

MyBlueSM Plan Comparison Chart

My Life, My Health Plan

PLANS	PLAN TYPE	IN-NETWORK						OUT-OF-NETWORK					
		Deductible	Copay	Copay Max	Out-of-Pocket Max	Office Visit	Emergency	Deductible	Copay	Copay Max	Out-of-Pocket Max	Office Visit	Emergency
Individual Care Blue PLUS	PPO	\$1,000 \$2,000*	30%	\$2,500 \$5,000*	\$3,500 \$7,000*	70% no deductible	70% after deductible	\$2,000 \$4,000*	50%	\$5,000 \$10,000*	\$7,000 \$14,000*	Not Covered	70% after deductible
Flexible Blue II 1500	PPO	\$1,500 \$3,000*	20%	\$2,500 \$5,000*	\$4,000 \$8,000*	80% after deductible	80% after deductible	\$3,000 \$6,000*	40%	\$5,000 \$10,000*	\$8,000 \$16,000*	Not Covered	80% after deductible
Flexible Blue II 2500	PPO	\$2,500 \$5,000*	20%	\$2,500 \$5,000*	\$5,000 \$10,000*	80% after deductible	80% after deductible	\$5,000 \$10,000*	40%	\$5,000 \$10,000*	\$10,000 \$20,000*	Not Covered	80% after deductible
Flexible Blue II 5000	PPO	\$5,000 \$10,000*	20%	\$800 \$1,600*	\$5,800 \$11,600*	80% after deductible	80% after deductible	\$10,000 \$20,000*	40%	\$1,600 \$3,200*	\$11,600 \$23,200*	Not Covered	80% after deductible
Young Adult Blue	PPO	\$1,000	30%	\$2,500	\$3,500	Not Covered	70% after deductible	\$1,000	50%	Unlimited	None	Not Covered	70% after deductible
OneBlue	HMO	\$500 \$1,000*	20%	\$5,000 \$10,000*	\$5,500 \$11,000*	\$30.00	\$100.00	OneBlue is an HMO product. All services must be coordinated through the member chosen primary care physician. Otherwise, services are not covered (except emergency).					

* Family Contract

Detailed **Benefits-at-a-Glance** for each plan are available in the **Plans** section.

