

# Medical Plan Changes

Plan Provisions	BluePPO		BlueHMO
	In-Network	Out-of-Network	
Deductible <ul style="list-style-type: none"> <li>• Single</li> <li>• Family</li> </ul>	\$400 (was \$0) \$800 (was \$0)	\$800 (was \$400) \$1,600 (was \$800)	\$250 (was \$0) \$500 (was \$0)
Coinsurance	20% (was 10%)	40% (was 20%)	10% (was None)
Out-of-Pocket Maximum <ul style="list-style-type: none"> <li>• Single</li> <li>• Family</li> </ul>	\$2,000 \$4,000	\$4,000 \$8,000	\$1,500 (was None) \$3,000 (was None)
Office Visit <ul style="list-style-type: none"> <li>• Mental health services</li> <li>• Physical Therapy</li> <li>• Occupational Therapy</li> <li>• Speech Therapy</li> </ul>	\$25 copay Copay is inclusive of the visit	40% coinsurance (was 20%)	\$15 copay Copay is inclusive of the visit
Preventive Care	\$0 (was \$25 copay)	40% coinsurance (was 20%)	\$0 (was \$15 copay)
Emergency Room	\$125 copay, plus 20% coinsurance (was 10%)	\$125 copay, plus 20% coinsurance (was 10%)	\$125 copay, plus 10% coinsurance (was None)