

## PRM Medical Plan Matrix 2025-2026

Product	BlueOptions (PPO) 03748	BlueCare (HMO) 55	BlueOptions (PPO) 03769	BlueOptions (HSA) 05168/9		BlueOptions (PPO) 03559	BlueOptions (PPO) 05360
<b>Cost Sharing - Member's Responsibility</b>							
<b>Deductible (Per Person / Family Aggregate)</b>	\$0 / \$0	\$0 / \$0	\$500 / \$1,500	\$1,650 / NA	\$3,300 / \$3,300	\$750 / \$2,250	\$1,500 / \$4,500
<b>Coinsurance (BCBSF pays / Member pays)</b>	100% / 0%	100% / 0%	80% / 20%	100% / 0%	100% / 0%	80% / 20%	80% / 20%
<b>Out of Pocket Maximum (Per Person/Family Aggregate)</b>	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$4,500	\$1,650 / NA	\$3,300 / \$3,300	\$3,000 / \$6,000	\$3,000 / \$6,000
<b>Office Services</b>							
Family Physician / Specialist	\$10/\$20 Copay	\$10/\$10 Copay	\$15/\$15 Copay	DED+0%/DED+0%	DED+0%/DED+0%	\$20/\$35 Copay	\$25 / \$75 Copay
<b>Preventive Services</b>							
<b>Office Services (Primary / Specialist)</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
<b>Medical / Surgical Care at a Facility</b>							
<b>Ambulatory Surgical Center (ASC)</b>	\$50 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$100 Copay	DED + 20%
<b>Inpatient Hospital Facility</b>							
Option 1	\$250 Copay	\$250 Copay	DED + 20%	DED + 0%	DED + 0%	\$750 Copay	DED + 20%
Option 2	\$500 Copay	NA	NA			\$1,000 Copay	
<b>Outpatient Hospital Facility</b>							
Option 1	\$100 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$150 Copay	DED + 20%
Option 2	\$200 Copay	NA	NA			\$250 Copay	
<b>Emergency and Urgent Care</b>							
<b>Emergency Room Facility (per visit) (Surgery performed or with admit)</b>	\$50 Copay	\$50 Copay	DED + 20%	DED + 0%	DED + 0%	\$100 Copay	DED + 20%
<b>Urgent Care Centers</b>	\$20 Copay	\$10 Copay	\$15 Copay			\$35 Copay	\$75 Copay
<b>Diagnostic Testing (e.g., Lab, x-ray)</b>							
<b>Independent Clinical Laboratory</b>	\$0 Copay	\$0 Copay	20%	DED + 0%	DED + 0%	\$0 Copay	\$0 Copay
<b>Independent Diagnostic Testing Center</b>	\$50 Copay	\$0 Copay	\$15 Copay			\$50 Copay	DED + 20%
<b>Outpatient Hospital Facility</b>							
Option 1	\$100 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$150 Copay	DED + 20%
Option 2	\$200 Copay	NA	NA			\$250 Copay	
<b>Advanced Imaging (AIS) (MRI, MRA, PET, CT &amp; Nuclear Medicine)</b>							
<b>Independent Diagnostic Testing Center</b>	\$50 Copay	\$0 Copay	\$15 Copay	DED + 0%	DED + 0%	\$100 Copay	DED + 20%
<b>Outpatient Hospital Facility</b>							
Option 1	\$100 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$150 Copay	DED + 20%
Option 2	\$200 Copay	NA	NA			\$250 Copay	
<b>Other Special Services and Locations</b>							
<b>Durable Medical Equipment</b>							
<b>Skilled Nursing Facility</b>	DED + 0%	\$0 Copay	DED + 20%	DED + 0%	DED + 0%	DED + 20%	DED + 20%
<b>Home Health Care</b>							
<b>Hospice</b>							
<b>Prescription Drugs (Certain Medications subject to Prior Authorization)</b>							
<b>Retail - Generic/Brand/Non-Preferred/Specialty</b>	\$10 / \$25 / \$60	\$5 / \$25 / \$25	\$5 / \$35 / \$35	100% after INN DED	100% after INN DED	\$10 / \$25 / \$60	\$10 / \$35 / \$70
<b>Mail Order - Generic/Brand/Non-Preferred</b>	\$20 / \$50 / \$120	\$10 / \$50 / \$50	\$10 / \$70 / \$70	100% after INN DED	100% after INN DED	\$20 / \$50 / \$120	\$20 / \$70 / \$140
<b>Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum</b>	30% / \$3,000	30% / \$3,000	30% / \$3,000	DED / \$3,000	DED / \$3,000	30% / \$3,000	30% / \$3,000
<b>Hearing Aid Benefit</b>							
<b>\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.</b>	Included	Included	Included	Included	Included	Included	Included



