

Supplement to:

Mid-Market Product Portfolio Companion Guide

Virginia

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
C	4	BAVVC037	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6B	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC037RXXVCW6BN012024
C	4	BAVVC037	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6D	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC037RXXVCW6DN012024
C	4	BAVVC037	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6E	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC037RXXVCW6EN012024
C	4	BAVVC037	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6G	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC037RXXVCW6GN012024
C	4	BAVVC037	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6H	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC037RXXVCW6HN012024
C	4	BAVVC037	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6J	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC037RXXVCW6JN012024
C	4	BAVVC037	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6L	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC037RXXVCW6LN012024
C	4	BAVVC037	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6M	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC037RXXVCW6MN012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	6	BAVVC036	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6B	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC036RXXVCW6BN012024
C	6	BAVVC036	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6D	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC036RXXVCW6DN012024
C	6	BAVVC036	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6E	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC036RXXVCW6EN012024
C	6	BAVVC036	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6G	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC036RXXVCW6GN012024
C	6	BAVVC036	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6H	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC036RXXVCW6HN012024
C	6	BAVVC036	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6J	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC036RXXVCW6JN012024
C	6	BAVVC036	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6L	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC036RXXVCW6LN012024
C	6	BAVVC036	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6M	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC036RXXVCW6MN012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	7	BAVVC035	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6B	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC035RXXVCW6BN012024
C	7	BAVVC035	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6D	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC035RXXVCW6DN012024
C	7	BAVVC035	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6E	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC035RXXVCW6EN012024
C	7	BAVVC035	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6G	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC035RXXVCW6GN012024
C	7	BAVVC035	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6H	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC035RXXVCW6HN012024
C	7	BAVVC035	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6J	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC035RXXVCW6JN012024
C	7	BAVVC035	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6L	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC035RXXVCW6LN012024
C	7	BAVVC035	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6M	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC035RXXVCW6MN012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	8	BAVVC034	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6B	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC034RXXVCW6BN012024
C	8	BAVVC034	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6D	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC034RXXVCW6DN012024
C	8	BAVVC034	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6E	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC034RXXVCW6EN012024
C	8	BAVVC034	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6G	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC034RXXVCW6GN012024
C	8	BAVVC034	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6H	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC034RXXVCW6HN012024
C	8	BAVVC034	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6J	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC034RXXVCW6JN012024
C	8	BAVVC034	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6L	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC034RXXVCW6LN012024
C	8	BAVVC034	\$250/\$500	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVCW6M	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC034RXXVCW6MN012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	15	BAVVC02K	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXVC501	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02KRXXVC501N012024
C	15	BAVVC02K	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXVC500	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02KRXXVC500N012024
C	15	BAVVC02K	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXVC502	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02KRXXVC502N012024
C	15	BAVVC02K	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXVC503	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02KRXXVC503N012024
C	15	BAVVC02K	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXVC504	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02KRXXVC504N012024
C	15	BAVVC02K	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXVC520	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02KRXXVC520N012024
C	15	BAVVC02K	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXVC521	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02KRXXVC521N012024
C	15	BAVVC02K	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXVC522	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02KRXXVC522N012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	16	BAVVC02J	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXVC501	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02JRXXVC501N012024
C	16	BAVVC02J	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXVC500	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02JRXXVC500N012024
C	16	BAVVC02J	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXVC502	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02JRXXVC502N012024
C	16	BAVVC02J	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXVC503	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02JRXXVC503N012024
C	16	BAVVC02J	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXVC504	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02JRXXVC504N012024
C	16	BAVVC02J	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXVC520	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02JRXXVC520N012024
C	16	BAVVC02J	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXVC521	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02JRXXVC521N012024
C	16	BAVVC02J	\$500/\$1000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	Combined with Medical	RXXVC522	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02JRXXVC522N012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	17	BANVC00A	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXVC506	RX \$0 DED \$2000/\$4000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00ARXXVC506N012024
C	17	BANVC00A	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXVC505	RX \$0 DED \$2000/\$4000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00ARXXVC505N012024
C	17	BANVC00A	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXVC507	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00ARXXVC507N012024
C	17	BANVC00A	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXVC508	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00ARXXVC508N012024
C	17	BANVC00A	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXVC509	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00ARXXVC509N012024
C	17	BANVC00A	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXVC523	RX \$100 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00ARXXVC523N012024
C	17	BANVC00A	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXVC524	RX \$200 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00ARXXVC524N012024
C	17	BANVC00A	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	Combined with Medical	RXXVC525	RX \$300 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00ARXXVC525N012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	18	BANVC00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXVC511	RX \$0 DED \$3000/\$6000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00FRXXVC511N012024
C	18	BANVC00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXVC510	RX \$0 DED \$3000/\$6000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00FRXXVC510N012024
C	18	BANVC00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXVC512	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00FRXXVC512N012024
C	18	BANVC00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXVC513	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00FRXXVC513N012024
C	18	BANVC00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXVC514	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00FRXXVC514N012024
C	18	BANVC00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXVC526	RX \$100 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00FRXXVC526N012024
C	18	BANVC00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXVC527	RX \$200 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00FRXXVC527N012024
C	18	BANVC00F	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	Combined with Medical	RXXVC528	RX \$300 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00FRXXVC528N012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	19	BANVC00C	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXVC516	RX \$0 DED \$4000/\$8000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00CRXXVC516N012024
C	19	BANVC00C	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXVC515	RX \$0 DED \$4000/\$8000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00CRXXVC515N012024
C	19	BANVC00C	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXVC517	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00CRXXVC517N012024
C	19	BANVC00C	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXVC518	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00CRXXVC518N012024
C	19	BANVC00C	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXVC519	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00CRXXVC519N012024
C	19	BANVC00C	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXVC529	RX \$100 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00CRXXVC529N012024
C	19	BANVC00C	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXVC530	RX \$200 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00CRXXVC530N012024
C	19	BANVC00C	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXXVC531	RX \$300 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00CRXXVC531N012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	20	BANVC00B	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXVC536	RX \$0 DED \$5000/\$10000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00BRXXVC536N012024
C	20	BANVC00B	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXVC535	RX \$0 DED \$5000/\$10000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00BRXXVC535N012024
C	20	BANVC00B	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXVC537	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00BRXXVC537N012024
C	20	BANVC00B	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXVC538	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00BRXXVC538N012024
C	20	BANVC00B	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXVC539	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00BRXXVC539N012024
C	20	BANVC00B	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXVC540	RX \$100 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00BRXXVC540N012024
C	20	BANVC00B	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXVC541	RX \$200 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00BRXXVC541N012024
C	20	BANVC00B	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	Combined with Medical	RXXVC542	RX \$300 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00BRXXVC542N012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	Q	BANVC00E	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXVCW6N	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00ERXXVCW6NN012024
C	Q	BANVC00E	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXVCW6Q	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00ERXXVCW6QN012024
C	Q	BANVC00E	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXVCW6R	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00ERXXVCW6RN012024
C	Q	BANVC00E	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXVCW6S	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00ERXXVCW6SN012024
C	Q	BANVC00E	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXVCW6T	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00ERXXVCW6TN012024
C	Q	BANVC00E	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXVCW6U	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00ERXXVCW6UN012024
C	Q	BANVC00E	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXVCW6V	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00ERXXVCW6VN012024
C	Q	BANVC00E	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500	RXXVCW6W	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BANVC00ERXXVCW6WN012024

BlueChoice Advantage – Smart Selections

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	1-S	BAVVCFOW	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXVCF9B	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCFOWRXXVCF9BN012024
C	1-S	BAVVCFOW	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXVCF9C	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCFOWRXXVCF9CN012024
C	1-S	BAVVCFOW	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXVCF9D	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCFOWRXXVCF9DN012024
C	1-S	BAVVCFOW	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXVCF9E	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCFOWRXXVCF9EN012024
C	1-S	BAVVCFOW	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXVCF9F	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCFOWRXXVCF9FN012024
C	1-S	BAVVCFOW	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXVCF8J	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCFOWRXXVCF8JN012024
C	1-S	BAVVCFOW	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXVCF8K	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCFOWRXXVCF8KN012024
C	1-S	BAVVCFOW	None	\$500/\$1,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXVCF8L	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCFOWRXXVCF8LN012024

BlueChoice Advantage – Smart Selections

Open Access Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	2-S	BAVVCF0V	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXVCF9B	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCF0VRXXVCF9BN012024
C	2-S	BAVVCF0V	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXVCF9C	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCF0VRXXVCF9CN012024
C	2-S	BAVVCF0V	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXVCF9D	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCF0VRXXVCF9DN012024
C	2-S	BAVVCF0V	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXVCF9E	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCF0VRXXVCF9EN012024
C	2-S	BAVVCF0V	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXVCF9F	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCF0VRXXVCF9FN012024
C	2-S	BAVVCF0V	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXVCF8J	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCF0VRXXVCF8JN012024
C	2-S	BAVVCF0V	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXVCF8K	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCF0VRXXVCF8KN012024
C	2-S	BAVVCF0V	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$6,500/\$13,000	Combined with Medical	RXXVCF8L	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCF0VRXXVCF8LN012024

BlueChoice Advantage – Smart Selections

Open Access Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	3-S	BAVVCF0Y	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXVCF8A	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCF0YRXXVCF8AN012024
C	3-S	BAVVCF0Y	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXVCF8B	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCF0YRXXVCF8BN012024
C	3-S	BAVVCF0Y	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXVCF8C	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCF0YRXXVCF8CN012024
C	3-S	BAVVCF0Y	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXVCF8D	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCF0YRXXVCF8DN012024
C	3-S	BAVVCF0Y	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXVCF8E	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCF0YRXXVCF8EN012024
C	3-S	BAVVCF0Y	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXVCF8M	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCF0YRXXVCF8MN012024
C	3-S	BAVVCF0Y	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXVCF8N	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCF0YRXXVCF8NN012024
C	3-S	BAVVCF0Y	\$1,000/\$2,000	\$2,000/\$4,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXVCF8P	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCF0YRXXVCF8PN012024

BlueChoice Advantage

Open Access Separate Medical & RX Deductibles - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	4-S	BAVVCFOX	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXVCF8A	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCFOXRXVCF8AN012024
C	4-S	BAVVCFOX	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXVCF8B	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCFOXRXVCF8BN012024
C	4-S	BAVVCFOX	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXVCF8C	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCFOXRXVCF8CN012024
C	4-S	BAVVCFOX	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXVCF8D	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCFOXRXVCF8DN012024
C	4-S	BAVVCFOX	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXVCF8E	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCFOXRXVCF8EN012024
C	4-S	BAVVCFOX	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXVCF8M	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCFOXRXVCF8MN012024
C	4-S	BAVVCFOX	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXVCF8N	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCFOXRXVCF8NN012024
C	4-S	BAVVCFOX	\$2,000/\$4,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,850/\$15,700	Combined with Medical	RXXVCF8P	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCFOXRXVCF8PN012024

