410	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01MRXCMB410N012024
B	3	BAHMB01M	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMB411	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01MRXCMB411N012024
B	3	BAHMB01M	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMB412	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01MRXCMB412N012024
B	3	BAHMB01M	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMB413	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01MRXCMB413N012024
M	3	BAHMM018	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMM420	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM018RXCMM420N012024
M	3	BAHMM018	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMM421	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM018RXCMM421N012024
M	3	BAHMM018	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMM422	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM018RXCMM422N012024
M	3	BAHMM018	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMM423	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM018RXCMM423N012024

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
B	4	BAHMB018	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMB410	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB018RXCMB410N012024
B	4	BAHMB018	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMB411	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB018RXCMB411N012024
B	4	BAHMB018	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMB412	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB018RXCMB412N012024
B	4	BAHMB018	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMB413	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB018RXCMB413N012024
M	4	BAHMM017	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMM420	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM017RXCMM420N012024
M	4	BAHMM017	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMM421	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM017RXCMM421N012024
M	4	BAHMM017	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMM422	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM017RXCMM422N012024
M	4	BAHMM017	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMM423	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM017RXCMM423N012024

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
B	5	BAHMB017	\$2,500/\$5,000	\$5,000/\$10,000	\$4,500/\$7,900	\$9,000/\$18,000	Combined with Medical	RXCMB286	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB017RXCMB286N012024
B	5	BAHMB017	\$2,500/\$5,000	\$5,000/\$10,000	\$4,500/\$7,900	\$9,000/\$18,000	Combined with Medical	RXCMB287	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB017RXCMB287N012024
B	5	BAHMB017	\$2,500/\$5,000	\$5,000/\$10,000	\$4,500/\$7,900	\$9,000/\$18,000	Combined with Medical	RXCMB288	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB017RXCMB288N012024
B	5	BAHMB017	\$2,500/\$5,000	\$5,000/\$10,000	\$4,500/\$7,900	\$9,000/\$18,000	Combined with Medical	RXCMB289	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB017RXCMB289N012024
M	5	BAHMM016	\$2,500/\$5,000	\$5,000/\$10,000	\$4,500/\$7,900	\$9,000/\$18,000	Combined with Medical	RXCMM461	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM016RXCMM461N012024
M	5	BAHMM016	\$2,500/\$5,000	\$5,000/\$10,000	\$4,500/\$7,900	\$9,000/\$18,000	Combined with Medical	RXCMM462	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM016RXCMM462N012024
M	5	BAHMM016	\$2,500/\$5,000	\$5,000/\$10,000	\$4,500/\$7,900	\$9,000/\$18,000	Combined with Medical	RXCMM463	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM016RXCMM463N012024
M	5	BAHMM016	\$2,500/\$5,000	\$5,000/\$10,000	\$4,500/\$7,900	\$9,000/\$18,000	Combined with Medical	RXCMM464	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM016RXCMM464N012024

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
B	6	BAHMB01L	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMB410	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01LRXCMB410N012024
B	6	BAHMB01L	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMB411	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01LRXCMB411N012024
B	6	BAHMB01L	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMB412	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/ 50% Coinsurance up to \$150 maximum UNSTK	BAHMB01LRXCMB412N012024
B	6	BAHMB01L	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMB413	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMB01LRXCMB413N012024
M	6	BAHMM015	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMM420	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM015RXCMM420N012024
M	6	BAHMM015	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMM421	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM015RXCMM421N012024
M	6	BAHMM015	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMM422	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM015RXCMM422N012024
M	6	BAHMM015	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCMM423	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHMM015RXCMM423N012024

BlueChoice Advantage - Minimum Value

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	Option MV1	BAVMBVOK	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$12,700/\$25,400	Combined with Medical	RXXMBV66	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOKRXXMBV66N072024
B	Option MV1	BAVMBVOK	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$12,700/\$25,400	Combined with Medical	RXXMBV2F	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOKRXXMBV2FN012024
B	Option MV1	BAVMBVOK	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$12,700/\$25,400	Combined with Medical	RXXMBV60	RX \$500 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOKRXXMBV60N012024
B	Option MV1	BAVMBVOK	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$12,700/\$25,400	Combined with Medical	RXXMBV2E	RX \$500 DED \$6350/\$12700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOKRXXMBV2EN012024
M	Option MV1	BAVMMVOJ	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$12,700/\$25,400	Combined with Medical	RXXMMV36	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVOJRXXMMV36N072024
M	Option MV1	BAVMMVOJ	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$12,700/\$25,400	Combined with Medical	RXXMMV2E	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVOJRXXMMV2EN012024
M	Option MV1	BAVMMVOJ	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$12,700/\$25,400	Combined with Medical	RXXMMV2F	RX \$500 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVOJRXXMMV2FN012024
M	Option MV1	BAVMMVOJ	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$12,700/\$25,400	Combined with Medical	RXXMMV60	RX \$500 DED \$6350/\$12700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVOJRXXMMV60N012024

BlueChoice Advantage - Minimum Value

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	Option MV3	BAVMBVOM	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXMBV67	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOMRXXMBV67N072024
B	Option MV3	BAVMBVOM	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXMBV48	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOMRXXMBV48N012024
B	Option MV3	BAVMBVOM	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXMBV49	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOMRXXMBV49N012024
B	Option MV3	BAVMBVOM	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXMBV2A	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOMRXXMBV2AN012024
M	Option MV3	BAVMMVOL	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXMMV37	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVOLRXXMMV37N072024
M	Option MV3	BAVMMVOL	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXMMV48	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVOLRXXMMV48N012024
M	Option MV3	BAVMMVOL	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXMMV49	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVOLRXXMMV49N012024
M	Option MV3	BAVMMVOL	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXMMV2A	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVOLRXXMMV2AN012024

BlueChoice Advantage - Minimum Value

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	Option MV4	BAVMBVOL	\$5,000/\$10,000	\$10,000/\$20,000	\$7,350/\$14,700	\$15,000/\$30,000	Combined with Medical	RXXMBV68	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOLRXXMBV68N072024
B	Option MV4	BAVMBVOL	\$5,000/\$10,000	\$10,000/\$20,000	\$7,350/\$14,700	\$15,000/\$30,000	Combined with Medical	RXXMBV2B	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOLRXXMBV2BN012024
B	Option MV4	BAVMBVOL	\$5,000/\$10,000	\$10,000/\$20,000	\$7,350/\$14,700	\$15,000/\$30,000	Combined with Medical	RXXMBV2C	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOLRXXMBV2CN012024
B	Option MV4	BAVMBVOL	\$5,000/\$10,000	\$10,000/\$20,000	\$7,350/\$14,700	\$15,000/\$30,000	Combined with Medical	RXXMBV2D	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOLRXXMBV2DN012024
M	Option MV4	BAVMMVOK	\$5,000/\$10,000	\$10,000/\$20,000	\$7,350/\$14,700	\$15,000/\$30,000	Combined with Medical	RXXMMV38	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVOKRXXMMV38N072024
M	Option MV4	BAVMMVOK	\$5,000/\$10,000	\$10,000/\$20,000	\$7,350/\$14,700	\$15,000/\$30,000	Combined with Medical	RXXMMV2B	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVOKRXXMMV2BN012024
M	Option MV4	BAVMMVOK	\$5,000/\$10,000	\$10,000/\$20,000	\$7,350/\$14,700	\$15,000/\$30,000	Combined with Medical	RXXMMV2C	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVOKRXXMMV2CN012024
M	Option MV4	BAVMMVOK	\$5,000/\$10,000	\$10,000/\$20,000	\$7,350/\$14,700	\$15,000/\$30,000	Combined with Medical	RXXMMV2D	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVOKRXXMMV2DN012024

BlueChoice Advantage - Minimum Value

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	Option MV5	BAVMBV0U	\$7,000/\$14,000	\$10,000/\$20,000	\$8,150/\$16,300	\$15,000/\$30,000	Combined with Medical	RXXMBV69	RX \$0 DED \$8150/\$16300 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOURXXMBV69N072024
B	Option MV5	BAVMBV0U	\$7,000/\$14,000	\$10,000/\$20,000	\$8,150/\$16,300	\$15,000/\$30,000	Combined with Medical	RXXMBV61	RX \$0 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOURXXMBV61N012024
B	Option MV5	BAVMBV0U	\$7,000/\$14,000	\$10,000/\$20,000	\$8,150/\$16,300	\$15,000/\$30,000	Combined with Medical	RXXMBV62	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOURXXMBV62N012024
B	Option MV5	BAVMBV0U	\$7,000/\$14,000	\$10,000/\$20,000	\$8,150/\$16,300	\$15,000/\$30,000	Combined with Medical	RXXMBV59	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOURXXMBV59N012024
M	Option MV5	BAVMMVOR	\$7,000/\$14,000	\$10,000/\$20,000	\$8,150/\$16,300	\$15,000/\$30,000	Combined with Medical	RXXMMV39	RX \$0 DED \$8150/\$16300 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVORRXXMMV39N072024
M	Option MV5	BAVMMVOR	\$7,000/\$14,000	\$10,000/\$20,000	\$8,150/\$16,300	\$15,000/\$30,000	Combined with Medical	RXXMMV61	RX \$0 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVORRXXMMV61N012024
M	Option MV5	BAVMMVOR	\$7,000/\$14,000	\$10,000/\$20,000	\$8,150/\$16,300	\$15,000/\$30,000	Combined with Medical	RXXMMV62	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVORRXXMMV62N012024
M	Option MV5	BAVMMVOR	\$7,000/\$14,000	\$10,000/\$20,000	\$8,150/\$16,300	\$15,000/\$30,000	Combined with Medical	RXXMMV59	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVORRXXMMV59N012024

BlueChoice Advantage - Minimum Value

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	Option MV6	BAVMBVOX	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXMBV67	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOXRXXMBV67N072024
B	Option MV6	BAVMBVOX	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXMBV48	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOXRXXMBV48N072024
B	Option MV6	BAVMBVOX	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXMBV49	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOXRXXMBV49N072024
B	Option MV6	BAVMBVOX	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXMBV2A	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMBVOXRXXMBV2AN072024
M	Option MV6	BAVMMVOX	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXMMV37	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVOXRXXMMV37N072024
M	Option MV6	BAVMMVOX	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXMMV48	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVOXRXXMMV48N072024
M	Option MV6	BAVMMVOX	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXMMV49	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVOXRXXMMV49N072024
M	Option MV6	BAVMMVOX	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXMMV2A	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVMMVOXRXXMMV2AN072024