## PRM Medical Plan Matrix 2025-2026

Product	BlueOptions HDHP (HSA) 05180/1		BlueOptions (PPO) 05904	BlueOptions (PPO) 05901	BlueOptions (PPO) 05787	BlueOptions HDHP (HSA) 05172/3	
<b>Cost Sharing - Member's Responsibility</b>							
<b>Deductible (Per Person / Family Aggregate)</b>	\$2,500	\$5,000	\$2,500 /\$5,000	\$2,000 / NA	\$7,350 / \$14,700	\$5,000 / NA	\$5,000 / \$10,000
<b>Coinsurance (BCBSF pays / Member pays)</b>	100% / 0%	100% / 0%	80% / 20%	50% / 50%	100% / 0%	90% / 10%	90% / 10%
<b>Out of Pocket Maximum (Per Person/Family Aggregate)</b>	\$2,500	\$5,000	\$6,000 / \$12,000	\$6,350 / \$12,800	\$7,350 / \$14,700	\$6,850 / NA	\$6,850 / \$13,700
<b>Office Services</b>							
Family Physician / Specialist	DED+0% / DED+0%	DED+0%/DED+0%	\$35 / \$75 Copay	\$35 / \$75 Copay	\$45 / \$90 Copay	DED+10%/DED+10%	DED+10% DED+10%
<b>Preventive Services</b>							
<b>Office Services (Primary / Specialist)</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
<b>Medical / Surgical Care at a Facility</b>							
<b>Ambulatory Surgical Center (ASC)</b>	DED + 0%	DED + 0%	DED + 20%	DED + 50%	DED + 0%	DED + 10%	DED + 10%
<b>Inpatient Hospital Facility</b>							
Option 1	DED + 0%	DED + 0%	DED + 20%	\$2,000 Copay	DED + 0%	DED + 10%	DED + 10%
Option 2				\$3,000 Copay			
<b>Outpatient Hospital Facility</b>							
Option 1	DED + 0%	DED + 0%	DED + 20%	\$300 Copay	DED + 0%	DED + 10%	DED + 10%
Option 2				\$400 Copay			
<b>Emergency and Urgent Care</b>							
<b>Emergency Room Facility (per visit) (Surgery performed or with admit)</b>	DED + 0%	DED + 0%	DED + 20%	DED + 50%	DED + 0%	DED + 10%	DED + 10%
<b>Urgent Care Centers</b>			\$75 Copay	\$75 Copay	\$90 Copay		
<b>Diagnostic Testing (e.g., Lab, x-ray)</b>							
<b>Independent Clinical Laboratory</b>	DED + 0%	DED + 0%	\$0 Copay	\$0 Copay	\$0 Copay	DED + 0%	DED + 0%
<b>Independent Diagnostic Testing Center</b>			\$50 Copay	\$50 Copay	\$75 Copay	DED + 10%	DED + 10%
<b>Outpatient Hospital Facility</b>							
Option 1	DED + 0%	DED + 0%	\$250 Copay	\$300 Copay	DED + 0%	DED + 10%	DED + 10%
Option 2			DED + 20%	\$400 Copay			
<b>Advanced Imaging (AIS) (MRI, MRA, PET, CT &amp; Nuclear Medicine)</b>							
<b>Independent Diagnostic Testing Center</b>	DED + 0%	DED + 0%	DED + 20%	\$200 Copay	DED + 0%	DED + 10%	DED + 10%
<b>Outpatient Hospital Facility</b>							
Option 1	DED + 0%	DED + 0%	DED + 20%	\$300 Copay	DED + 0%	DED + 10%	DED + 10%
Option 2				\$400 Copay			
<b>Other Special Services and Locations</b>							
<b>Durable Medical Equipment</b>							
<b>Skilled Nursing Facility</b>	DED + 0%	DED + 0%	DED + 20%	DED + 50%	DED + 0%	DED + 10%	DED + 10%
<b>Home Health Care</b>							
<b>Hospice</b>							
<b>Prescription Drugs (Certain Medications subject to Prior Authorization)</b>							
<b>Retail - Generic/Brand/Non-Preferred/Specialty</b>	100% after INN DED	100% after INN DED	\$10 / \$50 / \$80 / \$120	\$10 / \$60 / \$100 / \$120	\$10 / \$60 / \$100 / \$120	10% after INN DED	10% after INN DED
<b>Mail Order - Generic/Brand/Non-Preferred</b>	100% after INN DED	100% after INN DED	\$20 / \$100 / \$160	\$30 / \$180 / \$300	\$30 / \$180 / \$300	10% after INN DED	10% after INN DED
<b>Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum</b>	DED / \$3,000	DED / \$3,000	30% / \$3,000	30% / \$3,000	30% / \$3,000	30% / \$3,000	30% / \$3,000
<b>Hearing Aid Benefit</b>							
<b>\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.</b>	Included	Included	Included	Included	Included	Included	Included