BlueChoice Advantage

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	9	BAVVC033	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC638	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC033RXXVC638N012024
C	9	BAVVC033	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC639	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC033RXXVC639N012024
C	9	BAVVC033	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC640	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC033RXXVC640N012024
C	9	BAVVC033	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC641	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC033RXXVC641N012024
C	9	BAVVC033	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC642	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC033RXXVC642N012024
C	9	BAVVC033	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC643	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC033RXXVC643N012024
C	9	BAVVC033	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC644	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC033RXXVC644N012024
C	9	BAVVC033	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC645	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC033RXXVC645N012024

BlueChoice Advantage

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	10	BAVVC02X	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC638	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02RXXVC638N012024
C	10	BAVVC02X	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC639	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02RXXVC639N012024
C	10	BAVVC02X	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC640	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02RXXVC640N012024
C	10	BAVVC02X	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC641	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02RXXVC641N012024
C	10	BAVVC02X	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC642	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02RXXVC642N012024
C	10	BAVVC02X	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC643	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02RXXVC643N012024
C	10	BAVVC02X	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC644	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02RXXVC644N012024
C	10	BAVVC02X	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC645	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02RXXVC645N012024

BlueChoice Advantage

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	11	BAVVC02W	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC638	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02WRXXVC638N012024
C	11	BAVVC02W	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC639	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02WRXXVC639N012024
C	11	BAVVC02W	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC640	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02WRXXVC640N012024
C	11	BAVVC02W	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC641	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02WRXXVC641N012024
C	11	BAVVC02W	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC642	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02WRXXVC642N012024
C	11	BAVVC02W	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC643	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02WRXXVC643N012024
C	11	BAVVC02W	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC644	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02WRXXVC644N012024
C	11	BAVVC02W	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC645	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02WRXXVC645N012024

BlueChoice Advantage

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	12	BAVVC02V	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC638	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02VRXXVC638N012024
C	12	BAVVC02V	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC639	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02VRXXVC639N012024
C	12	BAVVC02V	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC640	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02VRXXVC640N012024
C	12	BAVVC02V	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC641	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02VRXXVC641N012024
C	12	BAVVC02V	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC642	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02VRXXVC642N012024
C	12	BAVVC02V	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC643	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02VRXXVC643N012024
C	12	BAVVC02V	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC644	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02VRXXVC644N012024
C	12	BAVVC02V	\$2,000/\$4,000	\$4,000/\$8,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC645	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02VRXXVC645N012024

BlueChoice Advantage

Non-Integrated Deductibles (can be sold as an HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	13	BAVVC02U	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC638	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02URXXVC638N012024
C	13	BAVVC02U	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC639	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02URXXVC639N012024
C	13	BAVVC02U	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC640	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02URXXVC640N012024
C	13	BAVVC02U	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC641	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02URXXVC641N012024
C	13	BAVVC02U	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC642	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02URXXVC642N012024
C	13	BAVVC02U	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC643	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02URXXVC643N012024
C	13	BAVVC02U	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC644	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02URXXVC644N012024
C	13	BAVVC02U	\$500/\$1,000	\$1,000/\$2,000	\$4,500/\$9,000	\$9,000/\$18,000	Combined with Medical	RXXVC645	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVC02URXXVC645N012024

BlueChoice Advantage

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

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	1	BAHVC01R	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCVC680	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01RRXCVC680N012024
C	1	BAHVC01R	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCVC681	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01RRXCVC681N012024
C	1	BAHVC01R	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCVC682	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01RRXCVC682N012024
C	1	BAHVC01R	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCVC683	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01RRXCVC683N012024
C	2	BAHVC01Q	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCVC636	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01QRXCVC636N012024
C	2	BAHVC01Q	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCVC637	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01QRXCVC637N012024
C	2	BAHVC01Q	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCVC638	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01QRXCVC638N012024
C	2	BAHVC01Q	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCVC639	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01QRXCVC639N012024

BlueChoice Advantage

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

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	12	BAHVC01F	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCVC636	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01FRXCVC636N012024
C	12	BAHVC01F	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCVC637	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01FRXCVC637N012024
C	12	BAHVC01F	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCVC638	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01FRXCVC638N012024
C	12	BAHVC01F	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$5,950/\$11,900	Combined with Medical	RXCVC639	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01FRXCVC639N012024
C	14	BAHVC01S	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXCVC620	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	BAHVC01SRXCVC620N012024
C	14	BAHVC01S	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXCVC621	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	BAHVC01SRXCVC621N012024
C	14	BAHVC01S	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXCVC622	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	BAHVC01SRXCVC622N012024
C	14	BAHVC01S	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	Combined with Medical	RXCVC623	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	BAHVC01SRXCVC623N012024

BlueChoice Advantage

Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	3	BAHVC01P	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCVC684	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01PRXCVC684N012024
C	3	BAHVC01P	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCVC685	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01PRXCVC685N012024
C	3	BAHVC01P	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCVC686	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01PRXCVC686N012024
C	3	BAHVC01P	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCVC687	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01PRXCVC687N012024
C	4	BAHVC01T	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCVC684	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01TRXCVC684N012024
C	4	BAHVC01T	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCVC685	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01TRXCVC685N012024
C	4	BAHVC01T	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCVC686	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01TRXCVC686N012024
C	4	BAHVC01T	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCVC687	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01TRXCVC687N012024

BlueChoice Advantage

Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	5	BAHVC01H	\$2,500/\$5,000	\$5,000/\$10,000	\$4,500/\$7,900	\$9,000/\$18,000	Combined with Medical	RXCVC656	RX \$2,500/\$5,000 DED \$4500/\$7900 OOP \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01HRXCVC656N012024
C	5	BAHVC01H	\$2,500/\$5,000	\$5,000/\$10,000	\$4,500/\$7,900	\$9,000/\$18,000	Combined with Medical	RXCVC657	RX \$2,500/\$5,000 DED \$4500/\$7900 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01HRXCVC657N012024
C	5	BAHVC01H	\$2,500/\$5,000	\$5,000/\$10,000	\$4,500/\$7,900	\$9,000/\$18,000	Combined with Medical	RXCVC658	RX \$2,500/\$5,000 DED \$4500/\$7900 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01HRXCVC658N012024
C	5	BAHVC01H	\$2,500/\$5,000	\$5,000/\$10,000	\$4,500/\$7,900	\$9,000/\$18,000	Combined with Medical	RXCVC659	RX \$2,500/\$5,000 DED \$4500/\$7900 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01HRXCVC659N012024
C	6	BAHVC01G	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCVC684	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01GRXCVC684N012024
C	6	BAHVC01G	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCVC685	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01GRXCVC685N012024
C	6	BAHVC01G	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCVC686	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01GRXCVC686N012024
C	6	BAHVC01G	\$1,600/\$3,200	\$3,200/\$6,400	\$4,500/\$7,900	\$6,550/\$13,100	Combined with Medical	RXCVC687	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BAHVC01GRXCVC687N012024

BlueChoice Advantage – Minimum Value

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

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	Option MV1	BAVVCV0N	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$12,700/\$25,400	Combined with Medical	RXXVCV17	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0NRXXVCV17N072024
C	Option MV1	BAVVCV0N	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$12,700/\$25,400	Combined with Medical	RXXVCV86	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0NRXXVCV86N012024
C	Option MV1	BAVVCV0N	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$12,700/\$25,400	Combined with Medical	RXXVCV87	RX \$500 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0NRXXVCV87N012024
C	Option MV1	BAVVCV0N	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$12,700/\$25,400	Combined with Medical	RXXVCV88	RX \$500 DED \$6350/\$12700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0NRXXVCV88N012024
C	Option MV3	BAVVCV0R	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXVCV19	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0RRXXVCV19N072024
C	Option MV3	BAVVCV0R	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXVCV80	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0RRXXVCV80N012024
C	Option MV3	BAVVCV0R	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXVCV81	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0RRXXVCV81N012024
C	Option MV3	BAVVCV0R	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXVCV82	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0RRXXVCV82N012024

BlueChoice Advantage – Minimum Value

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

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	Option MV4	BAVVCV0Q	\$5,000/\$10,000	\$10,000/\$20,000	\$7,350/\$14,700	\$15,000/\$30,000	Combined with Medical	RXXVCV20	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0QRXXVCV20N072024
C	Option MV4	BAVVCV0Q	\$5,000/\$10,000	\$10,000/\$20,000	\$7,350/\$14,700	\$15,000/\$30,000	Combined with Medical	RXXVCV83	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0QRXXVCV83N012024
C	Option MV4	BAVVCV0Q	\$5,000/\$10,000	\$10,000/\$20,000	\$7,350/\$14,700	\$15,000/\$30,000	Combined with Medical	RXXVCV84	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0QRXXVCV84N012024
C	Option MV4	BAVVCV0Q	\$5,000/\$10,000	\$10,000/\$20,000	\$7,350/\$14,700	\$15,000/\$30,000	Combined with Medical	RXXVCV85	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0QRXXVCV85N012024
C	Option MV5	BAVVCV0P	\$7,000/\$14,000	\$10,000/\$20,000	\$8,150/\$16,300	\$15,000/\$30,000	Combined with Medical	RXXVCV21	RX \$0 DED \$8150/\$16300 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0PRXXVCV21N072024
C	Option MV5	BAVVCV0P	\$7,000/\$14,000	\$10,000/\$20,000	\$8,150/\$16,300	\$15,000/\$30,000	Combined with Medical	RXXVCV90	RX \$0 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0PRXXVCV90N012024
C	Option MV5	BAVVCV0P	\$7,000/\$14,000	\$10,000/\$20,000	\$8,150/\$16,300	\$15,000/\$30,000	Combined with Medical	RXXVCV91	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0PRXXVCV91N012024
C	Option MV5	BAVVCV0P	\$7,000/\$14,000	\$10,000/\$20,000	\$8,150/\$16,300	\$15,000/\$30,000	Combined with Medical	RXXVCV92	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0PRXXVCV92N012024

BlueChoice Advantage – Minimum Value

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

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	Option MV6	BAVVCV0S	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXVCV19	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0SRXXVCV19N072024
C	Option MV6	BAVVCV0S	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXVCV80	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0SRXXVCV80N072024
C	Option MV6	BAVVCV0S	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXVCV81	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0SRXXVCV81N072024
C	Option MV6	BAVVCV0S	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXXVCV82	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAVVCV0SRXXVCV82N072024

