

Bay District Medical Plans					
	Blue Choice 317	Enhanced Blue Choice 0317	Blue Options 3900	HSA – Employee Only Blue Options 05192	HSA – EE+Dependents Blue Options 05193
	In-Network	In-Network	In-Network	In-Network	In-Network
Individual Deductible	\$500	\$500	\$2,000 per person	\$2,500	\$5,000
Family Deductible	\$1,500	\$1,500	N/A	N/A	\$5,000
Coinsurance	20%	20%	30%	20%	20%
Individual Out of Pocket	\$2,000	\$2,000	\$6,350	\$5,800	\$6,850
Family Out of Pocket	\$6,000	\$6,000	\$12,700	N/A	\$11,600
Out-Patient Hospital (Surgery)	DED + COINSURANCE	DED + COINSURANCE	\$300 Copay	DED + COINSURANCE	DED + COINSURANCE
In-Patient Hospital	DED + COINSURANCE	DED + COINSURANCE	\$1,500 Copay	DED + COINSURANCE	DED + COINSURANCE
Ambulatory Surgical Center	DED + COINSURANCE	DED + COINSURANCE	DED + COINSURANCE	DED + COINSURANCE	DED + COINSURANCE
Independent Clinical Lab	Coinsurance (20%)	Coinsurance (20%)	\$0	DEDUCTIBLE	DEDUCTIBLE
Outpatient Diagnostic Testing	DED + COINSURANCE	DED + COINSURANCE	DED + COINSURANCE	DED + COINSURANCE	DED + COINSURANCE
Advanced Imaging Facility Services	DED + COINSURANCE	DED + COINSURANCE	\$200 Copay	DED + COINSURANCE	DED + COINSURANCE
Provider Services at Hosp/ER	DED + COINSURANCE	DED + COINSURANCE	DED + COINSURANCE	DED + COINSURANCE	DED + COINSURANCE
Emergency Room	DED + COINSURANCE	\$250 Copay + DED + COINSURANCE	\$200 Copay	DED + COINSURANCE	DED + COINSURANCE
Ambulance Ground and Air Travel	DED + COINSURANCE	DED + COINSURANCE	DED + COINSURANCE	DED + COINSURANCE	DED + COINSURANCE
Urgent Care	\$20 Copay	\$20 Copay	\$60 Copay	DED + COINSURANCE	DED + COINSURANCE
Office Visit - Family Phys	\$20 Copay	\$20 Copay	\$35 Copay	DED + COINSURANCE	DED + COINSURANCE
Office Visit - Specialist	DED + COINSURANCE	\$50 Copay	\$50 Copay	DED + COINSURANCE	DED + COINSURANCE
Adult Wellness Benefit Max	Limited	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Prescription Drugs	<i>Retail</i>	<i>Retail</i>	<i>Retail</i>	<i>Retail</i>	<i>Retail</i>
Generic	DED + COINSURANCE	\$10 Copay	\$10 Copay	Deductible then \$10 Copay	Deductible then \$10 Copay
Preferred Brand	DED + COINSURANCE	\$30 Copay	20% for Select Brand , or \$50 whichever is greater	Deductible then \$30 Copay	Deductible then \$30 Copay
Non-Preferred Brand	DED + COINSURANCE	\$50 Copay	Not Covered	Deductible then \$50 Copay	Deductible then \$50 Copay
Mail-Order	\$14/\$28	\$14/\$28/\$28	\$25/20% or 150 whichever is greater	DED + \$25/\$75/\$125	DED + \$25/\$75/\$125