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
B	Option MV1	BAHMBVOJ	\$4,000/\$8,000	\$8,000/\$16,000	\$6,550/\$13,100	\$12,700/\$25,400	Combined with Medical	RXCMBV33	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMBVOJRXCMBV33N012024
B	Option MV1	BAHMBVOJ	\$4,000/\$8,000	\$8,000/\$16,000	\$6,550/\$13,100	\$12,700/\$25,400	Combined with Medical	RXCMBV34	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$50/ \$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMBVOJRXCMBV34N012024
M	Option MV1	BAHMMVOP	\$4,000/\$8,000	\$8,000/\$16,000	\$6,550/\$13,100	\$12,700/\$25,400	Combined with Medical	RXCMMV46	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMMVOPRXCMMV46N012024
M	Option MV1	BAHMMVOP	\$4,000/\$8,000	\$8,000/\$16,000	\$6,550/\$13,100	\$12,700/\$25,400	Combined with Medical	RXCMMV47	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$50/ \$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMMVOPRXCMMV47N012024
B	Option MV2	BAHMBVOD	\$5,500/\$11,000	\$11,000/\$15,000	\$6,550/\$13,100	\$13,100/\$25,000	Combined with Medical	RXCMBV35	RX \$5500/\$11000 DED \$6550/\$13100 OOP \$15/\$35/ \$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMBVODRXCMBV35N012024
B	Option MV2	BAHMBVOD	\$5,500/\$11,000	\$11,000/\$15,000	\$6,550/\$13,100	\$13,100/\$25,000	Combined with Medical	RXCMBV36	RX \$5500/\$11000 DED \$6550/\$13100 OOP \$15/\$50/ \$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMBVODRXCMBV36N012024
M	Option MV2	BAHMMVOC	\$5,500/\$11,000	\$11,000/\$15,000	\$6,550/\$13,100	\$13,100/\$25,000	Combined with Medical	RXCMMV48	RX \$5500/\$11000 DED \$6550/\$13100 OOP \$15/\$35/ \$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMMVOCRXCMMV48N012024
M	Option MV2	BAHMMVOC	\$5,500/\$11,000	\$11,000/\$15,000	\$6,550/\$13,100	\$13,100/\$25,000	Combined with Medical	RXCMMV49	RX \$5500/\$11000 DED \$6550/\$13100 OOP \$15/\$50/ \$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMMVOCRXCMMV49N012024

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
B	Option MV3	BAHMBVOC	\$3,200/\$6,400	\$6,400/\$12,800	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXCMBV80	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMBVOCRXCMBV80N012024
B	Option MV3	BAHMBVOC	\$3,200/\$6,400	\$6,400/\$12,800	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXCMBV81	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMBVOCRXCMBV81N012024
M	Option MV3	BAHMMVOL	\$3,200/\$6,400	\$6,400/\$12,800	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXCMMV85	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMMVOLRXCMMV85N012024
M	Option MV3	BAHMMVOL	\$3,200/\$6,400	\$6,400/\$12,800	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXCMMV86	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMMVOLRXCMMV86N012024
B	Option MV4	BAHMBVOG	\$5,000/\$10,000	\$10,000/\$20,000	\$6,650/\$13,300	\$15,000/\$30,000	Combined with Medical	RXCMBV39	RX \$5000/\$10000 DED \$6650/\$13300 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMBVOGRXCMBV39N012024
B	Option MV4	BAHMBVOG	\$5,000/\$10,000	\$10,000/\$20,000	\$6,650/\$13,300	\$15,000/\$30,000	Combined with Medical	RXCMBV40	RX \$5000/\$10000 DED \$6650/\$13300 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMBVOGRXCMBV40N012024
M	Option MV4	BAHMMVOM	\$5,000/\$10,000	\$10,000/\$20,000	\$6,650/\$13,300	\$15,000/\$30,000	Combined with Medical	RXCMMV52	RX \$5000/\$10000 DED \$6650/\$13300 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMMVOMRXCMMV52N012024
M	Option MV4	BAHMMVOM	\$5,000/\$10,000	\$10,000/\$20,000	\$6,650/\$13,300	\$15,000/\$30,000	Combined with Medical	RXCMMV53	RX \$5000/\$10000 DED \$6650/\$13300 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMMVOMRXCMMV53N012024

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
B	Option MV5	BAHMBV0K	\$7,000/\$14,000	\$10,000/\$20,000	\$8,000/\$16,000	\$15,000/\$30,000	Combined with Medical	RXCMBV41	RX \$7000/\$14000 DED \$8000/\$16000 OOP \$15/\$35/ \$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMBV0KRXCMBV41N072024
B	Option MV5	BAHMBV0K	\$7,000/\$14,000	\$10,000/\$20,000	\$8,000/\$16,000	\$15,000/\$30,000	Combined with Medical	RXCMBV42	RX \$7000/\$14000 DED \$8000/\$16000 OOP \$15/\$50/ \$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMBV0KRXCMBV42N072024
M	Option MV5	BAHMMVOQ	\$7,000/\$14,000	\$10,000/\$20,000	\$8,000/\$16,000	\$15,000/\$30,000	Combined with Medical	RXCMMV55	RX \$7000/\$14000 DED \$8000/\$16000 OOP \$15/\$35/ \$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMMVOQRXCMMV55N072024
M	Option MV5	BAHMMVOQ	\$7,000/\$14,000	\$10,000/\$20,000	\$8,000/\$16,000	\$15,000/\$30,000	Combined with Medical	RXCMMV56	RX \$7000/\$14000 DED \$8000/\$16000 OOP \$15/\$50/ \$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMMVOQRXCMMV56N072024
B	Option MV6	BAHMBV0M	\$3,200/\$6,400	\$6,400/\$12,800	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXCMBV80	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$35/ \$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMBV0MRXCMBV80N072024
B	Option MV6	BAHMBV0M	\$3,200/\$6,400	\$6,400/\$12,800	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXCMBV81	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$50/ \$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMBV0MRXCMBV81N072024
M	Option MV6	BAHMMVOR	\$3,200/\$6,400	\$6,400/\$12,800	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXCMMV85	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$35/ \$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMMVORRXCMMV85N072024
M	Option MV6	BAHMMVOR	\$3,200/\$6,400	\$6,400/\$12,800	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXCMMV86	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$50/ \$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHMMVORRXCMMV86N072024

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	EBNMC00W	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXMC280	RX \$0 DED \$2500/\$5000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00WRXXMC280N012024
C	1	EBNMC00W	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXMC277	RX \$0 DED \$2500/\$5000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00WRXXMC277N012024
C	1	EBNMC00W	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXMC283	RX \$0 DED \$2500/\$5000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00WRXXMC283N012024
C	1	EBNMC00W	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXMC295	RX \$0 DED \$2500/\$5000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00WRXXMC295N012024
C	1	EBNMC00W	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXMC298	RX \$0 DED \$2500/\$5000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00WRXXMC298N012024
C	1	EBNMC00W	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXMC284	RX \$100 DED \$2500/\$5000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00WRXXMC284N012024
C	1	EBNMC00W	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXMC285	RX \$200 DED \$2500/\$5000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00WRXXMC285N012024
C	1	EBNMC00W	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXMC286	RX \$300 DED \$2500/\$5000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00WRXXMC286N012024

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	EBNMC00V	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC269	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00VRXXMC269N012024
C	2	EBNMC00V	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC270	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00VRXXMC270N012024
C	2	EBNMC00V	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC271	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00VRXXMC271N012024
C	2	EBNMC00V	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC272	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00VRXXMC272N012024
C	2	EBNMC00V	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC273	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00VRXXMC273N012024
C	2	EBNMC00V	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC274	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00VRXXMC274N012024
C	2	EBNMC00V	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC275	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00VRXXMC275N012024
C	2	EBNMC00V	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC276	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00VRXXMC276N012024

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	EBNMC00U	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC269	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00URXXMC269N012024
C	4	EBNMC00U	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC270	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00URXXMC270N012024
C	4	EBNMC00U	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC271	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00URXXMC271N012024
C	4	EBNMC00U	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC272	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00URXXMC272N012024
C	4	EBNMC00U	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC273	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00URXXMC273N012024
C	4	EBNMC00U	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC274	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00URXXMC274N012024
C	4	EBNMC00U	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC275	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00URXXMC275N012024
C	4	EBNMC00U	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC276	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00URXXMC276N012024

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	EBNMC00T	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMC281	RX \$0 DED \$6000/\$12000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00TRXXMC281N012024
C	5	EBNMC00T	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMC278	RX \$0 DED \$6000/\$12000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00TRXXMC278N012024
C	5	EBNMC00T	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMC287	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00TRXXMC287N012024
C	5	EBNMC00T	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMC296	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00TRXXMC296N012024
C	5	EBNMC00T	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMC299	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00TRXXMC299N012024
C	5	EBNMC00T	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMC288	RX \$100 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00TRXXMC288N012024
C	5	EBNMC00T	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMC289	RX \$200 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00TRXXMC289N012024
C	5	EBNMC00T	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMC290	RX \$300 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00TRXXMC290N012024

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	EBNMC00S	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXMC282	RX \$0 DED \$7350/\$14700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00SRXXMC282N012024
C	6	EBNMC00S	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXMC279	RX \$0 DED \$7350/\$14700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00SRXXMC279N012024
C	6	EBNMC00S	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXMC291	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00SRXXMC291N012024
C	6	EBNMC00S	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXMC297	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00SRXXMC297N012024
C	6	EBNMC00S	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXMC300	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00SRXXMC300N012024
C	6	EBNMC00S	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXMC292	RX \$100 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00SRXXMC292N012024
C	6	EBNMC00S	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXMC293	RX \$200 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00SRXXMC293N012024
C	6	EBNMC00S	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXMC294	RX \$300 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNMC00SRXXMC294N012024