BlueChoice Advantage – Minimum Value

Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	Option MV1	BAHVCVOL	\$4,000/\$8,000	\$8,000/\$16,000	\$6,550/\$13,100	\$12,700/\$25,400	Combined with Medical	RXCVCV11	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHVCVOLRXCVCV11N012024
C	Option MV1	BAHVCVOL	\$4,000/\$8,000	\$8,000/\$16,000	\$6,550/\$13,100	\$12,700/\$25,400	Combined with Medical	RXCVCV12	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHVCVOLRXCVCV12N012024
C	Option MV2	BAHVCVOK	\$5,500/\$11,000	\$11,000/\$15,000	\$6,550/\$13,100	\$13,100/\$25,000	Combined with Medical	RXCVCV13	RX \$5500/\$11000 DED \$6550/\$13100 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHVCVOKRXCVCV13N012024
C	Option MV2	BAHVCVOK	\$5,500/\$11,000	\$11,000/\$15,000	\$6,550/\$13,100	\$13,100/\$25,000	Combined with Medical	RXCVCV14	RX \$5500/\$11000 DED \$6550/\$13100 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHVCVOKRXCVCV14N012024
C	Option MV3	BAHVCVOJ	\$3,200/\$6,400	\$6,400/\$12,800	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXCVCV40	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHVCVOJRXCV40N012024
C	Option MV3	BAHVCVOJ	\$3,200/\$6,400	\$6,400/\$12,800	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXCVCV41	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHVCVOJRXCV41N012024

BlueChoice Advantage – Minimum Value

Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	Option MV4	BAHVCV0H	\$5,000/\$10,000	\$10,000/\$20,000	\$6,650/\$13,300	\$15,000/\$30,000	Combined with Medical	RXCVCV17	RX \$5000/\$10000 DED \$6650/\$13300 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHVCV0HRCVCV17N012024
C	Option MV4	BAHVCV0H	\$5,000/\$10,000	\$10,000/\$20,000	\$6,650/\$13,300	\$15,000/\$30,000	Combined with Medical	RXCVCV18	RX \$5000/\$10000 DED \$6650/\$13300 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHVCV0HRCVCV18N012024
C	Option MV5	BAHVCV0M	\$7,000/\$14,000	\$10,000/\$20,000	\$8,000/\$16,000	\$15,000/\$30,000	Combined with Medical	RXCVCV42	RX \$7000/\$14000 DED \$8000/\$16000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHVCV0MRXCVCV42N072024
C	Option MV5	BAHVCV0M	\$7,000/\$14,000	\$10,000/\$20,000	\$8,000/\$16,000	\$15,000/\$30,000	Combined with Medical	RXCVCV43	RX \$7000/\$14000 DED \$8000/\$16000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHVCV0MRXCVCV43N072024
C	Option MV6	BAHVCV0N	\$3,200/\$6,400	\$6,400/\$12,800	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXCVCV40	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHVCV0NRXCVCV40N072024
C	Option MV6	BAHVCV0N	\$3,200/\$6,400	\$6,400/\$12,800	\$6,000/\$12,000	\$12,000/\$24,000	Combined with Medical	RXCVCV41	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BAHVCV0NRXCVCV41N072024

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	EBNVC00B	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXVC809	RX \$0 DED \$2500/\$5000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC00BRXXVC809N012024
C	1	EBNVC00B	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXVC800	RX \$0 DED \$2500/\$5000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC00BRXXVC800N012024
C	1	EBNVC00B	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXVC824	RX \$0 DED \$2500/\$5000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC00BRXXVC824N012024
C	1	EBNVC00B	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXVC836	RX \$0 DED \$2500/\$5000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC00BRXXVC836N012024
C	1	EBNVC00B	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXVC839	RX \$0 DED \$2500/\$5000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC00BRXXVC839N012024
C	1	EBNVC00B	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXVC825	RX \$100 DED \$2500/\$5000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC00BRXXVC825N012024
C	1	EBNVC00B	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXVC826	RX \$200 DED \$2500/\$5000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC00BRXXVC826N012024
C	1	EBNVC00B	None	N/A	\$2,500/\$5,000	N/A	Combined with Medical	RXXVC827	RX \$300 DED \$2500/\$5000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC00BRXXVC827N012024

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	EBNVC00A	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC638	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC00ARXXVC638N012024
C	2	EBNVC00A	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC639	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC00ARXXVC639N012024
C	2	EBNVC00A	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC640	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC00ARXXVC640N012024
C	2	EBNVC00A	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC641	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC00ARXXVC641N012024
C	2	EBNVC00A	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC642	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC00ARXXVC642N012024
C	2	EBNVC00A	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC643	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC00ARXXVC643N012024
C	2	EBNVC00A	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC644	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC00ARXXVC644N012024
C	2	EBNVC00A	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC645	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC00ARXXVC645N012024

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	EBNVC009	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC638	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC009RXXVC638N012024
C	4	EBNVC009	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC639	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC009RXXVC639N012024
C	4	EBNVC009	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC640	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC009RXXVC640N012024
C	4	EBNVC009	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC641	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC009RXXVC641N012024
C	4	EBNVC009	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC642	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC009RXXVC642N012024
C	4	EBNVC009	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC643	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC009RXXVC643N012024
C	4	EBNVC009	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC644	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC009RXXVC644N012024
C	4	EBNVC009	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC645	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC009RXXVC645N012024

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	EBNVC008	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVC810	RX \$0 DED \$6000/\$12000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC008RXXVC810N012024
C	5	EBNVC008	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVC801	RX \$0 DED \$6000/\$12000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC008RXXVC801N012024
C	5	EBNVC008	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVC828	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC008RXXVC828N012024
C	5	EBNVC008	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVC837	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC008RXXVC837N012024
C	5	EBNVC008	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVC840	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC008RXXVC840N012024
C	5	EBNVC008	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVC829	RX \$100 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC008RXXVC829N012024
C	5	EBNVC008	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVC830	RX \$200 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC008RXXVC830N012024
C	5	EBNVC008	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVC831	RX \$300 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC008RXXVC831N012024

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	EBNVC007	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXVC811	RX \$0 DED \$7350/\$14700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC007RXXVC811N012024
C	6	EBNVC007	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXVC802	RX \$0 DED \$7350/\$14700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC007RXXVC802N012024
C	6	EBNVC007	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXVC832	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC007RXXVC832N012024
C	6	EBNVC007	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXVC838	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC007RXXVC838N012024
C	6	EBNVC007	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXVC841	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC007RXXVC841N012024
C	6	EBNVC007	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXVC833	RX \$100 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC007RXXVC833N012024
C	6	EBNVC007	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXVC834	RX \$200 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC007RXXVC834N012024
C	6	EBNVC007	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXVC835	RX \$300 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBNVC007RXXVC835N012024

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	EBHVC005	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC684	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	EBHVC005RXCVC684N012024
C	3	EBHVC005	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC685	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	EBHVC005RXCVC685N012024
C	3	EBHVC005	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC686	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	EBHVC005RXCVC686N012024
C	3	EBHVC005	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC687	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	EBHVC005RXCVC687N012024
C	7	EBHVC004	\$5,000/\$10,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCVC664	RX \$5000/\$10000 DED \$6550/\$13100 OOP \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBHVC004RXCVC664N012024
C	7	EBHVC004	\$5,000/\$10,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCVC665	RX \$5000/\$10000 DED \$6550/\$13100 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBHVC004RXCVC665N012024
C	7	EBHVC004	\$5,000/\$10,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCVC666	RX \$5000/\$10000 DED \$6550/\$13100 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBHVC004RXCVC666N012024
C	7	EBHVC004	\$5,000/\$10,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCVC667	RX \$5,000/\$10000 DED \$6550/\$13100 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	EBHVC004RXCVC667N012024

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	BPPVB02H	None	\$300/\$600	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXVBW6A	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02HRXXVBW6AN012024
B	1	BPPVB02H	None	\$300/\$600	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXVBW6B	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02HRXXVBW6BN012024
B	1	BPPVB02H	None	\$300/\$600	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXVBW6C	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02HRXXVBW6CN012024
B	1	BPPVB02H	None	\$300/\$600	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXVBW6D	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02HRXXVBW6DN012024
B	1	BPPVB02H	None	\$300/\$600	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXVBW6E	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02HRXXVBW6EN012024
B	1	BPPVB02H	None	\$300/\$600	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXVBW6F	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02HRXXVBW6FN012024
B	1	BPPVB02H	None	\$300/\$600	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXVBW6G	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02HRXXVBW6GN012024
B	1	BPPVB02H	None	\$300/\$600	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500	RXXVBW6H	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02HRXXVBW6HN012024

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	BPPVB02E	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6A	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02ERXXVBW6AN012024
B	6	BPPVB02E	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6B	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02ERXXVBW6BN012024
B	6	BPPVB02E	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6C	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02ERXXVBW6CN012024
B	6	BPPVB02E	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6D	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02ERXXVBW6DN012024
B	6	BPPVB02E	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6E	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02ERXXVBW6EN012024
B	6	BPPVB02E	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6F	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02ERXXVBW6FN012024
B	6	BPPVB02E	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6G	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02ERXXVBW6GN012024
B	6	BPPVB02E	None	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6H	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02ERXXVBW6HN012024

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	BPPVB029	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6A	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB029RXXVBW6AN012024
B	7	BPPVB029	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6B	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB029RXXVBW6BN012024
B	7	BPPVB029	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6C	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB029RXXVBW6CN012024
B	7	BPPVB029	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6D	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB029RXXVBW6DN012024
B	7	BPPVB029	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6E	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB029RXXVBW6EN012024
B	7	BPPVB029	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6F	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB029RXXVBW6FN012024
B	7	BPPVB029	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6G	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB029RXXVBW6GN012024
B	7	BPPVB029	\$250/\$500	\$500/\$1,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6H	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB029RXXVBW6HN012024

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	BPPVB028	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6A	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB028RXXVBW6AN012024
B	9	BPPVB028	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6B	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB028RXXVBW6BN012024
B	9	BPPVB028	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6C	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB028RXXVBW6CN012024
B	9	BPPVB028	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6D	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB028RXXVBW6DN012024
B	9	BPPVB028	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6E	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB028RXXVBW6EN012024
B	9	BPPVB028	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6F	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB028RXXVBW6FN012024
B	9	BPPVB028	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6G	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB028RXXVBW6GN012024
B	9	BPPVB028	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500	RXXVBW6H	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB028RXXVBW6HN012024

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	BPPVB02G	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXVBW6K	RX \$0 DED \$2000/\$4000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02GRXXVBW6KN012024
B	14	BPPVB02G	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXVBW6L	RX \$0 DED \$2000/\$4000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02GRXXVBW6LN012024
B	14	BPPVB02G	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXVBW6M	RX \$0 DED \$2000/\$4000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02GRXXVBW6MN012024
B	14	BPPVB02G	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXVBW6P	RX \$0 DED \$2000/\$4000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02GRXXVBW6PN012024
B	14	BPPVB02G	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXVBW6Q	RX \$0 DED \$2000/\$4000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02GRXXVBW6QN012024
B	14	BPPVB02G	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXVBW6R	RX \$100 DED \$2000/\$4000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02GRXXVBW6RN012024
B	14	BPPVB02G	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXVBW6S	RX \$200 DED \$2000/\$4000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02GRXXVBW6SN012024
B	14	BPPVB02G	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000	RXXVBW6T	RX \$300 DED \$2000/\$4000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02GRXXVBW6TN012024

