



Comparison of benefits for RCSD

2024

| type of care/plan features | Core Plan | Enhanced Plan |
|---|--|---|
| | Coverage* | Coverage* |
| Plan features <ul style="list-style-type: none">Primary Care Physician (PCP)ReferralsOut of network benefitsOut of area benefitsStudent/Dependent coverage | <ul style="list-style-type: none">Not requiredNot requiredNot coveredCoverage provided worldwide through the BlueCard® program.Qualified dependents and students are covered to age 26. | <ul style="list-style-type: none">Not requiredNot requiredNot coveredCoverage provided worldwide through the BlueCard® program.Qualified dependents and students are covered to age 26. |
| Plan cost-sharing highlights <ul style="list-style-type: none">Office visit copay (Primary Care Physician)Office visit copay (Specialist)CoinsuranceDeductibleOut of pocket maximumLifetime maximum | <ul style="list-style-type: none">\$20 copay\$40 copay20%; Coinsurance Maximum: \$750 individual/\$2250 family\$250 individual/\$750 family\$6350 individual/\$12700 familyNone | <ul style="list-style-type: none">\$15 copay\$15 copayNoneNone\$6350 individual/\$12700 familyNone |
| Preventive Health Care Services <ul style="list-style-type: none">Well child visitsAdult routine physical examsAdult immunizationsMammographyPap smearRoutine GYN examProstate cancer screeningRoutine visionColonoscopy | <ul style="list-style-type: none">Covered in fullCovered in full for 1 exam per year according to national guidelinesCovered in fullCovered in fullCovered in fullCovered in full\$20 copay per visit with PCP, \$40 copay with specialist\$20 copay for one routine eye exam every year. \$60 eyewear allowance every year.Preventive covered in full | <ul style="list-style-type: none">Covered in fullCovered in full for 1 exam per year according to national guidelinesCovered in fullCovered in fullCovered in fullCovered in full\$15 copay\$15 copay for one routine exam per year; \$100 eyewear allowance available per yearPreventive covered in full |
| Physician Office Services <ul style="list-style-type: none">Diagnostic office visitsDiagnostic x-raysDiagnostic laboratory and pathologyAllergy tests | <ul style="list-style-type: none">\$20 copay per visit with PCP, \$40 copay per visits with specialist\$40 copay per visit. Precertification applies to MRI, PET and CAT scans.\$20 copay per visit\$20 copay per visit | <ul style="list-style-type: none">\$15 copay per visit, \$0 for children to age 19 for PCP\$15 copay. Precertification applies to MRI, PET and CAT scans.Covered in full\$15 copay per visit |



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| <ul style="list-style-type: none">Allergy injectionsChemotherapyRadiation therapySecond Medical OpinionSick Child Visits Maternity Services <ul style="list-style-type: none">Prenatal careHospital care for mom (including delivery)Newborn nursery care Prescription Drug <ul style="list-style-type: none">Short-term and maintenance drugs Inpatient Hospital Benefits <ul style="list-style-type: none">Hospital benefitsPhysician visits in the hospitalInpatient physical rehabilitationSurgeryAnesthesia Emergency Care <ul style="list-style-type: none">Emergency room careFreestanding urgent care centerAmbulance Outpatient Hospital Benefits <ul style="list-style-type: none">Diagnostic x-raysDiagnostic laboratory and pathologySurgical careChemotherapy | <ul style="list-style-type: none">\$20 copay per visit\$40 copay per visit\$40 copay per visit\$40 copay per visit\$20 copay per visit with PCP, \$40 copay with specialist <ul style="list-style-type: none">Covered in fullCovered at 80%, subject to the deductibleCovered at 80%, subject to the deductible <ul style="list-style-type: none">\$10/\$30/\$50 for retail and mail order. Retail 1 copay for 30 day supply or 3 copay for 90 day supply. Mail order 2 copays for 90 day supply <ul style="list-style-type: none">Covered at 80%, subject to the deductible. Precertification applies.Covered at 80%, subject to the deductibleCovered at 80%, subject to the deductible for up to 60 days per year. Precertification applies.Covered at 80%, subject to the deductible or \$100 copayCovered at 80%, subject to the deductible <ul style="list-style-type: none">\$50 copay per visit, unless admitted within 24 hours\$25 copay per visit\$50 copay <ul style="list-style-type: none">\$40 copay per visit. Precertification applies to MRI, PET and CAT scans.\$20 copay per visitCovered at 80%, subject to the deductible\$40 copay per visit | <ul style="list-style-type: none">\$15 copay per visitCovered in fullCovered in full\$15 copay per visit\$0 to age 19 <ul style="list-style-type: none">Covered in fullCovered in fullCovered in full <ul style="list-style-type: none">\$5/\$20/\$35 for retail and mail order. Retail 1 copay for 30 day supply or 3 copay for 90 day supply. Mail order 1 copay for 90 day supply <ul style="list-style-type: none">Covered in full for unlimited days. Precertification applies.Covered in fullCovered in full for up to 60 days per yearCovered in fullCovered in full <ul style="list-style-type: none">\$50 copay per visit, unless admitted within 24 hours\$25 copay per visit\$15 copay <ul style="list-style-type: none">\$15 copay per visit. Precertification applies to MRI, PET and CAT scans.Covered in full\$15 copayCovered in full |