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	EBHMC006	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC480	RX \$1600/\$3200 DED \$4500/\$7900 INT OOP \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	EBHMC006RXCMC480N012024
C	3	EBHMC006	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC481	RX \$1600/\$3200 DED \$4500/\$7900 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	EBHMC006RXCMC481N012024
C	3	EBHMC006	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC482	RX \$1600/\$3200 DED \$4500/\$7900 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	EBHMC006RXCMC482N012024
C	3	EBHMC006	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC483	RX \$1600/\$3200 DED \$4500/\$7900 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	EBHMC006RXCMC483N012024
C	7	EBHMC005	\$5,000/\$10,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCMC439	RX \$5000/\$10000 DED \$6550/\$13100 INT OOP \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBHMC005RXCMC439N012024
C	7	EBHMC005	\$5,000/\$10,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCMC440	RX \$5000/\$10000 DED \$6550/\$13100 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBHMC005RXCMC440N012024
C	7	EBHMC005	\$5,000/\$10,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCMC441	RX \$5000/\$10000 DED \$6550/\$13100 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBHMC005RXCMC441N012024
C	7	EBHMC005	\$5,000/\$10,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCMC442	RX \$5000/\$10000 DED \$6550/\$13100 INT OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBHMC005RXCMC442N012024

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	BPPMB02M	None	\$250/\$500	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXMB298	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02MRXXMB298N012024
B	1	BPPMB02M	None	\$250/\$500	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXMB299	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02MRXXMB299N012024
B	1	BPPMB02M	None	\$250/\$500	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXMB375	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02MRXXMB375N012024
B	1	BPPMB02M	None	\$250/\$500	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXMB281	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02MRXXMB281N012024
B	1	BPPMB02M	None	\$250/\$500	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXMB376	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02MRXXMB376N012024
B	1	BPPMB02M	None	\$250/\$500	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXMB377	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02MRXXMB377N012024
B	1	BPPMB02M	None	\$250/\$500	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXMB378	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02MRXXMB378N012024
B	1	BPPMB02M	None	\$250/\$500	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXMB379	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02MRXXMB379N012024

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
M	1	BPPMM01T	None	\$250/\$500	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXMM396	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01TRXXMM396N012024
M	1	BPPMM01T	None	\$250/\$500	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXMM397	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01TRXXMM397N012024
M	1	BPPMM01T	None	\$250/\$500	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXMM398	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01TRXXMM398N012024
M	1	BPPMM01T	None	\$250/\$500	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXMM399	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01TRXXMM399N012024
M	1	BPPMM01T	None	\$250/\$500	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXMM440	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01TRXXMM440N012024
M	1	BPPMM01T	None	\$250/\$500	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXMM441	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01TRXXMM441N012024
M	1	BPPMM01T	None	\$250/\$500	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXMM442	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01TRXXMM442N012024
M	1	BPPMM01T	None	\$250/\$500	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXMM443	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01TRXXMM443N012024

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	BPPMB02K	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB298	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02KRXXMB298N012024
B	6	BPPMB02K	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB299	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02KRXXMB299N012024
B	6	BPPMB02K	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB375	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02KRXXMB375N012024
B	6	BPPMB02K	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB281	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02KRXXMB281N012024
B	6	BPPMB02K	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB376	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02KRXXMB376N012024
B	6	BPPMB02K	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB377	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02KRXXMB377N012024
B	6	BPPMB02K	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB378	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02KRXXMB378N012024
B	6	BPPMB02K	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB379	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02KRXXMB379N012024

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
M	6	BPPMM01Y	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM396	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01YRXXMM396N012024
M	6	BPPMM01Y	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM397	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01YRXXMM397N012024
M	6	BPPMM01Y	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM398	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01YRXXMM398N012024
M	6	BPPMM01Y	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM399	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01YRXXMM399N012024
M	6	BPPMM01Y	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM440	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01YRXXMM440N012024
M	6	BPPMM01Y	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM441	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01YRXXMM441N012024
M	6	BPPMM01Y	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM442	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01YRXXMM442N012024
M	6	BPPMM01Y	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM443	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01YRXXMM443N012024

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	BPPMB02J	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB298	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02JRXXMB298N012024
B	7	BPPMB02J	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB299	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02JRXXMB299N012024
B	7	BPPMB02J	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB375	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02JRXXMB375N012024
B	7	BPPMB02J	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB281	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02JRXXMB281N012024
B	7	BPPMB02J	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB376	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02JRXXMB376N012024
B	7	BPPMB02J	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB377	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02JRXXMB377N012024
B	7	BPPMB02J	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB378	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02JRXXMB378N012024
B	7	BPPMB02J	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB379	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02JRXXMB379N012024

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
M	7	BPPMM029	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM396	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM029RXXMM396N012024
M	7	BPPMM029	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM397	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM029RXXMM397N012024
M	7	BPPMM029	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM398	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM029RXXMM398N012024
M	7	BPPMM029	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM399	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM029RXXMM399N012024
M	7	BPPMM029	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM440	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM029RXXMM440N012024
M	7	BPPMM029	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM441	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM029RXXMM441N012024
M	7	BPPMM029	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM442	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM029RXXMM442N012024
M	7	BPPMM029	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM443	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM029RXXMM443N012024

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	BPPMB02H	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB298	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02HRXXMB298N012024
B	9	BPPMB02H	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB299	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02HRXXMB299N012024
B	9	BPPMB02H	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB375	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02HRXXMB375N012024
B	9	BPPMB02H	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB281	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02HRXXMB281N012024
B	9	BPPMB02H	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB376	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02HRXXMB376N012024
B	9	BPPMB02H	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB377	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02HRXXMB377N012024
B	9	BPPMB02H	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB378	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02HRXXMB378N012024
B	9	BPPMB02H	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMB379	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02HRXXMB379N012024

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
M	9	BPPMM028	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM396	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM028RXXMM396N012024
M	9	BPPMM028	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM397	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM028RXXMM397N012024
M	9	BPPMM028	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM398	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM028RXXMM398N012024
M	9	BPPMM028	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM399	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM028RXXMM399N012024
M	9	BPPMM028	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM440	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM028RXXMM440N012024
M	9	BPPMM028	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM441	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM028RXXMM441N012024
M	9	BPPMM028	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM442	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM028RXXMM442N012024
M	9	BPPMM028	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXMM443	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM028RXXMM443N012024

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	BPPMB02L	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXMB387	RX \$0 DED \$2000/\$4000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02LRXXMB387N012024
B	14	BPPMB02L	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXMB388	RX \$0 DED \$2000/\$4000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02LRXXMB388N012024
B	14	BPPMB02L	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXMB389	RX \$0 DED \$2000/\$4000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02LRXXMB389N012024
B	14	BPPMB02L	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXMB390	RX \$0 DED \$2000/\$4000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02LRXXMB390N012024
B	14	BPPMB02L	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXMB391	RX \$0 DED \$2000/\$4000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02LRXXMB391N012024
B	14	BPPMB02L	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXMB391	RX \$100 DED \$2000/\$4000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02LRXXMB391N012024
B	14	BPPMB02L	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXMB393	RX \$200 DED \$2000/\$4000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02LRXXMB393N012024
B	14	BPPMB02L	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXMB394	RX \$300 DED \$2000/\$4000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02LRXXMB394N012024

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
M	14	BPPMM01S	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXMM451	RX \$0 DED \$2000/\$4000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01SRXXMM451N012024
M	14	BPPMM01S	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXMM452	RX \$0 DED \$2000/\$4000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01SRXXMM452N012024
M	14	BPPMM01S	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXMM453	RX \$0 DED \$2000/\$4000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01SRXXMM453N012024
M	14	BPPMM01S	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXMM454	RX \$0 DED \$2000/\$4000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01SRXXMM454N012024
M	14	BPPMM01S	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXMM455	RX \$0 DED \$2000/\$4000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01SRXXMM455N012024
M	14	BPPMM01S	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXMM456	RX \$100 DED \$2000/\$4000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01SRXXMM456N012024
M	14	BPPMM01S	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXMM457	RX \$200 DED \$2000/\$4000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01SRXXMM457N012024
M	14	BPPMM01S	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXMM458	RX \$300 DED \$2000/\$4000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01SRXXMM458N012024

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	BPPMB02Q	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$15,000/\$20,000	Combined with Medical	RXXMB380	RX \$0 DED \$6350/\$12700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02QRXXMB380N012024
B	19	BPPMB02Q	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$15,000/\$20,000	Combined with Medical	RXXMB381	RX \$0 DED \$6350/\$12700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02QRXXMB381N012024
B	19	BPPMB02Q	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$15,000/\$20,000	Combined with Medical	RXXMB382	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02QRXXMB382N012024
B	19	BPPMB02Q	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$15,000/\$20,000	Combined with Medical	RXXMB383	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02QRXXMB383N012024
B	19	BPPMB02Q	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$15,000/\$20,000	Combined with Medical	RXXMBV2F	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02QRXXMBV2FN012024
B	19	BPPMB02Q	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$15,000/\$20,000	Combined with Medical	RXXMB384	RX \$100 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02QRXXMB384N012024
B	19	BPPMB02Q	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$15,000/\$20,000	Combined with Medical	RXXMB385	RX \$200 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02QRXXMB385N012024
B	19	BPPMB02Q	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$15,000/\$20,000	Combined with Medical	RXXMB386	RX \$300 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMB02QRXXMB386N012024

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
M	19	BPPMM01Z	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$15,000/\$20,000	Combined with Medical	RXXMM444	RX \$0 DED \$6350/\$12700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01ZRXXMM444N012024
M	19	BPPMM01Z	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$15,000/\$20,000	Combined with Medical	RXXMM445	RX \$0 DED \$6350/\$12700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01ZRXXMM445N012024
M	19	BPPMM01Z	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$15,000/\$20,000	Combined with Medical	RXXMM446	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01ZRXXMM446N012024
M	19	BPPMM01Z	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$15,000/\$20,000	Combined with Medical	RXXMM447	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01ZRXXMM447N012024
M	19	BPPMM01Z	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$15,000/\$20,000	Combined with Medical	RXXMMV2E	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01ZRXXMMV2EN012024
M	19	BPPMM01Z	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$15,000/\$20,000	Combined with Medical	RXXMM448	RX \$100 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01ZRXXMM448N012024
M	19	BPPMM01Z	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$15,000/\$20,000	Combined with Medical	RXXMM449	RX \$200 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01ZRXXMM449N012024
M	19	BPPMM01Z	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$15,000/\$20,000	Combined with Medical	RXXMM450	RX \$300 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPMM01ZRXXMM450N012024