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	BPPVB02F	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$20,000/\$20,000	Combined with Medical	RXXVBW6U	RX \$0 DED \$6350/\$12700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02FRXXVBW6UN012024
B	19	BPPVB02F	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$20,000/\$20,000	Combined with Medical	RXXVBW6V	RX \$0 DED \$6350/\$12700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02FRXXVBW6VN012024
B	19	BPPVB02F	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$20,000/\$20,000	Combined with Medical	RXXVBW6W	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02FRXXVBW6WN012024
B	19	BPPVB02F	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$20,000/\$20,000	Combined with Medical	RXXVBW6Y	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02FRXXVBW6YN012024
B	19	BPPVB02F	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$20,000/\$20,000	Combined with Medical	RXXVBW6Z	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02FRXXVBW6ZN012024
B	19	BPPVB02F	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$20,000/\$20,000	Combined with Medical	RXXVBW7A	RX \$100 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02FRXXVBW7AN012024
B	19	BPPVB02F	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$20,000/\$20,000	Combined with Medical	RXXVBW7B	RX \$200 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02FRXXVBW7BN012024
B	19	BPPVB02F	\$5,000/\$10,000	\$10,000/\$20,000	\$6,350/\$12,700	\$20,000/\$20,000	Combined with Medical	RXXVBW7C	RX \$300 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BPPVB02FRXXVBW7CN012024

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	BPHVB01T	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$15,000/\$15,000	Combined with Medical	RXCVB630	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHVB01TRXCVB630N012024
B	3	BPHVB01T	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$15,000/\$15,000	Combined with Medical	RXCVB631	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHVB01TRXCVB631N012024
B	3	BPHVB01T	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$15,000/\$15,000	Combined with Medical	RXCVB632	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHVB01TRXCVB632N012024
B	3	BPHVB01T	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$15,000/\$15,000	Combined with Medical	RXCVB633	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHVB01TRXCVB633N012024
Integrated Deductibles Health Savings Account (HSA) - Formulary 3 RX										
B	3	BPHVB01S	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$8,000/\$16,000	Combined with Medical	RXCVB630	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHVB01SRXCVB630N012024
B	3	BPHVB01S	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$8,000/\$16,000	Combined with Medical	RXCVB631	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHVB01SRXCVB631N012024
B	3	BPHVB01S	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$8,000/\$16,000	Combined with Medical	RXCVB632	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHVB01SRXCVB632N012024
B	3	BPHVB01S	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,550	\$8,000/\$16,000	Combined with Medical	RXCVB633	RX \$2000/\$4000 DED \$3000/\$6550 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHVB01SRXCVB633N012024

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	BPHVB01R	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCVB680	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHVB01RRXCVB680N012024
B	8	BPHVB01R	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCVB681	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHVB01RRXCVB681N012024
B	8	BPHVB01R	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCVB682	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHVB01RRXCVB682N012024
B	8	BPHVB01R	\$1,600/\$3,200	\$3,200/\$6,400	\$4,000/\$8,000	\$8,000/\$16,000	Combined with Medical	RXCVB683	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BPHVB01RRXCVB683N012024

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	BHMVC03W	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6B	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03WRXXVCW6BN012024
C	3	BHMVC03W	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6D	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$7560/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03WRXXVCW6DN012024
C	3	BHMVC03W	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6E	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03WRXXVCW6EN012024
C	3	BHMVC03W	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6G	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03WRXXVCW6GN012024
C	3	BHMVC03W	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6H	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03WRXXVCW6HN012024
C	3	BHMVC03W	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6J	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03WRXXVCW6JN012024
C	3	BHMVC03W	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6L	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03WRXXVCW6LN012024
C	3	BHMVC03W	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6M	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03WRXXVCW6MN012024

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	BHMVC03R	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6B	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03RRXXVCW6BN012024
C	13	BHMVC03R	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6D	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$7560/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03RRXXVCW6DN012024
C	13	BHMVC03R	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6E	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03RRXXVCW6EN012024
C	13	BHMVC03R	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6G	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03RRXXVCW6GN012024
C	13	BHMVC03R	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6H	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03RRXXVCW6HN012024
C	13	BHMVC03R	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6J	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03RRXXVCW6JN012024
C	13	BHMVC03R	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6L	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03RRXXVCW6LN012024
C	13	BHMVC03R	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6M	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03RRXXVCW6MN012024

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	BHMVC03Q	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6B	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03QRXXVCW6BN012024
C	14	BHMVC03Q	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6D	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$7560/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03QRXXVCW6DN012024
C	14	BHMVC03Q	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6E	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03QRXXVCW6EN012024
C	14	BHMVC03Q	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6G	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03QRXXVCW6GN012024
C	14	BHMVC03Q	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6H	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03QRXXVCW6HN012024
C	14	BHMVC03Q	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6J	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03QRXXVCW6JN012024
C	14	BHMVC03Q	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6L	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03QRXXVCW6LN012024
C	14	BHMVC03Q	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6M	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03QRXXVCW6MN012024

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	BHMVC03P	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC501	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03PRXXVC501N012024
C	15	BHMVC03P	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC500	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03PRXXVC500N012024
C	15	BHMVC03P	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC502	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03PRXXVC502N012024
C	15	BHMVC03P	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC503	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03PRXXVC503N012024
C	15	BHMVC03P	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC504	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03PRXXVC504N012024
C	15	BHMVC03P	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC520	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03PRXXVC520N012024
C	15	BHMVC03P	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC521	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03PRXXVC521N012024
C	15	BHMVC03P	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC522	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03PRXXVC522N012024

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	BHMVC03N	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC501	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03NRXXVC501N012024
C	16	BHMVC03N	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC500	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03NRXXVC500N012024
C	16	BHMVC03N	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC502	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC003HRXXVC502N012024
C	16	BHMVC03N	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC503	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03NRXXVC503N012024
C	16	BHMVC03N	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC504	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03NRXXVC504N012024
C	16	BHMVC03N	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC520	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03NRXXVC520N012024
C	16	BHMVC03N	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC521	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03NRXXVC521N012024
C	16	BHMVC03N	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC522	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03NRXXVC522N012024

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	BCNVC006	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXVC506	RX \$0 DED \$2000/\$4000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC006RXXVC506N012024
C	17	BCNVC006	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXVC505	RX \$0 DED \$2000/\$4000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC006RXXVC505N012024
C	17	BCNVC006	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXVC507	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC006RXXVC507N012024
C	17	BCNVC006	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXVC508	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC006RXXVC508N012024
C	17	BCNVC006	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXVC509	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC006RXXVC509N012024
C	17	BCNVC006	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXVC523	RX \$100 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC006RXXVC523N012024
C	17	BCNVC006	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXVC524	RX \$200 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC006RXXVC524N012024
C	17	BCNVC006	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXVC525	RX \$300 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC006RXXVC525N012024

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	BCNVC00C	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXVC511	RX \$0 DED \$3000/\$6000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC00CRXXVC511N012024
C	18	BCNVC00C	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXVC510	RX \$0 DED \$3000/\$6000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC00CRXXVC510N012024
C	18	BCNVC00C	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXVC512	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC00CRXXVC512N012024
C	18	BCNVC00C	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXVC513	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC00CRXXVC513N012024
C	18	BCNVC00C	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXVC514	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC00CRXXVC514N012024
C	18	BCNVC00C	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXVC526	RX \$100 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC00CRXXVC526N012024
C	18	BCNVC00C	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXVC527	RX \$200 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC00CRXXVC527N012024
C	18	BCNVC00C	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXVC528	RX \$300 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC00CRXXVC528N012024

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	BCNVC00D	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXVC516	RX \$0 DED \$4000/\$8000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC00DRXXVC516N012024
C	19	BCNVC00D	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXVC515	RX \$0 DED \$4000/\$8000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC00DRXXVC515N012024
C	19	BCNVC00D	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXVC517	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC00DRXXVC517N012024
C	19	BCNVC00D	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXVC518	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC00DRXXVC518N012024
C	19	BCNVC00D	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXVC519	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC00DRXXVC519N012024
C	19	BCNVC00D	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXVC529	RX \$100 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC00DRXXVC529N012024
C	19	BCNVC00D	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXVC530	RX \$200 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC00DRXXVC530N012024
C	19	BCNVC00D	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXVC531	RX \$300 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC00DRXXVC531N012024

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	BCNVC007	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVC536	RX \$0 DED \$5000/\$10000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC007RXXVC536N012024
C	20	BCNVC007	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVC535	RX \$0 DED \$5000/\$10000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC007RXXVC535N012024
C	20	BCNVC007	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVC537	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC007RXXVC537N012024
C	20	BCNVC007	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVC538	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC007RXXVC538N012024
C	20	BCNVC007	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVC539	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC007RXXVC539N012024
C	20	BCNVC007	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVC540	RX \$100 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC007RXXVC540N012024
C	20	BCNVC007	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVC541	RX \$200 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC007RXXVC541N012024
C	20	BCNVC007	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVC542	RX \$300 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCNVC007RXXVC542N012024

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	BHMVC03V	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6N	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03VRXXVCW6NN012024
C	B	BHMVC03V	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6Q	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03VRXXVCW6QN012024
C	B	BHMVC03V	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6R	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03VRXXVCW6RN012024
C	B	BHMVC03V	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6S	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03VRXXVCW6SN012024
C	B	BHMVC03V	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6T	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03VRXXVCW6TN012024
C	B	BHMVC03V	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6U	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03VRXXVCW6UN012024
C	B	BHMVC03V	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6V	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03VRXXVCW6VN012024
C	B	BHMVC03V	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6W	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03VRXXVCW6WN012024

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	BHMVC03U	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6N	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03URXXVCW6NN012024
C	C	BHMVC03U	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6Q	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03URXXVCW6QN012024
C	C	BHMVC03U	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6R	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03URXXVCW6RN012024
C	C	BHMVC03U	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6S	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03URXXVCW6SN012024
C	C	BHMVC03U	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6T	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03URXXVCW6TN012024
C	C	BHMVC03U	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6U	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03URXXVCW6UN012024
C	C	BHMVC03U	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6V	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03URXXVCW6VN012024
C	C	BHMVC03U	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6W	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03URXXVCW6WN012024

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	BHMVC03T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6N	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03TRXXVCW6NN012024
C	I	BHMVC03T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6Q	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03TRXXVCW6QN012024
C	I	BHMVC03T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6R	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03TRXXVCW6RN012024
C	I	BHMVC03T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6S	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03TRXXVCW6SN012024
C	I	BHMVC03T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6T	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03TRXXVCW6TN012024
C	I	BHMVC03T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6U	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03TRXXVCW6UN012024
C	I	BHMVC03T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6V	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03TRXXVCW6VN012024
C	I	BHMVC03T	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6W	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03TRXXVCW6WN012024