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| | Coverage* | Coverage* |
| <ul style="list-style-type: none">• Pulmonary Rehabilitation• Hemodialysis• Radiation therapy Mental Health and Chemical Dependence <ul style="list-style-type: none">• Inpatient mental health care• Outpatient mental health care• Inpatient chemical dependence• Outpatient chemical dependence Other Services <ul style="list-style-type: none">• Diabetic insulin and supplies• Skilled nursing facility• Home Care• Hospice• Outpatient therapy• Durable medical equipment and supplies• External prosthetics and orthotics• Chiropractic• Acupuncture• Dental• Hearing• Private Duty Nursing• Pre-admission testing | <ul style="list-style-type: none">• \$40 copay per visit• Covered at 80%, subject to the deductible• \$40 copay per visit <ul style="list-style-type: none">• Covered at 80%, subject to the deductible. Precertification applies.• \$40 copay. Services can be provided in an outpatient facility or in a provider office.• Covered at 80%, subject to the deductible. Precertification applies.• \$40 copay <ul style="list-style-type: none">• \$20 copay for up to a 30 day supply• Covered at 80%, subject to the deductible for up to 120 days per year, 360 day lifetime max. Precertification applies.• \$20 per day, 40 visits per year. Precertification applies.• Covered in full for unlimited days.• \$40 copay per visit for a combined total of 45 visits per year for physical, speech, occupational and respiratory therapy• Covered at 50%. Precertification applies. <ul style="list-style-type: none">• Covered at 50%, subject to the deductible• \$20 copay per visit• Covered at 50% for up to 10 visits per year• Covered same as similar service for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly• \$20 copay for diagnostic exam, no coverage for routine exams. Hearing Aids covered up to \$2,000 per year <ul style="list-style-type: none">• Not Covered• Covered in full | <ul style="list-style-type: none">• \$15 copay per visit• Covered in full• Covered in full <ul style="list-style-type: none">• Covered in full for unlimited days. Precertification applies.• \$15 copay. Services can be provided in an outpatient facility or in a provider office.• Covered in full for unlimited days. Precertification applies.• \$15 copay per visit <ul style="list-style-type: none">• \$15 Copay• Covered in full for up to 120 days per year, 360 day lifetime max. Precertification applies.• Covered in full for unlimited visits. Precertification applies.• Covered in full for unlimited days• \$15 copay for up to a combined total of 45 visits per year for physical, speech, occupational and respiratory therapy• Covered at 80%. Precertification applies. <ul style="list-style-type: none">• Covered at 80%• \$15 copay per visit• Covered at 50% for up to 10 visits per year• Covered same as similar service for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly• \$15 copay for diagnostic exam, no coverage for routine exams. Hearing Aids covered up to \$2,000 per year <ul style="list-style-type: none">• Not Covered• Covered in full |