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	BPHMB015	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$15,000/\$15,000	Combined with Medical	RXCMB290	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMB015RXCMB290N012024
B	3	BPHMB015	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$15,000/\$15,000	Combined with Medical	RXCMB279	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMB015RXCMB279N012024
B	3	BPHMB015	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$15,000/\$15,000	Combined with Medical	RXCMB280	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMB015RXCMB280N012024
B	3	BPHMB015	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$15,000/\$15,000	Combined with Medical	RXCMB281	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMB015RXCMB281N012024
M	3	BPHMM00W	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$15,000/\$15,000	Combined with Medical	RXCMM465	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMM00WRXCMM465N012024
M	3	BPHMM00W	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$15,000/\$15,000	Combined with Medical	RXCMM454	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMM00WRXCMM454N012024
M	3	BPHMM00W	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$15,000/\$15,000	Combined with Medical	RXCMM455	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMM00WRXCMM455N012024
M	3	BPHMM00W	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$15,000/\$15,000	Combined with Medical	RXCMM456	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMM00WRXCMM456N012024

BluePreferred PPO

Integrated Deductibles Health Savings Account (HSA) - 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	BPHMB019	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$8,000/\$16,000	Combined with Medical	RXCMB290	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMB019RXCMB290N012024
B	3	BPHMB019	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$8,000/\$16,000	Combined with Medical	RXCMB279	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMB019RXCMB279N012024
B	3	BPHMB019	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$8,000/\$16,000	Combined with Medical	RXCMB280	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMB019RXCMB280N012024
B	3	BPHMB019	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$8,000/\$16,000	Combined with Medical	RXCMB281	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMB019RXCMB281N012024
M	3	BPHMM010	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$8,000/\$16,000	Combined with Medical	RXCMM465	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMM010RXCMM465N012024
M	3	BPHMM010	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$8,000/\$16,000	Combined with Medical	RXCMM454	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMM010RXCMM454N012024
M	3	BPHMM010	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$8,000/\$16,000	Combined with Medical	RXCMM455	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMM010RXCMM455N012024
M	3	BPHMM010	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$8,000/\$16,000	Combined with Medical	RXCMM456	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMM010RXCMM456N012024

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	BPHMB018	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCMB414	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMB018RXCMB414N012024
B	8	BPHMB018	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCMB415	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMB018RXCMB415N012024
B	8	BPHMB018	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCMB416	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMB018RXCMB416N012024
B	8	BPHMB018	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCMB417	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMB018RXCMB417N012024
M	8	BPHMM00Z	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCMM424	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMM00ZRXCMM424N012024
M	8	BPHMM00Z	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCMM425	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMM00ZRXCMM425N012024
M	8	BPHMM00Z	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCMM426	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMM00ZRXCMM426N012024
M	8	BPHMM00Z	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCMM427	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHMM00ZRXCMM427N012024

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	BHMMC03R	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC392	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03RRXXMC392N012024
C	3	BHMMC03R	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC385	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03RRXXMC385N012024
C	3	BHMMC03R	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC386	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03RRXXMC386N012024
C	3	BHMMC03R	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC387	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03RRXXMC387N012024
C	3	BHMMC03R	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC388	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03RRXXMC388N012024
C	3	BHMMC03R	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC389	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03RRXXMC389N012024
C	3	BHMMC03R	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC390	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03RRXXMC390N012024
C	3	BHMMC03R	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC391	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03RRXXMC391N012024

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	BHMMC03T	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC392	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03TRXXMC392N012024
C	13	BHMMC03T	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC385	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03TRXXMC385N012024
C	13	BHMMC03T	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC386	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03TRXXMC386N012024
C	13	BHMMC03T	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC387	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03TRXXMC387N012024
C	13	BHMMC03T	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC388	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03TRXXMC388N012024
C	13	BHMMC03T	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC389	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03TRXXMC389N012024
C	13	BHMMC03T	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC390	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03TRXXMC390N012024
C	13	BHMMC03T	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC391	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03TRXXMC391N012024

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	BHMMC03S	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC392	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03SRXXMC392N012024
C	14	BHMMC03S	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC385	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03SRXXMC385N012024
C	14	BHMMC03S	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC386	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03SRXXMC386N012024
C	14	BHMMC03S	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC387	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03SRXXMC387N012024
C	14	BHMMC03S	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC388	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03SRXXMC388N012024
C	14	BHMMC03S	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC389	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03SRXXMC389N012024
C	14	BHMMC03S	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC390	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03SRXXMC390N012024
C	14	BHMMC03S	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC391	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03SRXXMC391N012024

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	BHMMC03J	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC236	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03JRXXMC236N012024
C	15	BHMMC03J	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC235	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03JRXXMC235N012024
C	15	BHMMC03J	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC237	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03JRXXMC237N012024
C	15	BHMMC03J	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC238	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03JRXXMC238N012024
C	15	BHMMC03J	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC239	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03JRXXMC239N012024
C	15	BHMMC03J	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC229	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03JRXXMC229N012024
C	15	BHMMC03J	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC230	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03JRXXMC230N012024
C	15	BHMMC03J	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC231	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03JRXXMC231N012024

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	BHMMC03H	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC236	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03HRXXMC236N012024
C	16	BHMMC03H	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC235	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03HRXXMC235N012024
C	16	BHMMC03H	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC237	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03HRXXMC237N012024
C	16	BHMMC03H	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC238	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03HRXXMC238N012024
C	16	BHMMC03H	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC239	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03HRXXMC239N012024
C	16	BHMMC03H	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC229	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03HRXXMC229N012024
C	16	BHMMC03H	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC230	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03HRXXMC230N012024
C	16	BHMMC03H	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC231	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC03HRXXMC231N012024

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	BCNMC00U	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXMC241	RX \$0 DED \$2000/\$4000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00URXXMC241N012024
C	17	BCNMC00U	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXMC240	RX \$0 DED \$2000/\$4000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00URXXMC240N012024
C	17	BCNMC00U	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXMC242	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00URXXMC242N012024
C	17	BCNMC00U	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXMC243	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00URXXMC243N012024
C	17	BCNMC00U	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXMC244	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00URXXMC244N012024
C	17	BCNMC00U	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXMC232	RX \$100 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00URXXMC232N012024
C	17	BCNMC00U	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXMC233	RX \$200 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00URXXMC233N012024
C	17	BCNMC00U	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXMC234	RX \$300 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00URXXMC234N012024

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	BCNMC00T	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXMC246	RX \$0 DED \$3000/\$6000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00TRXXMC246N012024
C	18	BCNMC00T	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXMC245	RX \$0 DED \$3000/\$6000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00TRXXMC245N012024
C	18	BCNMC00T	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXMC247	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00TRXXMC247N012024
C	18	BCNMC00T	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXMC248	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00TRXXMC248N012024
C	18	BCNMC00T	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXMC249	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00TRXXMC249N012024
C	18	BCNMC00T	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXMC255	RX \$100 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00TRXXMC255N012024
C	18	BCNMC00T	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXMC256	RX \$200 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00TRXXMC256N012024
C	18	BCNMC00T	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXMC257	RX \$300 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00TRXXMC257N012024

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	BCNMC00J	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXMC251	RX \$0 DED \$4000/\$8000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00JRXXMC251N012024
C	19	BCNMC00J	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXMC250	RX \$0 DED \$4000/\$8000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00JRXXMC250N012024
C	19	BCNMC00J	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXMC252	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00JRXXMC252N012024
C	19	BCNMC00J	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXMC253	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00JRXXMC253N012024
C	19	BCNMC00J	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXMC254	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00JRXXMC254N012024
C	19	BCNMC00J	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXMC258	RX \$100 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00JRXXMC258N012024
C	19	BCNMC00J	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXMC259	RX \$200 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00JRXXMC259N012024
C	19	BCNMC00J	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXMC260	RX \$300 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00JRXXMC260N012024

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	BCNMC00N	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMC262	RX \$0 DED \$5000/\$10000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00NRXXMC262N012024
C	20	BCNMC00N	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMC261	RX \$0 DED \$5000/\$10000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00NRXXMC261N012024
C	20	BCNMC00N	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMC263	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00NRXXMC263N012024
C	20	BCNMC00N	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMC264	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00NRXXMC264N012024
C	20	BCNMC00N	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMC265	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00NRXXMC265N012024
C	20	BCNMC00N	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMC266	RX \$100 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00NRXXMC266N012024
C	20	BCNMC00N	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMC267	RX \$200 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00NRXXMC267N012024
C	20	BCNMC00N	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMC268	RX \$300 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNMC00NRXXMC268N012024

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	BHMMC046	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC377	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC046RXXMC377N012024
C	B	BHMMC046	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC378	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC046RXXMC378N012024
C	B	BHMMC046	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC379	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC046RXXMC379N012024
C	B	BHMMC046	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC380	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC046RXXMC380N012024
C	B	BHMMC046	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC381	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC046RXXMC381N012024
C	B	BHMMC046	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC382	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC046RXXMC381N012024
C	B	BHMMC046	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC383	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC046RXXMC383N012024
C	B	BHMMC046	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC384	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC046RXXMC384N012024

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	BHMMC04B	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC377	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04BRXXMC377N012024
C	C	BHMMC04B	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC378	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04BRXXMC378N012024
C	C	BHMMC04B	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC379	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04BRXXMC379N012024
C	C	BHMMC04B	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC380	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04BRXXMC380N012024
C	C	BHMMC04B	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC381	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04BRXXMC381N012024
C	C	BHMMC04B	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC382	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04BRXXMC382N012024
C	C	BHMMC04B	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC383	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04BRXXMC383N012024
C	C	BHMMC04B	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC384	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04BRXXMC384N012024