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	BHMVC03S	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6N	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03SRXXVCW6NN012024
C	J	BHMVC03S	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6Q	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03SRXXVCW6QN012024
C	J	BHMVC03S	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6R	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03SRXXVCW6RN012024
C	J	BHMVC03S	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6S	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03SRXXVCW6SN012024
C	J	BHMVC03S	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6T	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03SRXXVCW6TN012024
C	J	BHMVC03S	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6U	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03SRXXVCW6UN012024
C	J	BHMVC03S	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6V	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03SRXXVCW6VN012024
C	J	BHMVC03S	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6W	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03SRXXVCW6WN012024

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	BHMVCF19	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9B	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF19RXXVCF9BN012024
C	1-S	BHMVCF19	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9C	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF19RXXVCF9CN012024
C	1-S	BHMVCF19	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9D	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF19RXXVCF9DN012024
C	1-S	BHMVCF19	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9E	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF19RXXVCF9EN012024
C	1-S	BHMVCF19	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9F	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF19RXXVCF9FN012024
C	1-S	BHMVCF19	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF8J	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF19RXXVCF8JN012024
C	1-S	BHMVCF19	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF8K	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF19RXXVCF8KN012024
C	1-S	BHMVCF19	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF8L	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF19RXXVCF8LN012024

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	BHMVCF18	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9B	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF18RXXVCF9BN012024
C	2-S	BHMVCF18	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9C	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF18RXXVCF9CN012024
C	2-S	BHMVCF18	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9D	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF18RXXVCF9DN012024
C	2-S	BHMVCF18	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9E	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF18RXXVCF9EN012024
C	2-S	BHMVCF18	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9F	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF18RXXVCF9FN012024
C	2-S	BHMVCF18	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF8J	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF18RXXVCF8JN012024
C	2-S	BHMVCF18	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF8K	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF18RXXVCF8KN012024
C	2-S	BHMVCF18	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF8L	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF18RXXVCF8LN012024

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	BHMVCF17	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8A	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF17RXXVCF8AN012024
C	3-S	BHMVCF17	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8B	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF17RXXVCF8BN012024
C	3-S	BHMVCF17	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8C	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF17RXXVCF8CN012024
C	3-S	BHMVCF17	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8D	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF17RXXVCF8DN012024
C	3-S	BHMVCF17	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8E	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF17RXXVCF8EN012024
C	3-S	BHMVCF17	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8M	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF17RXXVCF8MN012024
C	3-S	BHMVCF17	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8N	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF17RXXVCF8NN012024
C	3-S	BHMVCF17	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8P	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF17RXXVCF8PN012024

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	BHMVCF16	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8A	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF16RXXVCF8AN012024
C	4-S	BHMVCF16	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8B	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF16RXXVCF8BN012024
C	4-S	BHMVCF16	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8C	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF16RXXVCF8CN012024
C	4-S	BHMVCF16	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8D	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF16RXXVCF8DN012024
C	4-S	BHMVCF16	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8E	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF16RXXVCF8EN012024
C	4-S	BHMVCF16	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8M	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF16RXXVCF8MN012024
C	4-S	BHMVCF16	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8N	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF16RXXVCF8NN012024
C	4-S	BHMVCF16	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8P	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF16RXXVCF8PN012024

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	BHMVCF15	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVCF8V	RX \$0 DED \$5000/\$10000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF15RXXVCF8VN012024
C	5-S	BHMVCF15	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVCF8W	RX \$0 DED \$5000/\$10000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF15RXXVCF8WN012024
C	5-S	BHMVCF15	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVCF8X	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF15RXXVCF8XN012024
C	5-S	BHMVCF15	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVCF8Y	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF15RXXVCF8YN012024
C	5-S	BHMVCF15	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVCF8Z	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF15RXXVCF8ZN012024
C	5-S	BHMVCF15	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVCFA1	RX \$100 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF15RXXVCFA1N012024
C	5-S	BHMVCF15	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVCFA2	RX \$200 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF15RXXVCFA2N012024
C	5-S	BHMVCF15	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVCFA3	RX \$300 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF15RXXVCFA3N012024

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	BHMVCF1A	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCF8Q	RX \$0 DED \$6000/\$12000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF1ARXXVCF8QN012024
C	6-S	BHMVCF1A	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCF8R	RX \$0 DED \$6000/\$12000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF1ARXXVCF8RN012024
C	6-S	BHMVCF1A	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCF8S	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF1ARXXVCF8SN012024
C	6-S	BHMVCF1A	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCF8T	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF1ARXXVCF8TN012024
C	6-S	BHMVCF1A	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCF8U	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF1ARXXVCF8UN012024
C	6-S	BHMVCF1A	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCF8A	RX \$100 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF1ARXXVCF8A012024
C	6-S	BHMVCF1A	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCF8B	RX \$200 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF1ARXXVCF8B012024
C	6-S	BHMVCF1A	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCF8C	RX \$300 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCF1ARXXVCF8C012024

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	BHMVC042	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC638	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC042RXXVC638N012024
C	L	BHMVC042	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC639	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC042RXXVC639N012024
C	L	BHMVC042	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC640	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC042RXXVC640N012024
C	L	BHMVC042	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC641	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC042RXXVC641N012024
C	L	BHMVC042	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC642	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC042RXXVC642N012024
C	L	BHMVC042	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC643	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC042RXXVC643N012024
C	L	BHMVC042	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC644	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC042RXXVC644N012024
C	L	BHMVC042	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC645	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC042RXXVC645N012024

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	BHMVC045	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC638	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC045RXXVC638N012024
C	M	BHMVC045	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC639	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC045RXXVC639N012024
C	M	BHMVC045	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC640	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC045RXXVC640N012024
C	M	BHMVC045	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC641	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC045RXXVC641N012024
C	M	BHMVC045	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC642	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC045RXXVC642N012024
C	M	BHMVC045	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC643	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC045RXXVC643N012024
C	M	BHMVC045	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC644	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC045RXXVC644N012024
C	M	BHMVC045	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC645	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC045RXXVC645N012024

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	BHMVC044	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC638	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC045RXXVC638N012024
C	N	BHMVC044	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC639	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC045RXXVC639N012024
C	N	BHMVC044	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC640	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC045RXXVC640N012024
C	N	BHMVC044	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC641	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC045RXXVC641N012024
C	N	BHMVC044	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC642	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC045RXXVC642N012024
C	N	BHMVC044	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC643	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC045RXXVC643N012024
C	N	BHMVC044	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC644	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC045RXXVC644N012024
C	N	BHMVC044	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC645	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC045RXXVC645N012024

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	BHMVC043	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC638	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC043RXXVC638N012024
C	O	BHMVC043	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC639	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC043RXXVC639N012024
C	O	BHMVC043	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC640	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC043RXXVC640N012024
C	O	BHMVC043	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC641	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC043RXXVC641N012024
C	O	BHMVC043	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC642	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC043RXXVC642N012024
C	O	BHMVC043	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC643	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC043RXXVC643N012024
C	O	BHMVC043	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC644	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC043RXXVC644N012024
C	O	BHMVC043	\$2,000/\$4,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC645	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC043RXXVC645N012024

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	BHMVC03X	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC638	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03XRXVC638N012024
C	P	BHMVC03X	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC639	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03XRXVC639N012024
C	P	BHMVC03X	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC640	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03XRXVC640N012024
C	P	BHMVC03X	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC641	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03XRXVC641N012024
C	P	BHMVC03X	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC642	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03XRXVC642N012024
C	P	BHMVC03X	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC643	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03XRXVC643N012024
C	P	BHMVC03X	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC644	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03XRXVC644N012024
C	P	BHMVC03X	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC645	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVC03XRXVC645N012024

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	BCHVC01X	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCVC680	RX \$1600/\$3200 DED \$4000/8000 OOP \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01XRXCVC680N012024
C	4	BCHVC01X	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCVC681	RX \$1600/\$3200 DED \$4000/8000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01XRXCVC681N012024
C	4	BCHVC01X	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCVC682	RX \$1600/\$3200 DED \$4000/8000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01XRXCVC682N012024
C	4	BCHVC01X	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCVC683	RX \$1600/\$3200 DED \$4000/8000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01XRXCVC683N012024
C	5	BCHVC01U	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCVC620	RX \$2000/\$4000 DED \$4000/\$8000 OOP \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01URXCVC620N012024
C	5	BCHVC01U	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCVC621	RX \$2000/\$4000 DED \$4000/\$8000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01URXCVC621N012024
C	5	BCHVC01U	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCVC622	RX \$2000/\$4000 DED \$4000/\$8000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01URXCVC622N012024
C	5	BCHVC01U	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCVC623	RX \$2000/\$4000 DED \$4000/\$8000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01URXCVC623N012024
C	7	BCHVC01W	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC684	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01WRXCVC684N012024
C	7	BCHVC01W	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC685	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01WRXCVC685N012024
C	7	BCHVC01W	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC686	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01WRXCVC686N012024
C	7	BCHVC01W	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC687	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01WRXCVC687N012024

BlueChoice HMO Referral

Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	8	BCHVC01V	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC684	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01VRXCVC684N012024
C	8	BCHVC01V	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC685	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01VRXCVC685N012024
C	8	BCHVC01V	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC686	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01VRXCVC686N012024
C	8	BCHVC01V	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC687	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01VRXCVC687N012024
C	9	BCHVC020	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC656	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC020RXCVC656N012024
C	9	BCHVC020	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC657	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC020RXCVC657N012024
C	9	BCHVC020	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC658	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC020RXCVC658N012024
C	9	BCHVC020	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC659	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC020RXCVC659N012024

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	BCHVC01Z	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC684	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01ZRXCVC684N012024
C	10	BCHVC01Z	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC685	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01ZRXCVC685N012024
C	10	BCHVC01Z	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC686	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01ZRXCVC686N012024
C	10	BCHVC01Z	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC687	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01ZRXCVC687N012024
C	11	BCHVC01Y	\$2,000/\$4000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC652	RX \$2000/\$4000 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01YRXCVC652N012024
C	11	BCHVC01Y	\$2,000/\$4000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC653	RX \$2000/\$4000 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01YRXCVC653N012024
C	11	BCHVC01Y	\$2,000/\$4000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC654	RX \$2000/\$4000 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01YRXCVC654N012024
C	11	BCHVC01Y	\$2,000/\$4000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC655	RX \$2000/\$4000 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BCHVC01YRXCVC655N012024

