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
Cost Sharing - Member's Responsibility	ED A SALE SELECTION				SECTION OF SECTION SEC	The transfer to the second	Marchine de la lace
Deductible (Per Person / Family Aggregate)	\$0 / \$0	\$0 / \$0	\$500 / \$1,500	\$1,650 / NA	\$3,300 / \$3,300	\$750 / \$2,250	\$1,500 / \$4,500
Coinsurance (BCBSF pays / Member pays)	100% / 0%	100% / 0%	80% / 20%	100% / 0%	100% / 0%	80% / 20%	80% / 20%
Out of Pocket Maximum	\$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
(Per Person/Family Aggregate)	01,000 / 00,000	\$1,5007 \$5,000	01,3007 34,300	\$1,030714A	\$3,5007\$3,500	33,000 / 36,000	\$3,000 / \$6,000
Office Services							
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
Preventive Services					Machine S. S.		
Office Services (Primary / Specialist)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Medical / Surgical Care at a Facility						Land	
Ambulatory Surgical Center (ASC)	\$50 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$100 Copay	DED + 20%
Inpatient Hospital Facility Option 1	enen Consu	6050 C	DED - 2007			475.0	DED + 20%
Option 2	\$250 Copay \$500 Copay	\$250 Copay NA	DED + 20% NA	DED + 0%	DED + 0%	\$750 Copay	
Outpatient Hospital Facility	\$500 Copay	I NA	NA NA	DISTRIBUTION OF THE PARTY OF TH		\$1,000 Copay	
Option 1	\$100 Copay	\$100 Copay	DED + 20%		DED + 0%	2450.0	DED + 20%
				DED + 0%		\$150 Copay	
Option 2 Emergency and Urgent Care	\$200 Copay	NA	NA NA			\$250 Copay	
Emergency and Orgent Care Emergency Room Facility (per visit) (Surgery performed)			STATE OF THE STATE				
or with admit)	\$50 Copay	\$50 Copay	DED + 20%	DED + 0%	DED + 0%	\$100 Copay	DED + 20%
Urgent Care Centers	\$20 Copay	\$10 Copay	\$15 Copay	- 525 676		\$35 Copay	\$75 Copay
Diagnostic Testing (e.g., Lab, x-ray)			TATE OF THE PARTY OF	NINGS OF THE REAL PROPERTY.			
Independent Clinical Laboratory	\$0 Copay	\$0 Copay	20%	DED - 000	252 . 444	\$0 Copay	\$0 Copay
Independent Diagnostic Testing Center	\$50 Copay	\$0 Copay	\$15 Copay	DED + 0%	DED + 0%	\$50 Copay	DED + 20%
Outpatient Hospital Facility							
Option 1	\$100 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$150 Copay	DED + 20%
Option 2	\$200 Copay	NA	NA NA	BEB : 070	DED . 0%	\$250 Copay	DED + 20%
Advanced Imaging (AIS) (MRI, MRA, PET, CT &							
Nuclear Medicine)	\$50 Copay	\$0 Copay	\$15 Copay	DED + 0%	DED + 0%	\$100 Canau	DED 1999
Outpatient Hospital Facility	430 Сорау	эо Сорау	313 Сорау	DED + 076	DED + 0%	\$100 Copay	DED + 20%
Option 1	\$100 Copay	\$100 Copay	DED + 20%		DED + 0%	\$150 Copay	DED + 20%
Option 2	\$200 Copay	NA	NA	DED + 0%		\$250 Copay	
Other Special Services and Locations							
Durable Medical Equipment							
Skilled Nursing Facility	DED + 0%	\$0 Copay	DED + 20%	DED + 0%	DED + 0%	DED + 20%	DED + 20%
Home Health Care		77 0 0 0 0 0	220 227	020 070	DLD - 0/0	DED : 20%	DED 1 20%
Hospice							
Prescription Drugs (Certain Medications subject to Prior Authorization)							
				A CONTRACTOR OF THE PARTY OF TH		A STREET SECTION OF THE SECTION OF T	
Retail - Generic/Brand/Non-Preferred/Specialty	\$10 / \$25 / \$60	\$5 / \$25 / \$25	\$5 / \$35 / \$35	100% after INN DED	100% after INN DED	\$10 / \$25 / \$60	\$10 / \$35 / \$70
Mail Order - Generic/Brand/Non-Preferred	\$20 / \$50 / \$120	\$10 / \$50 / \$50	\$10 / \$70 / \$70	100% after INN DED	100% after INN DED	\$20 / \$50 / \$120	\$20 / \$70 / \$140
Oral Weight Loss Medications - Coinsurance/Annual	30% / \$3,000	30% / \$3,000	30% / \$3,000	DED / \$3,000	DED / \$3,000	30% / \$3,000	200/ / \$2 000
Plan Paid Maximum	30787 93,000	30707 \$3,000	30 /0 / \$3,000	DED / \$5,000	DED / \$3,000	30% / \$3,000	30% / \$3,000
Hearing Aid Benefit		Company of the latest					