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	BHMMC04A	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC377	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04ARXXMC377N012024
C	I	BHMMC04A	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC378	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04ARXXMC378N012024
C	I	BHMMC04A	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC379	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04ARXXMC379N012024
C	I	BHMMC04A	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC380	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04ARXXMC380N012024
C	I	BHMMC04A	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC381	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04ARXXMC381N012024
C	I	BHMMC04A	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC382	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04ARXXMC382N012024
C	I	BHMMC04A	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC383	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04ARXXMC383N012024
C	I	BHMMC04A	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC384	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04ARXXMC384N012024

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	BHMMC04K	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC377	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04KRXXMC377N012024
C	J	BHMMC04K	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC378	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04KRXXMC378N012024
C	J	BHMMC04K	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC379	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04KRXXMC379N012024
C	J	BHMMC04K	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC380	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04KRXXMC380N012024
C	J	BHMMC04K	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC381	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04KRXXMC381N012024
C	J	BHMMC04K	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC382	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04KRXXMC382N012024
C	J	BHMMC04K	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC383	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04KRXXMC383N012024
C	J	BHMMC04K	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC384	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC04KRXXMC384N012024

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	BHMMCF0P	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU2	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0PRXXMCFU2N012024
C	1-S	BHMMCF0P	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU3	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0PRXXMCFU3N012024
C	1-S	BHMMCF0P	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU4	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0PRXXMCFU4N012024
C	1-S	BHMMCF0P	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU5	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0PRXXMCFU5N012024
C	1-S	BHMMCF0P	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU6	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0PRXXMCFU6N012024
C	1-S	BHMMCF0P	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU7	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0PRXXMCFU7N012024
C	1-S	BHMMCF0P	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU8	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0PRXXMCFU8N012024
C	1-S	BHMMCF0P	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU9	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0PRXXMCFU9N012024

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	BHMMCFOW	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU2	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCFOWRXXMCFU2N012024
C	2-S	BHMMCFOW	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU3	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCFOWRXXMCFU3N012024
C	2-S	BHMMCFOW	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU4	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCFOWRXXMCFU4N012024
C	2-S	BHMMCFOW	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU5	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCFOWRXXMCFU5N012024
C	2-S	BHMMCFOW	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU6	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCFOWRXXMCFU6N012024
C	2-S	BHMMCFOW	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU7	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCFOWRXXMCFU7N012024
C	2-S	BHMMCFOW	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU8	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCFOWRXXMCFU8N012024
C	2-S	BHMMCFOW	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU9	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCFOWRXXMCFU9N012024

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	BHMMCF0M	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT3	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0MRXXMCFT4N012024
C	3-S	BHMMCF0M	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT4	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0MRXXMCFT4N012024
C	3-S	BHMMCF0M	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT5	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0MRXXMCFT5N012024
C	3-S	BHMMCF0M	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT6	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0MRXXMCFT6N012024
C	3-S	BHMMCF0M	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT7	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0MRXXMCFT7N012024
C	3-S	BHMMCF0M	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT8	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0MRXXMCFT8N012024
C	3-S	BHMMCF0M	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT9	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0MRXXMCFT9N012024
C	3-S	BHMMCF0M	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFU1	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0MRXXMCFU1N012024

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	BHMMCF0V	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT3	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0VRXXMCFT3N012024
C	4-S	BHMMCF0V	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT4	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0VRXXMCFT4N012024
C	4-S	BHMMCF0V	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT5	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0VRXXMCFT5N012024
C	4-S	BHMMCF0V	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT6	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0VRXXMCFT6N012024
C	4-S	BHMMCF0V	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT7	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0VRXXMCFT7N012024
C	4-S	BHMMCF0V	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT8	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0VRXXMCFT8N012024
C	4-S	BHMMCF0V	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT9	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0VRXXMCFT9N012024
C	4-S	BHMMCF0V	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFU1	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0VRXXMCFU1N012024

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	BHMMCF0U	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMCFS4	RX \$0 DED \$5000/\$10000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0URXXMCFS4N012024
C	5-S	BHMMCF0U	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMCFS5	RX \$0 DED \$5000/\$10000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0URXXMCFS5N012024
C	5-S	BHMMCF0U	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMCFS6	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0URXXMCFS6N012024
C	5-S	BHMMCF0U	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMCFS7	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0URXXMCFS7N012024
C	5-S	BHMMCF0U	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMCFS8	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0URXXMCFS8N012024
C	5-S	BHMMCF0U	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMCFS9	RX \$100 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0URXXMCFS9N012024
C	5-S	BHMMCF0U	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMCFT1	RX \$200 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0URXXMCFT1N012024
C	5-S	BHMMCF0U	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMCFT2	RX \$300 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0URXXMCFT2N012024

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	BHMMCF0T	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCFR5	RX \$0 DED \$6000/\$12000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0TRXXMCFR5N012024
C	6-S	BHMMCF0T	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCFR6	RX \$0 DED \$6000/\$12000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0TRXXMCFR6N012024
C	6-S	BHMMCF0T	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCFR7	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0TRXXMCFR7N012024
C	6-S	BHMMCF0T	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCFR8	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0TRXXMCFR8N012024
C	6-S	BHMMCF0T	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCFR9	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0TRXXMCFR9N012024
C	6-S	BHMMCF0T	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCF51	RX \$100 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0TRXXMCF51N012024
C	6-S	BHMMCF0T	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCF52	RX \$200 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0TRXXMCF52N012024
C	6-S	BHMMCF0T	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCF53	RX \$300 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCF0TRXXMCF53N012024

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	BHMMC055	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC269	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC055RXXMC269N012024
C	L	BHMMC055	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC270	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC055RXXMC270N012024
C	L	BHMMC055	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC271	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC055RXXMC271N012024
C	L	BHMMC055	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC272	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC055RXXMC272N012024
C	L	BHMMC055	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC273	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC055RXXMC273N012024
C	L	BHMMC055	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC274	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC055RXXMC274N012024
C	L	BHMMC055	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC275	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC055RXXMC275N012024
C	L	BHMMC055	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC276	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC055RXXMC276N012024

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	BHMMC054	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC269	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC054RXXMC269N012024
C	M	BHMMC054	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC270	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC054RXXMC270N012024
C	M	BHMMC054	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC271	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC054RXXMC271N012024
C	M	BHMMC054	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC272	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC054RXXMC272N012024
C	M	BHMMC054	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC273	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC054RXXMC273N012024
C	M	BHMMC054	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC274	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC054RXXMC274N012024
C	M	BHMMC054	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC275	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC054RXXMC275N012024
C	M	BHMMC054	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC276	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC054RXXMC276N012024

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	BHMMC053	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC269	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC053RXXMC269N012024
C	N	BHMMC053	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC270	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC053RXXMC270N012024
C	N	BHMMC053	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC271	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC053RXXMC271N012024
C	N	BHMMC053	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC272	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC053RXXMC272N012024
C	N	BHMMC053	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC273	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC053RXXMC272N012024
C	N	BHMMC053	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC274	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC053RXXMC274N012024
C	N	BHMMC053	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC275	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC053RXXMC275N012024
C	N	BHMMC053	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC276	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC053RXXMC276N012024

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	BHMMC052	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC269	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC052RXXMC269N012024
C	O	BHMMC052	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC270	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC052RXXMC270N012024
C	O	BHMMC052	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC271	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC052RXXMC271N012024
C	O	BHMMC052	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC272	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC052RXXMC272N012024
C	O	BHMMC052	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC273	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC052RXXMC273N012024
C	O	BHMMC052	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC274	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC052RXXMC274N012024
C	O	BHMMC052	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC275	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC052RXXMC275N012024
C	O	BHMMC052	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC276	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC052RXXMC276N012024

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	BHMMC051	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC269	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC051RXXMC269N012024
C	P	BHMMC051	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC270	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC051RXXMC270N012024
C	P	BHMMC051	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC271	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC051RXXMC271N012024
C	P	BHMMC051	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC272	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC051RXXMC272N012024
C	P	BHMMC051	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC273	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC051RXXMC273N012024
C	P	BHMMC051	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC274	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC051RXXMC274N012024
C	P	BHMMC051	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC275	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC051RXXMC275N012024
C	P	BHMMC051	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC276	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMC051RXXMC276N012024

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	BCHMC01J	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCMC484	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01JRXCMC484N012024
C	4	BCHMC01J	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCMC485	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01JRXCMC485N012024
C	4	BCHMC01J	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCMC486	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01JRXCMC486N012024
C	4	BCHMC01J	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCMC487	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01JRXCMC487N012024
C	5	BCHMC01E	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCMC400	RX \$2000/\$4000 DED \$4000/\$8000 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01ERXCMC400N012024
C	5	BCHMC01E	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCMC401	RX \$2000/\$4000 DED \$4000/\$8000 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01ERXCMC401N012024
C	5	BCHMC01E	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCMC402	RX \$2000/\$4000 DED \$4000/\$8000 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01ERXCMC402N012024
C	5	BCHMC01E	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCMC403	RX \$2000/\$4000 DED \$4000/\$8000 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01ERXCMC403N012024

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	7	BCHMC01H	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC480	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01HRXCMC480N012024
C	7	BCHMC01H	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC481	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01HRXCMC481N012024
C	7	BCHMC01H	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC482	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01HRXCMC482N012024
C	7	BCHMC01H	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC483	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01HRXCMC483N012024
C	8	BCHMC01G	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC480	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01GRXCMC480N012024
C	8	BCHMC01G	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC481	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01GRXCMC481N012024
C	8	BCHMC01G	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC482	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01GRXCMC482N012024
C	8	BCHMC01G	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC483	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01GRXCMC483N012024
C	9	BCHMC01F	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC412	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01FRXCMC412N012024
C	9	BCHMC01F	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC413	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01FRXCMC413N012024
C	9	BCHMC01F	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC414	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01FRXCMC414N012024
C	9	BCHMC01F	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC415	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01FRXCMC415N012024