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	BHMVCV0M	\$4,500/\$9,000	N/A	\$6,350/\$12,700	N/A	Combined with Medical	RXXVCV17	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0MRXXVCV17N072024
C	Option MV1	BHMVCV0M	\$4,500/\$9,000	N/A	\$6,350/\$12,700	N/A	Combined with Medical	RXXVCV86	RX \$0 DED \$6350/\$12700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0MRXXVCV86N012024
C	Option MV1	BHMVCV0M	\$4,500/\$9,000	N/A	\$6,350/\$12,700	N/A	Combined with Medical	RXXVCV87	RX \$500 DED \$6350/\$12700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0MRXXVCV87N012024
C	Option MV1	BHMVCV0M	\$4,500/\$9,000	N/A	\$6,350/\$12,700	N/A	Combined with Medical	RXXVCV88	RX \$500 DED \$6350/\$12700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0MRXXVCV88N012024
C	Option MV2	BHMVCV0L	\$5,000/\$10,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCV18	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0LRXXVCV18N072024
C	Option MV2	BHMVCV0L	\$5,000/\$10,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCV89	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0LRXXVCV89N012024
C	Option MV2	BHMVCV0L	\$5,000/\$10,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCVA1	RX \$500 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0LRXXVCVA1N012024
C	Option MV2	BHMVCV0L	\$5,000/\$10,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCVA2	RX \$500 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0LRXXVCVA2N012024

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	BHMVCV0Q	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCV19	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0QRXXVCV19N072024
C	Option MV3	BHMVCV0Q	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCV80	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0QRXXVCV80N012024
C	Option MV3	BHMVCV0Q	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCV81	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0QRXXVCV81N012024
C	Option MV3	BHMVCV0Q	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCV82	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0QRXXVCV82N012024
C	Option MV4	BHMVCV0P	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXVCV20	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0PRXXVCV20N072024
C	Option MV4	BHMVCV0P	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXVCV83	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0PRXXVCV83N012024
C	Option MV4	BHMVCV0P	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXVCV84	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0PRXXVCV84N012024
C	Option MV4	BHMVCV0P	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXVCV85	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0PRXXVCV85N012024

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	BHMVCV0N	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXVCV21	RX \$0 DED \$8150/\$16300 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0NRXXVCV21N072024
C	Option MV5	BHMVCV0N	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXVCV90	RX \$0 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0NRXXVCV90N012024
C	Option MV5	BHMVCV0N	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXVCV91	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0NRXXVCV91N012024
C	Option MV5	BHMVCV0N	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXVCV92	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0NRXXVCV92N012024
C	Option MV6	BHMVCV0R	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCV19	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0RRXXVCV19N072024
C	Option MV6	BHMVCV0R	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCV80	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0RRXXVCV80N072024
C	Option MV6	BHMVCV0R	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCV81	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0RRXXVCV81N072024
C	Option MV6	BHMVCV0R	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCV82	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHMVCV0RRXXVCV82N072024

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	BCHVCV0H	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCVCV11	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHVCV0HRCVCV11N012024
C	Option MV1	BCHVCV0H	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCVCV12	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$50/ \$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHVCV0HRCVCV12N012024
C	Option MV3	BCHVCV0K	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCVCV41	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHVCV0KRCVCV41N012024
C	Option MV3	BCHVCV0K	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCVCV40	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$50/ \$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHVCV0KRCVCV40N012024
C	Option MV4	BCHVCV0J	\$5,000/\$10,000	N/A	\$6,650/\$13,300	N/A	Combined with Medical	RXCVCV17	RX \$5000/\$10000 DED \$6650/\$13300 OOP \$15/\$35/ \$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHVCV0JRCVCV17N012024
C	Option MV4	BCHVCV0J	\$5,000/\$10,000	N/A	\$6,650/\$13,300	N/A	Combined with Medical	RXCVCV18	RX \$5000/\$10000 DED \$6650/\$13300 OOP \$15/\$50/ \$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHVCV0JRCVCV18N012024

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	BCHVCV0L	\$7,000/\$14,000	N/A	\$8,000/\$16,000	N/A	Combined with Medical	RXCVCV42	RX \$7000/\$14000 DED \$8000/\$16000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHVCV0LRXCVCV42N072024
C	Option MV5	BCHVCV0L	\$7,000/\$14,000	N/A	\$8,000/\$16,000	N/A	Combined with Medical	RXCVCV43	RX \$7000/\$14000 DED \$8000/\$16000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHVCV0LRXCVCV43N072024
C	Option MV6	BCHVCV0M	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCVCV40	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHVCV0MRXCVCV40N072024
C	Option MV6	BCHVCV0M	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCVCV41	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BCHVCV0MRXCVCV41N072024

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	3	BHAVC057	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6B	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC057RXXVCW6BN012024
C	3	BHAVC057	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6D	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC057RXXVCW6DN012024
C	3	BHAVC057	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6E	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC057RXXVCW6EN012024
C	3	BHAVC057	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6G	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC057RXXVCW6GN012024
C	3	BHAVC057	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6H	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC057RXXVCW6HN012024
C	3	BHAVC057	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6J	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC057RXXVCW6JN012024
C	3	BHAVC057	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6L	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC057RXXVCW6LN012024
C	3	BHAVC057	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6M	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC057RXXVCW6MN012024

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Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	13	BHAVC04F	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6B	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04FRXXVCW6BN012024
C	13	BHAVC04F	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6D	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04FRXXVCW6DN012024
C	13	BHAVC04F	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6E	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04FRXXVCW6EN012024
C	13	BHAVC04F	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6G	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04FRXXVCW6GN012024
C	13	BHAVC04F	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6H	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04FRXXVCW6HN012024
C	13	BHAVC04F	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6J	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04FRXXVCW6JN012024
C	13	BHAVC04F	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6L	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04FRXXVCW6LN012024
C	13	BHAVC04F	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6M	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04FRXXVCW6MN012024

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Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	14	BHAVC04E	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6B	RX \$0 DED \$4500/\$9000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04ERXXVCW6BN012024
C	14	BHAVC04E	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6D	RX \$0 DED \$4500/\$9000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04ERXXVCW6DN012024
C	14	BHAVC04E	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6E	RX \$0 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04ERXXVCW6EN012024
C	14	BHAVC04E	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6G	RX \$0 DED \$4500/\$9000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04ERXXVCW6GN012024
C	14	BHAVC04E	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6H	RX \$0 DED \$4500/\$9000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04ERXXVCW6HN012024
C	14	BHAVC04E	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6J	RX \$100 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04ERXXVCW6JN012024
C	14	BHAVC04E	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6L	RX \$200 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04ERXXVCW6LN012024
C	14	BHAVC04E	None	N/A	\$1,300/\$2,600	N/A	\$4,500	RXXVCW6M	RX \$300 DED \$4500/\$9000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04ERXXVCW6MN012024

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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	BHAVC041	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC501	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC041RXXVC501N012024
C	15	BHAVC041	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC500	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC041RXXVC500N012024
C	15	BHAVC041	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC502	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC041RXXVC502N012024
C	15	BHAVC041	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC503	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC041RXXVC503N012024
C	15	BHAVC041	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC504	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC041RXXVC504N012024
C	15	BHAVC041	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC520	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC041RXXVC520N012024
C	15	BHAVC041	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC521	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC041RXXVC521N012024
C	15	BHAVC041	None	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC522	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC041RXXVC522N012024

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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	BHAVC05B	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC501	RX \$0 DED \$1000/\$2000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC05BRXXVC501N012024
C	16	BHAVC05B	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC500	RX \$0 DED \$1000/\$2000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC05BRXXVC500N012024
C	16	BHAVC05B	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC502	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC05BRXXVC502N012024
C	16	BHAVC05B	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC503	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC05BRXXVC503N012024
C	16	BHAVC05B	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC504	RX \$0 DED \$1000/\$2000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC05BRXXVC504N012024
C	16	BHAVC05B	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC520	RX \$100 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC05BRXXVC520N012024
C	16	BHAVC05B	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC521	RX \$200 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC05BRXXVC521N012024
C	16	BHAVC05B	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	Combined with Medical	RXXVC522	RX \$300 DED \$1000/\$2000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC05BRXXVC522N012024

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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	BHNV00G	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXVC506	RX \$0 DED \$2000/\$4000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00GRXXVC506N012024
C	17	BHNV00G	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXVC505	RX \$0 DED \$2000/\$4000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00GRXXVC505N012024
C	17	BHNV00G	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXVC507	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00GRXXVC507N012024
C	17	BHNV00G	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXVC508	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00GRXXVC508N012024
C	17	BHNV00G	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXVC509	RX \$0 DED \$2000/\$4000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00GRXXVC509N012024
C	17	BHNV00G	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXVC523	RX \$100 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00GRXXVC523N012024
C	17	BHNV00G	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXVC524	RX \$200 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00GRXXVC524N012024
C	17	BHNV00G	\$1,000/\$2,000	N/A	\$2,000/\$4,000	N/A	Combined with Medical	RXXVC525	RX \$300 DED \$2000/\$4000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00GRXXVC525N012024

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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	BHNV000L	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXVC511	RX \$0 DED \$3000/\$6000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV000LRXXVC511N012024
C	18	BHNV000L	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXVC510	RX \$0 DED \$3000/\$6000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV000LRXXVC510N012024
C	18	BHNV000L	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXVC512	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV000LRXXVC512N012024
C	18	BHNV000L	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXVC513	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV000LRXXVC513N012024
C	18	BHNV000L	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXVC514	RX \$0 DED \$3000/\$6000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV000LRXXVC514N012024
C	18	BHNV000L	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXVC526	RX \$100 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV000LRXXVC526N012024
C	18	BHNV000L	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXVC527	RX \$200 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV000LRXXVC527N012024
C	18	BHNV000L	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	Combined with Medical	RXXVC528	RX \$300 DED \$3000/\$6000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV000LRXXVC528N012024

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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	BHNV00J	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXVC516	RX \$0 DED \$4000/\$8000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00JRXXVC516N012024
C	19	BHNV00J	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXVC515	RX \$0 DED \$4000/\$8000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00JRXXVC515N012024
C	19	BHNV00J	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXVC517	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00JRXXVC517N012024
C	19	BHNV00J	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXVC518	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00JRXXVC518N012024
C	19	BHNV00J	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXVC519	RX \$0 DED \$4000/\$8000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00JRXXVC519N012024
C	19	BHNV00J	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXVC529	RX \$100 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00JRXXVC529N012024
C	19	BHNV00J	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXVC530	RX \$200 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00JRXXVC530N012024
C	19	BHNV00J	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXXVC531	RX \$300 DED \$4000/\$8000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00JRXXVC531N012024

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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	BHNV00H	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVC536	RX \$0 DED \$5000/\$10000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00HRXXVC536N012024
C	20	BHNV00H	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVC535	RX \$0 DED \$5000/\$10000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00HRXXVC535N012024
C	20	BHNV00H	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVC537	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00HRXXVC537N012024
C	20	BHNV00H	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVC538	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00HRXXVC538N012024
C	20	BHNV00H	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVC539	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00HRXXVC539N012024
C	20	BHNV00H	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVC540	RX \$100 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00HRXXVC540N012024
C	20	BHNV00H	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVC541	RX \$200 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00HRXXVC541N012024
C	20	BHNV00H	\$2,500/\$5,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVC542	RX \$300 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHNV00HRXXVC542N012024