\$500 for 1st ear; \$300 for 2nd ear.	Included	Included	Included	Included	Included	Included	Included
One every 36 months.	moladea	mouded	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	
Cost Sharing - Member's Responsibility		PARTY OF PRESENT	THE PERSON NAMED IN COLUMN TWO				
Deductible (Per Person / Family Aggregate)	\$2,500	\$5,000	\$2,500 /\$5,000	\$2,000 / NA	\$7,350 / \$14,700	\$5,000 / NA	\$5,000 / \$10,000
Coinsurance (BCBSF pays / Member pays)	100% / 0%	100% / 0%	80% / 20%	50% / 50%	100% / 0%	90% / 10%	90% / 10%
Out of Pocket Maximum	\$2,500	\$5,000	\$6,000 / \$12,000	\$6,350 / \$12,800	\$7,350 / \$14,700	\$6,850 / NA	\$6,850 / \$13,700
(Per Person/Family Aggregate)	\$2,500	35,000	\$6,000 / \$12,000	\$6,5507 \$12,600	\$7,3307 \$14,700	\$6,63071VA	\$0,030 / \$13,700
Office Services							
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%
Preventive Services				Maria de la companya			
Office Services (Primary / Specialist)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Medical / Surgical Care at a Facility							
Ambulatory Surgical Center (ASC)	DED + 0%	DED + 0%	DED + 20%	DED + 50%	DED + 0%	DED + 10%	DED + 10%
Inpatient Hospital Facility							
Option 1	DED + 0%	DED + 0%	DED + 20%	\$2,000 Copay	DED + 0%	DED + 10%	DED + 10%
Option 2				\$3,000 Copay			
Outpatient Hospital Facility				0000 0			
Option 1	DED + 0%	DED + 0%	DED + 20%	\$300 Copay	DED + 0%	DED + 10%	DED + 10%
Option 2				\$400 Copay			
Emergency and Urgent Care							
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 0%	DED + 0%	DED + 20%	DED + 50%	DED + 0% \$90 Copay	DED + 10%	DED + 10%
Urgent Care Centers	DED + 0%		\$75 Copay	\$75 Copay			
Diagnostic Testing (e.g., Lab, x-ray)	POR SOLDER OF SOLD ST	Maria de la composición del composición de la composición de la composición del composición de la comp	этэ сорау	\$75 Copay	390 Copay		
Independent Clinical Laboratory			\$0 Copay	\$0 Copay	\$0 Copay	DED + 0%	DED + 0%
Independent Diagnostic Testing Center	DED + 0%	DED + 0%	\$50 Copay	\$50 Copay	\$75 Copay	DED + 10%	DED + 10%
Outpatient Hospital Facility			The second second second			SALESSEE STREET	
Option 1	DED . AN	DED - 00/	\$250 Copay	\$300 Copay			
Option 2	DED + 0%	DED + 0%	DED + 20%	\$400 Copay	DED + 0%	DED + 10%	DED + 10%
Advanced Imaging (AIS) (MRI, MRA, PET, CT &				3/20 Co. 10 Co.			Carlot New York
Nuclear Medicine)							
Independent Diagnostic Testing Center	DED + 0%	DED + 0%	DED + 20%	\$200 Copay	DED + 0%	DED + 10%	DED + 10%
Outpatient Hospital Facility							
Option 1	DED + 0%	DED + 0%	DED + 20%	\$300 Copay	DED + 0%	DED + 10%	DED + 10%
Option 2	U.A. S. C.			\$400 Copay			
Other Special Services and Locations							
Durable Medical Equipment							
Skilled Nursing Facility	DED + 0%	DED + 0%	DED + 20%	DED + 50%	DED + 0%	DED + 10%	DED + 10%
Home Health Care	Control of the second			and the second second			- Company (1997)
Prescription Drugs (Certain Medications subject to			AND THE RESERVE AND THE PERSON NAMED IN	A CONTRACTOR OF THE PARTY OF TH		The County of No.	Party of the State
Prior Authorization)							
Retail - Generic/Brand/Non-Preferred/Specialty	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
Mail Order - Generic/Brand/Non-Preferred	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
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	DED / \$3,000	DED / \$3,000	30% / \$3,000	30% / \$3,000	30% / \$3,000	30% / \$3,000	30% / \$3,000
Hearing Aid Benefit		the second second	The state of the s	Maria Carlos Constitution	THE RESERVE OF THE PARTY.	AND ASSESSMENT OF THE PARTY OF	
\$500 for 1st ear; \$300 for 2nd ear.		Extra Carlos Salarina		Comment that is a deposit of the contract		AND DESCRIPTION OF THE PARTY OF	
One every 36 months.	Included	Included	Included	Included	Included	Included	Included