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	BCHMC01L	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC480	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01LRXCMC480N012024
C	10	BCHMC01L	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC481	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01LRXCMC481N012024
C	10	BCHMC01L	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC482	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01LRXCMC482N012024
C	10	BCHMC01L	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC483	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01LRXCMC483N012024
C	11	BCHMC01K	\$2,000/\$4000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC404	RX \$2000/\$4000 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01KRXCMC404N012024
C	11	BCHMC01K	\$2,000/\$4000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC405	RX \$2000/\$4000 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01KRXCMC405N012024
C	11	BCHMC01K	\$2,000/\$4000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC406	RX \$2000/\$4000 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01KRXCMC406N012024
C	11	BCHMC01K	\$2,000/\$4000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC407	RX \$2000/\$4000 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHMC01KRXCMC407N012024

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	BHMMCV0Z	\$4,500/\$9,000	N/A	\$6,350/\$12,700	N/A	Combined with Medical	RXXMCV94	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0ZRXXMCV94N072024
C	Option MV1	BHMMCV0Z	\$4,500/\$9,000	N/A	\$6,350/\$12,700	N/A	Combined with Medical	RXXMCV2D	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0ZRXXMCV2DN012024
C	Option MV1	BHMMCV0Z	\$4,500/\$9,000	N/A	\$6,350/\$12,700	N/A	Combined with Medical	RXXMCV2E	RX \$500 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0ZRXXMCV2EN012024
C	Option MV1	BHMMCV0Z	\$4,500/\$9,000	N/A	\$6,350/\$12,700	N/A	Combined with Medical	RXXMCV2F	RX \$500 DED \$6350/\$12700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0ZRXXMCV2FN012024
C	Option MV2	BHMMCV0Q	\$5,000/\$10,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCV95	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0QRXXMCV95N072024
C	Option MV2	BHMMCV0Q	\$5,000/\$10,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCV2A	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0QRXXMCV2AN012024
C	Option MV2	BHMMCV0Q	\$5,000/\$10,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCV2B	RX \$500 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0QRXXMCV2BN012024
C	Option MV2	BHMMCV0Q	\$5,000/\$10,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCV2C	RX \$500 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0QRXXMCV2CN012024

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 MV3	BHMMCV0R	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCV96	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0RRXXMCV96N072024
C	Option MV3	BHMMCV0R	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCV2G	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0RRXXMCV2GN012024
C	Option MV3	BHMMCV0R	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCV2H	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0RRXXMCV2HN012024
C	Option MV3	BHMMCV0R	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCV2J	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0RRXXMCV2JN012024
C	Option MV4	BHMMCV0Y	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXMCV97	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0YRXXMCV97N072024
C	Option MV4	BHMMCV0Y	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXMCV2K	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0YRXXMCV2KN012024
C	Option MV4	BHMMCV0Y	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXMCV2L	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0YRXXMCV2LN012024
C	Option MV4	BHMMCV0Y	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXMCV2M	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0YRXXMCV2MNO12024

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 MV5	BHMMCV0X	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXMCV98	RX \$0 DED \$8150/\$16300 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0XRXXMCV98N072024
C	Option MV5	BHMMCV0X	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXMCV83	RX \$0 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0XRXXMCV83N012024
C	Option MV5	BHMMCV0X	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXMCV84	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0XRXXMCV84N012024
C	Option MV5	BHMMCV0X	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXMCV85	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV0XRXXMCV85N012024
C	Option MV6	BHMMCV15	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCV96	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV15RXXMCV96N072024
C	Option MV6	BHMMCV15	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCV2G	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV15RXXMCV2GN072024
C	Option MV6	BHMMCV15	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCV2H	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV15RXXMCV2HN072024
C	Option MV6	BHMMCV15	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCV2J	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMMCV15RXXMCV2JN072024

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	BCHMCV0D	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCMCV39	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHMCV0DRXCMCV39N012024
C	Option MV1	BCHMCV0D	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCMCV40	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHMCV0DRXCMCV40N012024
C	Option MV3	BCHMCV0H	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCMCV85	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHMCV0HRXCMCV85N012024
C	Option MV3	BCHMCV0H	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCMCV86	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHMCV0HRXCMCV86N012024
C	Option MV4	BCHMCV0E	\$5,000/\$10,000	N/A	\$6,650/\$13,300	N/A	Combined with Medical	RXCMCV43	RX \$5000/\$10000 DED \$6650/\$13300 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHMCV0ERXCMCV43N012024
C	Option MV4	BCHMCV0E	\$5,000/\$10,000	N/A	\$6,650/\$13,300	N/A	Combined with Medical	RXCMCV44	RX \$5000/\$10000 DED \$6650/\$13300 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHMCV0ERXCMCV44N012024

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 MV5	BCHMCV0J	\$7,000/\$14,000	N/A	\$8,000/\$16,000	N/A	Combined with Medical	RXCRCV11	RX \$7000/\$14000 DED \$8000/\$16000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHMCV0JRXRCV11N072024
C	Option MV5	BCHMCV0J	\$7,000/\$14,000	N/A	\$8,000/\$16,000	N/A	Combined with Medical	RXCRCV12	RX \$7000/\$14000 DED \$8000/\$16000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHMCV0JRXRCV12N072024
C	Option MV6	BCHMCV0K	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCRCV85	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHMCV0KRXRCV85N072024
C	Option MV6	BCHMCV0K	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCRCV86	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHMCV0KRXRCV86N072024

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	BCHMCV0D	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCMCV39	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHMCV0DRXCMCV39N012024
C	Option MV1	BCHMCV0D	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCMCV40	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHMCV0DRXCMCV40N012024
C	Option MV3	BCHMCV0H	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCMCV85	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHMCV0HRXCMCV85N012024
C	Option MV3	BCHMCV0H	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCMCV86	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHMCV0HRXCMCV86N012024
C	Option MV4	BCHMCV0E	\$5,000/\$10,000	N/A	\$6,650/\$13,300	N/A	Combined with Medical	RXCMCV43	RX \$5000/\$10000 DED \$6650/\$13300 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHMCV0ERXCMCV43N012024
C	Option MV4	BCHMCV0E	\$5,000/\$10,000	N/A	\$6,650/\$13,300	N/A	Combined with Medical	RXCMCV44	RX \$5000/\$10000 DED \$6650/\$13300 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHMCV0ERXCMCV44N012024

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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	BHAMC043	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC392	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC043RXXMC392N012024
C	3	BHAMC043	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC385	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC043RXXMC385N012024
C	3	BHAMC043	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC386	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC043RXXMC386N012024
C	3	BHAMC043	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC387	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC043RXXMC387N012024
C	3	BHAMC043	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC388	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC043RXXMC388N012024
C	3	BHAMC043	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC389	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC043RXXMC389N012024
C	3	BHAMC043	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC390	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC043RXXMC390N012024
C	3	BHAMC043	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC391	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC043RXXMC391N012024

BlueChoice HMO 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	13	BHAMC045	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC392	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC045RXXMC392N012024
C	13	BHAMC045	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC385	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC045RXXMC385N012024
C	13	BHAMC045	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC386	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC045RXXMC386N012024
C	13	BHAMC045	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC387	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC045RXXMC387N012024
C	13	BHAMC045	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC388	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC045RXXMC388N012024
C	13	BHAMC045	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC389	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC045RXXMC389N012024
C	13	BHAMC045	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC390	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC045RXXMC390N012024
C	13	BHAMC045	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC391	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC045RXXMC391N012024

BlueChoice HMO 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	14	BHAMC044	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC392	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC044RXXMC392N012024
C	14	BHAMC044	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC385	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC044RXXMC385N012024
C	14	BHAMC044	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC386	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC044RXXMC386N012024
C	14	BHAMC044	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC387	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC044RXXMC387N012024
C	14	BHAMC044	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC388	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC044RXXMC388N012024
C	14	BHAMC044	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC389	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC044RXXMC389N012024
C	14	BHAMC044	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC390	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC044RXXMC390N012024
C	14	BHAMC044	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXMC391	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC044RXXMC391N012024

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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	BHAMC03F	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC236	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC03FRXXMC236N012024
C	15	BHAMC03F	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC235	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC03FRXXMC235N012024
C	15	BHAMC03F	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC237	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC03FRXXMC237N012024
C	15	BHAMC03F	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC238	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC03FRXXMC238N012024
C	15	BHAMC03F	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC239	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC03FRXXMC239N012024
C	15	BHAMC03F	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC229	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC03FRXXMC229N012024
C	15	BHAMC03F	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC230	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC03FRXXMC230N012024
C	15	BHAMC03F	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC231	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC03FRXXMC231N012024

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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	BHAMC03E	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC236	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC03ERXXMC236N012024
C	16	BHAMC03E	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC235	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC03ERXXMC235N012024
C	16	BHAMC03E	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC237	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC03ERXXMC237N012024
C	16	BHAMC03E	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC238	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC03ERXXMC238N012024
C	16	BHAMC03E	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC239	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC03ERXXMC239N012024
C	16	BHAMC03E	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC229	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC03ERXXMC229N012024
C	16	BHAMC03E	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC230	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC03ERXXMC230N012024
C	16	BHAMC03E	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXMC231	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC03ERXXMC231N012024

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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	BHNMC00W	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXMC241	RX \$0 DED \$2000/\$4000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00WRXXMC241N012024
C	17	BHNMC00W	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXMC240	RX \$0 DED \$2000/\$4000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00WRXXMC240N012024
C	17	BHNMC00W	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXMC242	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00WRXXMC242N012024
C	17	BHNMC00W	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXMC243	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00WRXXMC243N012024
C	17	BHNMC00W	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXMC244	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00WRXXMC244N012024
C	17	BHNMC00W	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXMC232	RX \$100 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00WRXXMC232N012024
C	17	BHNMC00W	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXMC233	RX \$200 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00WRXXMC233N012024
C	17	BHNMC00W	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXMC234	RX \$300 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00WRXXMC234N012024

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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	BHNMC00M	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXMC246	RX \$0 DED \$3000/\$6000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00MRXXMC246N012024
C	18	BHNMC00M	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXMC245	RX \$0 DED \$3000/\$6000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00MRXXMC245N012024
C	18	BHNMC00M	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXMC247	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00MRXXMC247N012024
C	18	BHNMC00M	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXMC248	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00MRXXMC248N012024
C	18	BHNMC00M	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXMC249	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00MRXXMC249N012024
C	18	BHNMC00M	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXMC255	RX \$100 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00MRXXMC255N012024
C	18	BHNMC00M	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXMC256	RX \$200 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00MRXXMC256N012024
C	18	BHNMC00M	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXMC257	RX \$300 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00MRXXMC257N012024