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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	BHAVC04Q	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6N	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04QRXXVCW6NN012024
C	B	BHAVC04Q	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6Q	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04QRXXVCW6QN012024
C	B	BHAVC04Q	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6R	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04QRXXVCW6RN012024
C	B	BHAVC04Q	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6S	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04QRXXVCW6SN012024
C	B	BHAVC04Q	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6T	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04QRXXVCW6TN012024
C	B	BHAVC04Q	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6U	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04QRXXVCW6UN012024
C	B	BHAVC04Q	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6V	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04QRXXVCW6VN012024
C	B	BHAVC04Q	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6W	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC04QRXXVCW6WN012024

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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	BHAVC056	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6N	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC056RXXVCW6NN012024
C	C	BHAVC056	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6Q	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC056RXXVCW6QN012024
C	C	BHAVC056	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6R	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC056RXXVCW6RN012024
C	C	BHAVC056	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6S	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC056RXXVCW6SN012024
C	C	BHAVC056	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6T	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC056RXXVCW6TN012024
C	C	BHAVC056	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6U	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC056RXXVCW6UN012024
C	C	BHAVC056	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6V	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC056RXXVCW6VN012024
C	C	BHAVC056	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6W	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC056RXXVCW6WN012024

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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	BHAVC055	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6N	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC055RXXVCW6NN012024
C	I	BHAVC055	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6Q	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC055RXXVCW6QN012024
C	I	BHAVC055	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6R	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC055RXXVCW6RN012024
C	I	BHAVC055	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6S	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC055RXXVCW6SN012024
C	I	BHAVC055	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6T	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC055RXXVCW6TN012024
C	I	BHAVC055	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6U	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC055RXXVCW6UN012024
C	I	BHAVC055	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6V	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC055RXXVCW6VN012024
C	I	BHAVC055	\$500/\$1,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6W	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC055RXXVCW6WN012024

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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	BHAVC054	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6N	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC054RXXVCW6NN012024
C	J	BHAVC054	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6Q	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC054RXXVCW6QN012024
C	J	BHAVC054	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6R	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC054RXXVCW6RN012024
C	J	BHAVC054	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6S	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC054RXXVCW6SN012024
C	J	BHAVC054	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6T	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC054RXXVCW6TN012024
C	J	BHAVC054	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6U	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC054RXXVCW6UN012024
C	J	BHAVC054	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6V	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC054RXXVCW6VN012024
C	J	BHAVC054	None	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6W	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC054RXXVCW6WN012024

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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	BHAVCP04	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6N	RX \$0 DED \$3500/\$7000 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCP04RXXVCW6NN012024
C	K	BHAVCP04	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6Q	RX \$0 DED \$3500/\$7000 OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCP04RXXVCW6QN012024
C	K	BHAVCP04	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6R	RX \$0 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCP04RXXVCW6RN012024
C	K	BHAVCP04	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6S	RX \$0 DED \$3500/\$7000 OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCP04RXXVCW6SN012024
C	K	BHAVCP04	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6T	RX \$0 DED \$3500/\$7000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCP04RXXVCW6TN012024
C	K	BHAVCP04	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6U	RX \$100 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCP04RXXVCW6UN012024
C	K	BHAVCP04	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6V	RX \$200 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCP04RXXVCW6VN012024
C	K	BHAVCP04	\$1,000/\$2,000	N/A	\$2,500/\$5,000	N/A	\$3,500	RXXVCW6W	RX \$300 DED \$3500/\$7000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCP04RXXVCW6WN012024

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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	BHAVCF0Y	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9B	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF0YRXXVCF9BN012024
C	1-S	BHAVCF0Y	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9C	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF0YRXXVCF9CN012024
C	1-S	BHAVCF0Y	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9D	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF0YRXXVCF9DN012024
C	1-S	BHAVCF0Y	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9E	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF0YRXXVCF9EN012024
C	1-S	BHAVCF0Y	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9F	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF0YRXXVCF9FN012024
C	1-S	BHAVCF0Y	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF8J	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF0YRXXVCF8JN012024
C	1-S	BHAVCF0Y	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF8K	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF0YRXXVCF8KN012024
C	1-S	BHAVCF0Y	None	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF8L	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF0YRXXVCF8LN012024

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	2-S	BHAVCF13	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9B	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF13RXXVCF9BN012024
C	2-S	BHAVCF13	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9C	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF13RXXVCF9CN012024
C	2-S	BHAVCF13	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9D	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF13RXXVCF9DN012024
C	2-S	BHAVCF13	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9E	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF13RXXVCF9EN012024
C	2-S	BHAVCF13	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF9F	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF13RXXVCF9FN012024
C	2-S	BHAVCF13	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF8J	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF13RXXVCF8JN012024
C	2-S	BHAVCF13	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF8K	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF13RXXVCF8KN012024
C	2-S	BHAVCF13	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVCF8L	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF13RXXVCF8LN012024

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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	BHAVCF12	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8A	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF12RXXVCF8AN012024
C	3-S	BHAVCF12	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8B	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF12RXXVCF8BN012024
C	3-S	BHAVCF12	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8C	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF12RXXVCF8CN012024
C	3-S	BHAVCF12	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8D	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF12RXXVCF8DN012024
C	3-S	BHAVCF12	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8E	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF12RXXVCF8EN012024
C	3-S	BHAVCF12	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8M	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF12RXXVCF8MN012024
C	3-S	BHAVCF12	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8N	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF12RXXVCF8NN012024
C	3-S	BHAVCF12	\$1,000/\$2,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8P	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF12RXXVCF8PN012024

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Separate Medical & RX Deductibles - Formulary 3 RX

Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	4-S	BHAVCF11	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8A	RX \$0 DED \$6850/\$13700 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF11RXXVCF8AN012024
C	4-S	BHAVCF11	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8B	RX \$0 DED \$6850/\$13700 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF11RXXVCF8BN012024
C	4-S	BHAVCF11	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8C	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF11RXXVCF8CN012024
C	4-S	BHAVCF11	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8D	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF11RXXVCF8DN012024
C	4-S	BHAVCF11	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8E	RX \$0 DED \$6850/\$13700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF11RXXVCF8EN012024
C	4-S	BHAVCF11	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8M	RX \$100 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF11RXXVCF8MN012024
C	4-S	BHAVCF11	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8N	RX \$200 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF11RXXVCF8NN012024
C	4-S	BHAVCF11	\$2,000/\$4,000	N/A	\$6,850/\$13,700	N/A	Combined with Medical	RXXVCF8P	RX \$300 DED \$6850/\$13700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF11RXXVCF8PN012024

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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	BHAVCF10	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVCF8V	RX \$0 DED \$5000/\$10000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF10RXXVCF8VN012024
C	5-S	BHAVCF10	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVCF8W	RX \$0 DED \$5000/\$10000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF10RXXVCF8WN012024
C	5-S	BHAVCF10	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVCF8X	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF10RXXVCF8XN012024
C	5-S	BHAVCF10	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVCF8Y	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF10RXXVCF8YN012024
C	5-S	BHAVCF10	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVCF8Z	RX \$0 DED \$5000/\$10000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF10RXXVCF8ZN012024
C	5-S	BHAVCF10	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVCFA1	RX \$100 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF10RXXVCFA1N012024
C	5-S	BHAVCF10	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVCFA2	RX \$200 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF10RXXVCFA2N012024
C	5-S	BHAVCF10	\$1,500/\$3,000	N/A	\$5,000/\$10,000	N/A	Combined with Medical	RXXVCFA3	RX \$300 DED \$5000/\$10000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF10RXXVCFA3N012024

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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	BHAVCF0Z	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCF8Q	RX \$0 DED \$6000/\$12000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF0ZRXXVCF8QN012024
C	6-S	BHAVCF0Z	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCF8R	RX \$0 DED \$6000/\$12000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF0ZRXXVCF8RN012024
C	6-S	BHAVCF0Z	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCF8S	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF0ZRXXVCF8SN012024
C	6-S	BHAVCF0Z	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCF8T	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF0ZRXXVCF8TN012024
C	6-S	BHAVCF0Z	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCF8U	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF0ZRXXVCF8UN012024
C	6-S	BHAVCF0Z	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCF8A4	RX \$100 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF0ZRXXVCF8A4N012024
C	6-S	BHAVCF0Z	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCF8A5	RX \$200 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF0ZRXXVCF8A5N012024
C	6-S	BHAVCF0Z	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCF8A6	RX \$300 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCF0ZRXXVCF8A6N012024

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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	BHHVC02E	\$1,200/\$2,400	N/A	\$2400/\$6550	N/A	Combined with Medical	RXCVC624	RX \$1200/\$2400 DED \$2400/\$6550 OOP \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02ERXCVC624N012024
C	1	BHHVC02E	\$1,200/\$2,400	N/A	\$2400/\$6550	N/A	Combined with Medical	RXCVC625	RX \$1200/\$2400 DED \$2400/\$6550 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02ERXCVC625N012024
C	1	BHHVC02E	\$1,200/\$2,400	N/A	\$2400/\$6550	N/A	Combined with Medical	RXCVC626	RX \$1200/\$2400 DED \$2400/\$6550 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02ERXCVC626N012024
C	1	BHHVC02E	\$1,200/\$2,400	N/A	\$2400/\$6550	N/A	Combined with Medical	RXCVC627	RX \$1200/\$2400 DED \$2400/\$6550 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02ERXCVC627N012024
C	6	BHHVC027	\$1,300/\$2,600	N/A	\$2,600/\$6,550	N/A	Combined with Medical	RXCVC628	RX \$1300/\$2600 DED \$2600/\$6550 OOP \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC027RXCVC628N012024
C	6	BHHVC027	\$1,300/\$2,600	N/A	\$2,600/\$6,550	N/A	Combined with Medical	RXCVC629	RX \$1300/\$2600 DED \$2600/\$6550 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC027RXCVC629N012024
C	6	BHHVC027	\$1,300/\$2,600	N/A	\$2,600/\$6,550	N/A	Combined with Medical	RXCVC630	RX \$1300/\$2600 DED \$2600/\$6550 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC027RXCVC630N012024
C	6	BHHVC027	\$1,300/\$2,600	N/A	\$2,600/\$6,550	N/A	Combined with Medical	RXCVC631	RX \$1300/\$2600 DED \$2600/\$6550 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC027RXCVC631N012024

