

| Open Point-of-Service (POS) Plan | CareFirst BlueChoice Advantage (POS) | |
|---|---|---|
| | In-Network | Out-of-Network |
| Annual Deductible | None | \$300 individual, \$600 family |
| Preventive Care | | |
| Routine Physical Exam | \$15 copay* | Not Covered |
| Well Baby/Child Care | \$15 copay* | 80% after deductible |
| Childhood Immunizations | \$15 copay | 80% after deductible |
| Physician Services | | |
| Physician Office Visit | \$15 copay | 80% after deductible |
| Specialist Office Visit | \$20 copay | 80% after deductible |
| Lab Work and X-rays | Covered in full | 80% after deductible |
| Allergy Evaluations | \$15 copay | 80% after deductible |
| Allergy Shots | Covered in full | 80% after deductible |
| Maternity Care | | |
| Prenatal and Postnatal Care | \$15 copay | 80% after deductible |
| Physician Services | Covered in full | 80% after deductible |
| Hospital Services | Covered in full | 80% after deductible |
| Emergency Service (when medically necessary) | | |
| Urgent Care Centers | \$15 copay | Paid as in-network |
| Emergency Room | \$100 per visit (copay waived if admitted) | Paid as in-network |
| Emergency Physician Services | Covered in full | Paid as in-network |
| Emergency Ambulance | Covered in full | Paid as in-network |
| Hospital Services—Inpatient | | |
| Semi-private Room | Covered in full | 80% after deductible |
| Professional Services | Covered in full | 80% after deductible |
| Surgical Procedures | Covered in full | 80% after deductible |
| Specialty Care/Consultation | Covered in full | 80% after deductible |
| Anesthesia | Covered in full | 80% after deductible |
| Radiology and Drugs | Covered in full | 80% after deductible |
| Intensive Care | Covered in full | 80% after deductible |
| Coronary Care | Covered in full | 80% after deductible |
| Hospital Services—Outpatient | | |
| Surgical Procedures | \$20 copay | 80% after deductible |
| Professional Fees | \$20 copay | 80% after deductible |
| Mental Health/Substance Abuse Services | | |
| Inpatient Days | Covered in full | 80% after deductible (up to 180 days) |
| Outpatient Visits | \$15 copay** | 80% after deductible |
| Other Services | | |
| Catastrophic Illness | Covered in full | Covered in full after \$1,000 out-of-pocket expenses (excluding deductible) |
| Durable Medical Equipment | Covered in full** | 80% after deductible** |
| Home Health Care/Skilled Nursing Care | Covered in full (up to 60 visits in- and out-of-network) | 80% after deductible (up to 60 visits in- and out-of-network) |
| Hospice Care | Covered in full | 80% after deductible |

*Applies to services not specifically listed in the previous preventive care charts.

**Covered in full for non-Medicare-eligible retirees if in-network.