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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	BHNMC00S	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXMC251	RX \$0 DED \$4000/\$8000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00SRXXMC251N012024
C	19	BHNMC00S	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXMC250	RX \$0 DED \$4000/\$8000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00SRXXMC250N012024
C	19	BHNMC00S	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXMC252	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00SRXXMC252N012024
C	19	BHNMC00S	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXMC253	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00SRXXMC253N012024
C	19	BHNMC00S	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXMC254	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00SRXXMC254N012024
C	19	BHNMC00S	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXMC258	RX \$100 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00SRXXMC258N012024
C	19	BHNMC00S	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXMC259	RX \$200 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00SRXXMC259N012024
C	19	BHNMC00S	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXMC260	RX \$300 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00SRXXMC260N012024

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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	BHNMC00R	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMC262	RX \$0 DED \$5000/\$10000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00RRXXMC262N012024
C	20	BHNMC00R	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMC261	RX \$0 DED \$5000/\$10000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00RRXXMC261N012024
C	20	BHNMC00R	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMC263	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00RRXXMC261N012024
C	20	BHNMC00R	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMC264	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00RRXXMC264N012024
C	20	BHNMC00R	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMC265	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00RRXXMC265N012024
C	20	BHNMC00R	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMC266	RX \$100 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00RRXXMC266N012024
C	20	BHNMC00R	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMC267	RX \$200 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00RRXXMC267N012024
C	20	BHNMC00R	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMC268	RX \$300 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNMC00RRXXMC268N012024

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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	BHAMC042	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC377	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC042RXXMC377N012024
C	B	BHAMC042	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC378	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC042RXXMC378N012024
C	B	BHAMC042	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC379	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC042RXXMC379N012024
C	B	BHAMC042	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC380	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC042RXXMC380N012024
C	B	BHAMC042	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC381	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC042RXXMC381N012024
C	B	BHAMC042	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC382	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC042RXXMC382N012024
C	B	BHAMC042	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC383	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC042RXXMC383N012024
C	B	BHAMC042	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC384	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC042RXXMC384N012024

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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	BHAMC04C	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC377	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04CRXXMC377N012024
C	C	BHAMC04C	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC378	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04CRXXMC377N012024
C	C	BHAMC04C	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC379	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04CRXXMC379N012024
C	C	BHAMC04C	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC380	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04CRXXMC380N012024
C	C	BHAMC04C	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC381	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04CRXXMC381N012024
C	C	BHAMC04C	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC382	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04CRXXMC382N012024
C	C	BHAMC04C	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC383	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04CRXXMC383N012024
C	C	BHAMC04C	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC384	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04CRXXMC384N012024

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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	BHAMC04B	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC377	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04BRXXMC377N012024
C	I	BHAMC04B	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC378	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04BRXXMC378N012024
C	I	BHAMC04B	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC379	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04BRXXMC379N012024
C	I	BHAMC04B	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC380	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04BRXXMC380N012024
C	I	BHAMC04B	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC381	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04BRXXMC381N012024
C	I	BHAMC04B	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC382	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04BRXXMC382N012024
C	I	BHAMC04B	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC383	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04BRXXMC383N012024
C	I	BHAMC04B	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC384	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04BRXXMC384N012024

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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	BHAMC053	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC377	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC053RXXMC377N012024
C	J	BHAMC053	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC378	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC053RXXMC378N012024
C	J	BHAMC053	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC379	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC053RXXMC379N012024
C	J	BHAMC053	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC380	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC053RXXMC380N012024
C	J	BHAMC053	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC381	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC053RXXMC381N012024
C	J	BHAMC053	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC382	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC053RXXMC382N012024
C	J	BHAMC053	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC383	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC053RXXMC383N012024
C	J	BHAMC053	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC384	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC053RXXMC384N012024

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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	BHAMC051	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC377	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC051RXXMC377N012024
C	K	BHAMC051	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC378	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC051RXXMC378N012024
C	K	BHAMC051	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC379	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC051RXXMC379N012024
C	K	BHAMC051	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC380	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC051RXXMC380N012024
C	K	BHAMC051	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC381	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC051RXXMC381N012024
C	K	BHAMC051	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC382	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC051RXXMC382N012024
C	K	BHAMC051	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC383	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC051RXXMC383N012024
C	K	BHAMC051	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXMC384	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC051RXXMC384N012024

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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	BHAMCF17	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU2	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF17RXXMCFU2N012024
C	1-S	BHAMCF17	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU3	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF17RXXMCFU3N012024
C	1-S	BHAMCF17	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU4	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF17RXXMCFU4N012024
C	1-S	BHAMCF17	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU5	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF17RXXMCFU5N012024
C	1-S	BHAMCF17	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU6	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF17RXXMCFU6N012024
C	1-S	BHAMCF17	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU7	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF17RXXMCFU7N012024
C	1-S	BHAMCF17	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU8	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF17RXXMCFU8N012024
C	1-S	BHAMCF17	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU9	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF17RXXMCFU9N012024

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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	BHAMCF0U	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU2	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF0URXXMCFU2N012024
C	2-S	BHAMCF0U	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU3	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF0URXXMCFU3N012024
C	2-S	BHAMCF0U	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU4	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF0URXXMCFU4N012024
C	2-S	BHAMCF0U	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU5	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF0URXXMCFU5N012024
C	2-S	BHAMCF0U	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU6	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF0URXXMCFU6N012024
C	2-S	BHAMCF0U	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU7	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF0URXXMCFU7N012024
C	2-S	BHAMCF0U	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU8	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF0URXXMCFU8N012024
C	2-S	BHAMCF0U	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMCFU9	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF0URXXMCFU9N012024

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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	BHAMCF16	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT3	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF16RXXMCFT3N012024
C	3-S	BHAMCF16	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT4	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF16RXXMCFT4N012024
C	3-S	BHAMCF16	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT5	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF16RXXMCFT5N012024
C	3-S	BHAMCF16	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT6	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF16RXXMCFT6N012024
C	3-S	BHAMCF16	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT7	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF16RXXMCFT7N012024
C	3-S	BHAMCF16	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT8	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF16RXXMCFT8N012024
C	3-S	BHAMCF16	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT9	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF16RXXMCFT9N012024
C	3-S	BHAMCF16	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFU1	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF16RXXMCFU1N012024

BlueChoice HMO Open Access – Smart Selections

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	BHAMCF15	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT3	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF15RXXMCFT3N012024
C	4-S	BHAMCF15	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT4	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF15RXXMCFT4N012024
C	4-S	BHAMCF15	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT5	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF15RXXMCFT5N012024
C	4-S	BHAMCF15	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT6	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF15RXXMCFT6N012024
C	4-S	BHAMCF15	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT7	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF15RXXMCFT7N012024
C	4-S	BHAMCF15	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT8	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF15RXXMCFT8N012024
C	4-S	BHAMCF15	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFT9	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF15RXXMCFT9N012024
C	4-S	BHAMCF15	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXMCFU1	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF15RXXMCFU1N012024

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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	BHAMCF19	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMCF54	RX \$0 DED \$5000/\$10000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF19RXXMCF54N012024
C	5-S	BHAMCF19	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMCF55	RX \$0 DED \$5000/\$10000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF19RXXMCF55N012024
C	5-S	BHAMCF19	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMCF56	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF19RXXMCF56N012024
C	5-S	BHAMCF19	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMCF57	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF19RXXMCF57N012024
C	5-S	BHAMCF19	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMCF58	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF19RXXMCF58N012024
C	5-S	BHAMCF19	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMCF59	RX \$100 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF19RXXMCF59N012024
C	5-S	BHAMCF19	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMCF1	RX \$200 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF19RXXMCF1N012024
C	5-S	BHAMCF19	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXMCF2	RX \$300 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF19RXXMCF2N012024

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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	BHAMCF18	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCFR5	RX \$0 DED \$6000/\$12000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF18RXXMCFR5N012024
C	6-S	BHAMCF18	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCFR6	RX \$0 DED \$6000/\$12000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF18RXXMCFR6N012024
C	6-S	BHAMCF18	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCFR7	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF18RXXMCFR7N012024
C	6-S	BHAMCF18	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCFR8	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF18RXXMCFR8N012024
C	6-S	BHAMCF18	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCFR9	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF18RXXMCFR9N012024
C	6-S	BHAMCF18	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCF51	RX \$100 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF18RXXMCF51N012024
C	6-S	BHAMCF18	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCF52	RX \$200 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF18RXXMCF52N012024
C	6-S	BHAMCF18	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCF53	RX \$300 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCF18RXXMCF53N012024

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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	BHHMC02Q	\$1,200/\$2,400	N/A	\$2400/\$6550	N/A	Combined with Medical	RXCMC432	RX \$1200/\$2400 DED \$2400/\$6550 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02QRXCMC432N012024
C	1	BHHMC02Q	\$1,200/\$2,400	N/A	\$2400/\$6550	N/A	Combined with Medical	RXCMC657	RX \$1200/\$2400 DED \$2400/\$6550 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02QRXCMC657N012024
C	1	BHHMC02Q	\$1,200/\$2,400	N/A	\$2400/\$6550	N/A	Combined with Medical	RXCMC433	RX \$1200/\$2400 DED \$2400/\$6550 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02QRXCMC433N012024
C	1	BHHMC02Q	\$1,200/\$2,400	N/A	\$2400/\$6550	N/A	Combined with Medical	RXCMC434	RX \$1200/\$2400 DED \$2400/\$6550 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02QRXCMC434N012024
C	6	BHHMC028	\$1,300/\$2,600	N/A	\$2,600/\$6,550	N/A	Combined with Medical	RXCMC420	RX \$1300/\$2600 DED \$2600/\$6550 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC028RXCMC420N012024
C	6	BHHMC028	\$1,300/\$2,600	N/A	\$2,600/\$6,550	N/A	Combined with Medical	RXCMC421	RX \$1300/\$2600 DED \$2600/\$6550 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC028RXCMC421N012024
C	6	BHHMC028	\$1,300/\$2,600	N/A	\$2,600/\$6,550	N/A	Combined with Medical	RXCMC422	RX \$1300/\$2600 DED \$2600/\$6550 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC028RXCMC422N012024
C	6	BHHMC028	\$1,300/\$2,600	N/A	\$2,600/\$6,550	N/A	Combined with Medical	RXCMC423	RX \$1300/\$2600 DED \$2600/\$6550 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC028RXCMC423N012024

