

## In-Network Benefit Comparison\*

Services	BlueChoice Advantage— HDHP Option	Blue Value Plus Option
WELLNESS PROGRAM & BLUE REWARDS		
	ess program as part of your medical plan. Y completing certain activities. With Blue Rew	
ANNUAL DEDUCTIBLE		
Self Only	\$1,650**	\$0
Self + One, Self and Family	\$3,300***	\$0
ANNUAL OUT-OF-POCKET MAXIMUM		
Well-Child Visit, Adult Physical Exam, Routine GYN/Maternity	\$0	\$0
Breast, Prostate, Colorectal Screening	\$0	\$0
OUTPATIENT SERVICES (Per visit or procedure)		
Primary Care Office Visit	Deductible, \$0	\$15
Specialist Visit	Deductible, \$35	\$50
Physical, Speech & Occupational Therapy	Deductible, \$35	\$50
Acupuncture & Chiropractic Services	Deductible, \$35	\$50
URGENT & EMERGENCY CARE		
Urgent Care (per visit)	Deductible, \$50	\$50
Emergency Room Facility (waived if admitted)	Deductible, \$300	\$275
Ambulance	Deductible, \$100	\$200
DIAGNOSTIC SERVICES (Non-hospital/Freestanding facility)		
Labs	Deductible, \$0	\$30
X-rays	Deductible, \$35	\$50
Specialty Imaging (i.e., MRI, CAT Scan)	Deductible, \$75	\$100
	sted in section 5(b) of CareFirst Inc. Broch	nure)
Outpatient Hospital Non-Surgical Services	Deductible, \$200	\$150
Outpatient Hospital Surgical Services	Deductible, \$300	\$200
Inpatient Hospital Services	Deductible, 20%	25%
Maternity	Deductible, 20%	25%
MENTAL HEALTH AND SUBSTANCE USE [	DISORDER	
Office/Outpatient Professional	Deductible, \$0	\$15

<sup>\*</sup> This summary is for comparison purposes only & does not create rights not given through the benefit plan. Please refer to your 2025 PSHBP BlueChoice Contract for specific plan details.

<sup>\*\*</sup> The \$75 monthly pass through amount is added directly to your Health Savings Account.

 $<sup>\</sup>hbox{\tt ***} \ \hbox{The \$150 monthly pass through amount is added directly to your Health Savings Account.}$