

MEDICAL PLAN OPTION 1 Prairie States 23-24

Provider Networks	TIER 1-Bluejay Health, Direct Contracts	TIER 2 - HPS Network	TIER 3- Out of Network
COSTS to MEMBER	\$0	Copays Only	Copay + Balance Billing over allowable
OUT of POCKET MAX			
Single	\$0	\$2,000	\$4,000
Family	\$0	\$4,000	\$8,000
SERVICES			
Doctor on Demand	\$0	---	---
Home Health Care Visit	---	\$50 copay	\$100 copay
Therapy: OT, PT, Speech	\$0	\$50 copay	\$100 copay
Chiropractic Visit	\$0	\$25 copay	\$50 copay
Behavioral Health Visit	\$0	\$50 copay	\$100 copay
Primary Care Visit	---	\$100 copay	\$200 copay
Bluejay Health Visit	\$0	---	---
Lab Test	\$0	\$50 copay	\$100 copay
Specialty Office Visit	\$0	\$150 copay	\$300 copay
Urgent Care Visit	\$0	\$150 copay	\$150 copay
Emergency Room Visit	---	\$500 copay	\$500 copay
Ground & Air Ambulance	---	\$500 copay	\$500 copay
Inpatient Facility Per Day	---	\$1,000 copay/day	\$2,000 copay/day
Pregnancy/Deliveries (Employee & Spouse)	---	\$0	\$3,000 copay/day
Outpatient Surgery	\$0	\$500 copay	\$1,000 copay
Other Outpatient Procedures (Injections, etc)	\$0	\$500 copay	\$1,000 copay
Imaging (CT/MRI/PET,etc)	\$0	\$500 copay	\$1,000 copay
Skilled Nursing Facility (per admission)	\$0	\$500 copay/ admit	\$1,000 copay/admit
DME / Prosthetics	\$0	\$100 copay	\$200 copay
X-ray & low-end Imaging	\$0	\$100 copay	\$200 copay
PHARMACY -TruCardRx	RETAIL (30 DAY SUPPLY)	Domestic Mail Order (84-90 day supply)	
Generic	\$5 copay (\$12.50 copay/90 day supply)	\$12.50 copay	
Brand Preferred	\$25 copay	\$75 copay	
Brand Non-Preferred	\$100 copay	\$225 copay	
Specialty Medications Non-Insulin Injectables Mail Order		Call Rescribe 1-866-401-1883	