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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	BHHMC02Y	\$2,500/\$5,000	N/A	\$3,500/\$6,550	N/A	Combined with Medical	RXCMC428	RX \$2500/\$5000 DED \$3500/\$6550 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02YRXCMC428N012024
C	2	BHHMC02Y	\$2,500/\$5,000	N/A	\$3,500/\$6,550	N/A	Combined with Medical	RXCMC429	RX \$2500/\$5000 DED \$3500/\$6550 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02YRXCMC429N012024
C	2	BHHMC02Y	\$2,500/\$5,000	N/A	\$3,500/\$6,550	N/A	Combined with Medical	RXCMC430	RX \$2500/\$5000 DED \$3500/\$6550 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02YRXCMC430N012024
C	2	BHHMC02Y	\$2,500/\$5,000	N/A	\$3,500/\$6,550	N/A	Combined with Medical	RXCMC431	RX \$2500/\$5000 DED \$3500/\$6550 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02YRXCMC431N012024
C	3	BHHMC02X	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCMC424	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHMC02XRXCMC424N012024
C	3	BHHMC02X	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCMC425	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHMC02XRXCMC425N012024
C	3	BHHMC02X	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCMC426	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHMC02XRXCMC426N012024
C	3	BHHMC02X	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCMC427	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$50/ \$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHMC02XRXCMC427N012024

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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	BHHMC02N	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCMC484	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02NRXCMC484N012024
C	4	BHHMC02N	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCMC485	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02NRXCMC485N012024
C	4	BHHMC02N	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCMC486	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02NRXCMC486N012024
C	4	BHHMC02N	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCMC487	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02NRXCMC487N012024
C	11	BHHMC02P	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCMC400	RX \$2000/\$4000 DED \$4000/\$8000 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02PRXCMC400N012024
C	11	BHHMC02P	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCMC401	RX \$2000/\$4000 DED \$4000/\$8000 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02PRXCMC401N012024
C	11	BHHMC02P	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCMC402	RX \$2000/\$4000 DED \$4000/\$8000 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02PRXCMC402N012024
C	11	BHHMC02P	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCMC403	RX \$2000/\$4000 DED \$4000/\$8000 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02PRXCMC403N012024

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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	BHAMC04R	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC269	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04RRXXMC269N012024
C	L	BHAMC04R	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC270	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04RRXXMC270N012024
C	L	BHAMC04R	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC271	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04RRXXMC271N012024
C	L	BHAMC04R	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC272	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04RRXXMC272N012024
C	L	BHAMC04R	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC273	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04RRXXMC273N012024
C	L	BHAMC04R	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC274	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04RRXXMC274N012024
C	L	BHAMC04R	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC275	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04RRXXMC275N012024
C	L	BHAMC04R	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC276	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04RRXXMC276N012024

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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	BHAMC04Q	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC269	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04QRXXMC269N012024
C	M	BHAMC04Q	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC270	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04QRXXMC270N012024
C	M	BHAMC04Q	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC271	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04QRXXMC271N012024
C	M	BHAMC04Q	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC272	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04QRXXMC272N012024
C	M	BHAMC04Q	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC273	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04QRXXMC273N012024
C	M	BHAMC04Q	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC274	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04QRXXMC274N012024
C	M	BHAMC04Q	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC275	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04QRXXMC275N012024
C	M	BHAMC04Q	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC276	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04QRXXMC276N012024

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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	BHAMC04P	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC269	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04PRXXMC269N012024
C	N	BHAMC04P	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC270	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04PRXXMC270N012024
C	N	BHAMC04P	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC271	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04PRXXMC271N012024
C	N	BHAMC04P	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC272	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04PRXXMC271N012024
C	N	BHAMC04P	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC273	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04PRXXMC273N012024
C	N	BHAMC04P	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC274	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04PRXXMC274N012024
C	N	BHAMC04P	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC275	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04PRXXMC275N012024
C	N	BHAMC04P	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC276	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04PRXXMC276N012024

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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	BHAMC050	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC269	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC050RXXMC269N012024
C	O	BHAMC050	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC270	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC050RXXMC270N012024
C	O	BHAMC050	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC271	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC050RXXMC271N012024
C	O	BHAMC050	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC272	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC050RXXMC272N012024
C	O	BHAMC050	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC273	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC050RXXMC273N012024
C	O	BHAMC050	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC274	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC050RXXMC274N012024
C	O	BHAMC050	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC275	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC050RXXMC275N012024
C	O	BHAMC050	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC276	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC050RXXMC276N012024

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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	BHAMC04Z	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC269	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04ZRXXMC269N012024
C	P	BHAMC04Z	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC270	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04ZRXXMC270N012024
C	P	BHAMC04Z	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC271	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04ZRXXMC271N012024
C	P	BHAMC04Z	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC272	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04ZRXXMC272N012024
C	P	BHAMC04Z	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC273	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04ZRXXMC273N012024
C	P	BHAMC04Z	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC274	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04ZRXXMC274N012024
C	P	BHAMC04Z	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC275	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04ZRXXMC275N012024
C	P	BHAMC04Z	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXMC276	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMC04ZRXXMC276N012024

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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	BHHMC02T	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC480	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02TRXCMC480N012024
C	7	BHHMC02T	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC481	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02TRXCMC481N012024
C	7	BHHMC02T	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC482	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02TRXCMC482N012024
C	7	BHHMC02T	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC483	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02TRXCMC482N012024
C	8	BHHMC02S	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC480	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02SRXCMC480N012024
C	8	BHHMC02S	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC481	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02SRXCMC481N012024
C	8	BHHMC02S	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC482	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02SRXCMC482N012024
C	8	BHHMC02S	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC483	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02SRXCMC483N012024

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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	BHHMC02R	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC412	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02RRXCMC412N012024
C	9	BHHMC02R	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC413	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02RRXCMC413N012024
C	9	BHHMC02R	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC414	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02RRXCMC414N012024
C	9	BHHMC02R	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC415	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02RRXCMC415N012024
C	10	BHHMC02U	\$1,600/\$3200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC480	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02URXCMC480N012024
C	10	BHHMC02U	\$1,600/\$3200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC481	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02URXCMC481N012024
C	10	BHHMC02U	\$1,600/\$3200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC482	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02URXCMC482N012024
C	10	BHHMC02U	\$1,600/\$3200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCMC483	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHMC02URXCMC483N012024

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	BHAMCV0D	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCV96	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCV0DRXXMCV96N072024
C	Option MV3	BHAMCV0D	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCV2G	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCV0DRXXMCV2GN012024
C	Option MV3	BHAMCV0D	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCV2H	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCV0DRXXMCV2HN012024
C	Option MV3	BHAMCV0D	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCV2J	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCV0DRXXMCV2JN012024
C	Option MV4	BHAMCV0G	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXMCV97	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCV0GRXXMCV97N072024
C	Option MV4	BHAMCV0G	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXMCV2K	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCV0GRXXMCV2KN012024
C	Option MV4	BHAMCV0G	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXMCV2L	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCV0GRXXMCV2LN012024
C	Option MV4	BHAMCV0G	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXMCV2M	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCV0GRXXMCV2MN012024

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 MV5	BHAMCV0L	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXMCV98	RX \$0 DED \$8150/\$16300 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCV0LRXXMCV98N072024
C	Option MV5	BHAMCV0L	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXMCV83	RX \$0 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCV0LRXXMCV83N012024
C	Option MV5	BHAMCV0L	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXMCV84	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCV0LRXXMCV84N012024
C	Option MV5	BHAMCV0L	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXMCV85	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCV0LRXXMCV85N012024
C	Option MV6	BHAMCV0Q	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCV96	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCV0QRXXMCV96N072024
C	Option MV6	BHAMCV0Q	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCV2G	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCV0QRXXMCV2GN072024
C	Option MV6	BHAMCV0Q	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCV2H	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCV0QRXXMCV2HN072024
C	Option MV6	BHAMCV0Q	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXMCV2J	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAMCV0QRXXMCV2JN072024

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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	Option MV1	BHHMCV0F	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCMCV39	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHMCV0FRXCMCV39N012024
C	Option MV1	BHHMCV0F	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCMCV40	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$50/ \$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHMCV0FRXCMCV40N012024
C	Option MV3	BHHMCV0H	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCMCV85	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHMCV0HRXCMCV85N012024
C	Option MV3	BHHMCV0H	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCMCV86	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$50/ \$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHMCV0HRXCMCV86N012024
C	Option MV4	BHHMCV0J	\$5,000/\$10,000	N/A	\$6,650/\$13,300	N/A	Combined with Medical	RXCMCV43	RX \$5000/\$10000 DED \$6650/\$13300 OOP \$15/\$35/ \$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHMCV0JRXCMCV43N012024
C	Option MV4	BHHMCV0J	\$5,000/\$10,000	N/A	\$6,650/\$13,300	N/A	Combined with Medical	RXCMCV44	RX \$5000/\$10000 DED \$6650/\$13300 OOP \$15/\$50/ \$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHMCV0JRXCMCV44N012024

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 MV5	BHHMCV0K	\$7,000/\$14,000	N/A	\$8,000/\$16,000	N/A	Combined with Medical	RXCMCV11	RX \$7000/\$14000 DED \$8000/\$16000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHMCV0KRXCVCV11N072024
C	Option MV5	BHHMCV0K	\$7,000/\$14,000	N/A	\$8,000/\$16,000	N/A	Combined with Medical	RXCMCV12	RX \$7000/\$14000 DED \$8000/\$16000 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHMCV0KRXCVCV12N072024
C	Option MV6	BHHMCV0L	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCMCV85	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHMCV0LRXCVCV85N072024
C	Option MV6	BHHMCV0L	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCMCV86	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHMCV0LRXCVCV86N072024

Appendix: Changing Coverage Period

<https://content.carefirst.com/sbc/BAHMB01LRXCMB258N012024.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