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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	BHHVC02G	\$2,500/\$5,000	N/A	\$3,500/\$6,550	N/A	Combined with Medical	RXCVC640	RX \$2500/\$5000 DED \$3500/\$6550 OOP \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02GRXCVC640N012024
C	2	BHHVC02G	\$2,500/\$5,000	N/A	\$3,500/\$6,550	N/A	Combined with Medical	RXCVC641	RX \$2500/\$5000 DED \$3500/\$6550 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02GRXCVC641N012024
C	2	BHHVC02G	\$2,500/\$5,000	N/A	\$3,500/\$6,550	N/A	Combined with Medical	RXCVC642	RX \$2500/\$5000 DED \$3500/\$6550 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02GRXCVC642N012024
C	2	BHHVC02G	\$2,500/\$5,000	N/A	\$3,500/\$6,550	N/A	Combined with Medical	RXCVC643	RX \$2500/\$5000 DED \$3500/\$6550 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02GRXCVC643N012024
C	3	BHHVC02F	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCVC644	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$0/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHVC02FRXCVC644N012024
C	3	BHHVC02F	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCVC645	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHVC02FRXCVC645N012024
C	3	BHHVC02F	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCVC646	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHVC02FRXCVC646N012024
C	3	BHHVC02F	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCVC647	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHVC02FRXCVC647N012024

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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	BHHVC02H	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCVC680	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02HRXCVC680N012024
C	4	BHHVC02H	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCVC681	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02HRXCVC681N012024
C	4	BHHVC02H	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCVC682	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02HRXCVC682N012024
C	4	BHHVC02H	\$1,600/\$3,200	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCVC683	RX \$1600/\$3200 DED \$4000/\$8000 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02HRXCVC683N012024
C	11	BHHVC029	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCVC620	RX \$2000/\$4000 DED \$4000/\$8000 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC029RXCVC620N012024
C	11	BHHVC029	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCVC621	RX \$2000/\$4000 DED \$4000/\$8000 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC029RXCVC621N012024
C	11	BHHVC029	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCVC622	RX \$2000/\$4000 DED \$4000/\$8000 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC029RXCVC622N012024
C	11	BHHVC029	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	Combined with Medical	RXCVC623	RX \$2000/\$4000 DED \$4000/\$8000 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC029RXCVC623N012024

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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	BHAVC053	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC638	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC053RXXVC638N012024
C	L	BHAVC053	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC639	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC053RXXVC639N012024
C	L	BHAVC053	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC640	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC053RXXVC640N012024
C	L	BHAVC053	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC641	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC053RXXVC641N012024
C	L	BHAVC053	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC642	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC053RXXVC642N012024
C	L	BHAVC053	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC643	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC053RXXVC643N012024
C	L	BHAVC053	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC644	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC053RXXVC644N012024
C	L	BHAVC053	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC645	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC053RXXVC645N012024

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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	BHAVC052	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC638	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC052RXXVC638N012024
C	M	BHAVC052	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC639	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC052RXXVC639N012024
C	M	BHAVC052	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC640	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC052RXXVC640N012024
C	M	BHAVC052	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC641	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC052RXXVC641N012024
C	M	BHAVC052	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC642	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC052RXXVC642N012024
C	M	BHAVC052	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC643	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC052RXXVC643N012024
C	M	BHAVC052	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC644	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC052RXXVC644N012024
C	M	BHAVC052	\$1,000/\$2,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC645	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC052RXXVC645N012024

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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	BHAVC05A	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC638	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC05ARXXVC638N012024
C	N	BHAVC05A	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC639	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC05ARXXVC639N012024
C	N	BHAVC05A	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC640	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC05ARXXVC640N012024
C	N	BHAVC05A	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC641	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC05ARXXVC641N012024
C	N	BHAVC05A	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC642	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC05ARXXVC642N012024
C	N	BHAVC05A	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC643	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC05ARXXVC643N012024
C	N	BHAVC05A	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC644	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC05ARXXVC644N012024
C	N	BHAVC05A	\$1,500/\$3,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC645	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC05ARXXVC645N012024

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Table with 11 columns: 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. It contains 8 rows of data for various medical options (all 'O') and PDPD IDs (all 'BHAVC059').

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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	BHAVC058	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC638	RX \$0 DED \$4500/\$9000 INT OOP \$10/\$25/\$45/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC058RXXVC638N012024
C	P	BHAVC058	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC639	RX \$0 DED \$4500/\$9000 INT OOP \$0/\$50/\$75/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC058RXXVC639N012024
C	P	BHAVC058	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC640	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC058RXXVC640N012024
C	P	BHAVC058	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC641	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$45/\$70/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC058RXXVC641N012024
C	P	BHAVC058	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC642	RX \$0 DED \$4500/\$9000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC058RXXVC642N012024
C	P	BHAVC058	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC643	RX \$100 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC058RXXVC643N012024
C	P	BHAVC058	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC644	RX \$200 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC058RXXVC644N012024
C	P	BHAVC058	\$500/\$1,000	N/A	\$4,500/\$9,000	N/A	Combined with Medical	RXXVC645	RX \$300 DED \$4500/\$9000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVC058RXXVC645N012024

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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	BHHVC02C	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC684	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02CRXCVC684N012024
C	7	BHHVC02C	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC685	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02CRXCVC685N012024
C	7	BHHVC02C	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC686	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02CRXCVC686N012024
C	7	BHHVC02C	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC687	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02CRXCVC687N012024
C	8	BHHVC02B	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC684	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02BRXCVC684N012024
C	8	BHHVC02B	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC685	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02BRXCVC685N012024
C	8	BHHVC02B	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC686	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02BRXCVC686N012024
C	8	BHHVC02B	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC687	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02BRXCVC687N012024

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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	BHHVC02A	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC656	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02ARXCVC656N012024
C	9	BHHVC02A	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC657	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02ARXCVC657N012024
C	9	BHHVC02A	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC658	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02ARXCVC658N012024
C	9	BHHVC02A	\$2,500/\$5,000	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC659	RX \$2500/\$5000 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02ARXCVC659N012024
C	10	BHHVC02D	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC684	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$0/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02DRXCVC684N012024
C	10	BHHVC02D	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC685	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$10/\$25/\$45/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02DRXCVC685N012024
C	10	BHHVC02D	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC686	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02DRXCVC686N012024
C	10	BHHVC02D	\$1,600/\$3,200	N/A	\$4,500/\$7,900	N/A	Combined with Medical	RXCVC687	RX \$1600/\$3200 DED \$4500/\$7900 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum UNSTK	BHHVC02DRXCVC687N012024

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	BHAVCV0F	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCV19	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCV0FRXXVCV19N072024
C	Option MV3	BHAVCV0F	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCV80	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCV0FRXXVCV80N012024
C	Option MV3	BHAVCV0F	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCV81	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCV0FRXXVCV81N012024
C	Option MV3	BHAVCV0F	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCV82	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCV0FRXXVCV82N012024
C	Option MV4	BHAVCV0E	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXVCV20	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCV0ERXXVCV20N072024
C	Option MV4	BHAVCV0E	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXVCV83	RX \$0 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCV0ERXXVCV83N012024
C	Option MV4	BHAVCV0E	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXVCV84	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCV0ERXXVCV84N012024
C	Option MV4	BHAVCV0E	\$5,000/\$10,000	N/A	\$7,350/\$14,700	N/A	Combined with Medical	RXXVCV85	RX \$500 DED \$7350/\$14700 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCV0ERXXVCV85N012024

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	BHAVCV0D	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXVCV21	RX \$0 DED \$8150/\$16300 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCV0DRXXVCV21N072024
C	Option MV5	BHAVCV0D	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXVCV90	RX \$0 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCV0DRXXVCV90N012024
C	Option MV5	BHAVCV0D	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXVCV91	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCV0DRXXVCV91N012024
C	Option MV5	BHAVCV0D	\$7,000/\$14,000	N/A	\$8,150/\$16,300	N/A	Combined with Medical	RXXVCV92	RX \$500 DED \$8150/\$16300 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCV0DRXXVCV92N012024
C	Option MV6	BHAVCV0G	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCV19	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCV0GRXXVCV19N072024
C	Option MV6	BHAVCV0G	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCV80	RX \$0 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCV0GRXXVCV80N072024
C	Option MV6	BHAVCV0G	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCV81	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCV0GRXXVCV81N072024
C	Option MV6	BHAVCV0G	\$3,000/\$6,000	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXXVCV82	RX \$500 DED \$6000/\$12000 INT OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHAVCV0GRXXVCV82N072024

BlueChoice HMO Open Access – Minimum Value

Integrated Deductibles (can be sold as an HSA/HRA) - Formulary 3 RX										
Legal Entity	Medical Option	Medical PDPD_ID	Deductible (In-Network)	Deductible (Out-of-Network)	Medical OOP Max (In-Network)	Medical OOP Max (Out-of-Network)	In-Network Rx OOP Max	Rx PDPD_ID	Rx Facets Description	SBC Link
C	Option MV1	BHHVCV0F	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCVCV11	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHVCV0FRXCVCV11N012024
C	Option MV1	BHHVCV0F	\$4,000/\$8,000	N/A	\$6,550/\$13,100	N/A	Combined with Medical	RXCVCV12	RX \$4000/\$8000 DED \$6550/\$13100 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHVCV0FRXCVCV12N012024
C	Option MV3	BHHVCV0E	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCVCV41	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHVCV0ERXCVCV41N012024
C	Option MV3	BHHVCV0E	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCVCV40	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$50/\$100/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHVCV0ERXCVCV40N012024
C	Option MV4	BHHVCV0D	\$5,000/\$10,000	N/A	\$6,650/\$13,300	N/A	Combined with Medical	RXCVCV17	RX \$5000/\$10000 DED \$6650/\$13300 OOP \$15/\$35/\$60/ 50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHVCV0DRXCVCV17N012024
C	Option MV4	BHHVCV0D	\$5,000/\$10,000	N/A	\$6,650/\$13,300	N/A	Combined with Medical	RXCVCV18	RX \$5000/\$10000 DED \$6650/\$13300 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHVCV0DRXCVCV18N012024

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	BHHVCV0G	\$7,000/\$14,000	N/A	\$8,000/\$16,000	N/A	Combined with Medical	RXCVCV42	RX \$7000/\$14000 DED \$8000/\$16000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHVCV0GRXCVCV42N072024
C	Option MV5	BHHVCV0G	\$7,000/\$14,000	N/A	\$8,000/\$16,000	N/A	Combined with Medical	RXCVCV43	RX \$7000/\$14000 DED \$8000/\$16000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHVCV0GRXCVCV43N072024
C	Option MV6	BHHVCV0J	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCVCV40	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$35/\$60/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHVCV0JRXCVCV40N072024
C	Option MV6	BHHVCV0J	\$3,200/\$6,400	N/A	\$6,000/\$12,000	N/A	Combined with Medical	RXCVCV41	RX \$3200/\$6400 DED \$6000/\$12000 OOP \$15/\$50/\$100/50% Coinsurance up to \$100 maximum/50% Coinsurance up to \$150 maximum STK	BHHVCV0JRXCVCV41N072024

Appendix: Change Coverage Period

<https://content.carefirst.com/sbc/BHHVCV0DRXCVCV18N012024.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