

All CBA Blue PPO Medical Plan Options utilize the National BlueCard® PPO Network.
 Questions: Please call CBA Blue at 1.888.222.9206 or visit www.cbabluevt.com.



CBA Blue

2021 BluePrintSM – PPO
 Plan Options “Benefits at a Glance”

Plan Options →→→	Premium Plan		Quality Plan		Value HSA Plan		Basic Plan	
	PPO	Out-of-Network	PPO	Out-of-Network	PPO	Out-of-Network	PPO	Out-of-Network
Annual Deductible	\$250 Single \$500 Family	\$500 Single \$1000 Family	\$750 Single \$1500 Family	\$1500 Single \$3000 Family	\$2800 Single \$5600 Family	\$5600 Single \$11200 Family	\$3500 Single \$7000 Family	\$7000 Single \$14000 Family
Annual Out-of-Pocket Expense Limit The Out-of-Pocket includes medical and prescription copays.	\$4000 Single \$8000 Family	\$6000 Single \$12000 Family	\$4000 Single \$8000 Family	\$6000 Single \$12000 Family	\$4500 Single \$9000 Family	\$6750 Single \$13500 Family	\$5500 Single \$11000 Family	\$8250 Single \$16500 Family
Preventive Care Adult & Child Well Care Includes: Exams pap smears, prostate screening, labs, immunizations, etc.	100%	Deductible, then 70%	100%	Deductible, then 70%	100%	Deductible, then 60%	100%	Deductible, then 50%
On-Demand (Telemedicine Services)	100%	Not Covered	100%	Not Covered	\$5 copayment	Not Covered	100%	Not Covered
Primary Care Physician Office Visits	\$30 copayment	Deductible, then 70%	\$35 copayment	Deductible, then 70%	Deductible, then 80%	Deductible, then 60%	\$45 copayment	Deductible, then 50%
Specialist Physician Office Visits	\$40 copayment	Deductible, then 70%	\$45 copayment	Deductible, then 70%	Deductible, then 80%	Deductible, then 60%	\$55 copayment	Deductible, then 50%
Chiropractic Chiropractic limited to 12 per calendar year.	\$40 copayment	Deductible, then 70%	\$45 copayment	Deductible, then 70%	Deductible, then 80%	Deductible, then 60%	\$55 copayment	Deductible, then 50%
Short Term Rehab (PT, OT, ST) Physical, occupational, & speech therapy combined calendar year max 60.	\$40 copayment	Deductible, then 70%	\$45 copayment	Deductible, then 70%	Deductible, then 80%	Deductible, then 60%	\$55 copayment	Deductible, then 50%
Diagnostic Lab and X-ray	Deductible, then 100%	Deductible, then 70%	Deductible, then 90%	Deductible, then 70%	Deductible, then 80%	Deductible, then 60%	\$150 copayment	Deductible, then 50%
High Tech Radiology (MRI, PET, CAT)	\$150 copayment	Deductible, then 70%	Deductible, then \$150 copay	Deductible, then 70%	Deductible, then 80%	Deductible, then 60%	Deductible, then 75%	Deductible, then 50%
Inpatient Hospital Includes Mental Health and Substance Abuse Admissions. Max two copays per member per calendar year.	\$250 copayment	Deductible, then 70%	Deductible, then 90%	Deductible, then 70%	Deductible, then 80%	Deductible, then 60%	Deductible, then 75%	Deductible, then 50%
Outpatient Facility Day Surgery	\$150 copayment	Deductible, then 70%	Deductible, then 90%	Deductible, then 70%	Deductible, then 80%	Deductible, then 60%	Deductible, then 75%	Deductible, then 50%
Emergency Room Copay waived if admitted	\$250 copayment	\$250 copayment	\$300 copayment	\$300 copayment	Deductible, then 80%	In-network Deductible, then \$250 copay	Deductible, then \$300 copayment	In-network Deductible, then \$300 copay
Mental Health/Substance Abuse Outpatient Services	\$30 copayment	Deductible, then 70%	\$35 copayment	Deductible, then 70%	Deductible, then 80%	Deductible, then 60%	\$45 copayment	Deductible, then 50%
Infertility (Outpatient) Maximum of six attempts per lifetime.	\$40 copayment	Not Covered	\$45 copayment	Not Covered	Deductible, then 80%	Not Covered	\$55 copayment	Not Covered
Prescription Drug Benefit RETAIL - Generic / Preferred Brand / Non-Preferred MAIL – Generic / Preferred Brand / Non- Preferred	\$15 copay/\$40 copay/\$60 copay \$30 copay/\$80 copay/\$120 copay		\$20 copay/\$50 copay/\$65 copay \$40 copay/\$100 copay/\$130 copay		Deductible, then 80% Deductible, then 80%		\$15 copay/\$50 copay/\$75 copay \$30 copay/\$100 copay/\$150 copay	

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