

# Medical Comparison Chart

Benefit	CareFirst (POS)	CareFirst PPO	Out-of-Network Benefits for POS & PPO Options
	In-Network		
<b>Deductible</b> What you pay each calendar year for covered services, excluding copays, before the plan starts to pay.	None	None	\$1,000 Individual \$3,000 Family
<b>Out-of-pocket maximum</b> Excludes deductibles, coinsurance and copays.	None	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family
<b>Lifetime maximum</b>	\$2,000,000	\$2,000,000	\$2,000,000
PCP referral for specialist visits	Yes	No	No
<b>Physician Care</b>			
Primary Care Physician (PCP) office visits	100% after \$15 copay	100% after \$20 copay	70% after deductible
Well-child care (up to age 2) Includes immunizations	100% after \$15 copay	100% after \$20 copay	Not Covered
General Physical Exam	100% after \$15 copay	100% after \$20 copay	70% after deductible
Specialist physician office visits	100% after \$15 copay	100% after \$20 copay	70% after deductible
Annual routine gynecological exam	100% after \$15 copay	100% after \$20 copay	Not Covered
<b>Family planning/Maternity care</b>			
Physician office visits (pre/post-natal)	100%	100%	70% after deductible
In-patient hospital Services includes newborn nursery services	100%	90%	70% after deductible
<b>Hospital Care – facility charges</b>			
In-patient coverage	100%	90%	70% after deductible
Emergency room—medical emergency (copay waived if admitted)	100% after \$25 copay	100% of allowed benefit up to \$300, then 90%	70% after deductible
Skilled nursing facility (60 days per calendar year)	100%	90%	70% after deductible
Out-patient surgical facilities	100%	90%	70% after deductible
Other in-patient services	100%	90%	70% after deductible
<b>Prescription Drugs</b>			
up to a 34-day supply	\$0 Copay – Generic \$30 Copay –Formulary \$50 Copay – Non-Formulary		
<b>Other health care services</b>			
Outpatient surgery	100%	90%	70% after deductible
X-ray and lab	100%	90%	70% after deductible
Chiropractic care	100% after \$15 copay	100% after \$20 copay	70% after deductible
Second surgical opinion	100% after \$15 copay	100% after \$20 copay	70% after deductible
Durable Medical Equipment (\$1,000/yr maximum)	100%	90%	70% after deductible
Home Health Care (40 visits per plan year)	100%	90%	70% after deductible
Physical, occupational and speech therapy	100% after \$15 copay	100% after \$20 copay	70% after deductible
<b>Mental health and substance abuse:</b>			
Out-patient	100% for visits 1-30; 50% for visits 31-60	65% for visits 1-20; 50% thereafter (120 visits per lifetime)	POS – 70% after deductible for visits 1-30 ; PPN 50% for visits 1-20 and 35% thereafter
In-patient (30-days per plan year)	100%	90%	70% after deductible

**Note:** This outline is a brief description of your benefits. *Percentages quoted are based on the “allowed benefit” as defined by CareFirst.* Actual benefits are determined by the applicable provisions of the respective plan’s contract. There may be exclusions or limitations which modify this summary. In the event of any discrepancy between the summary and the provisions of the specific insurance contracts, the provisions of the contracts shall apply.