

RCAB Health Plan Options Summary - July 1, 2025 - June 30, 2026

Member Cost Share Provisions	Blue Cross Blue Shield - Enhanced PPO Plan		Blue Cross Blue Shield - Basic PPO Plan		High Deductible Health Plan	
	Blue Cross PPO Network	Out-of-Network	Blue Cross PPO Network	Out-of-Network	Blue Cross PPO Network	Out-of-Network
Deductible	\$1,000 Ind / \$2,000 Fam	\$2,000 Ind / \$4,000 Fam	\$3,000 Ind / \$6,000 Fam	\$6,000 Ind / \$12,000 Fam	\$4,000 Ind / \$8,000 Fam	\$8,000 Ind / \$16,000 Fam
Coinsurance (Plan pays)	80%	60%	80%	60%	80%	60%
Medical Out-of-Pocket Maximum	\$2,250 / \$4,500	\$4,500 / \$13,500	\$4,000 / \$8,000	\$8,000 / \$16,000	\$7,000 Ind / \$14,000 Fam	\$14,000 Ind / \$28,000 Fam
PCP - Preventive Visits	Covered in Full	40% after deductible	Covered in Full	40% after deductible	Covered in Full	40% after deductible
PCP - Sick Visit	\$25	40% after deductible	\$30	40% after deductible	20% after deductible	40% after deductible
Telehealth	\$10	Not covered	\$15	Not covered	PCP - No cost after deductible Other - 10% coinsurance after deductible	Not covered
Specialist Visit	\$50	40% after deductible	\$60	40% after deductible	20% after deductible	40% after deductible
Inpatient Care	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Care (Hospital)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Diagnostic test (x-ray, blood work)	\$25 per day	40% after deductible	\$30 per day	40% after deductible	20% after deductible	40% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Urgent Care	\$50	40% after deductible	\$60	40% after deductible	20% after deductible	40% after deductible
CVS MinuteClinic	\$5	N/A	\$5	N/A	20% after deductible	40% after deductible
Emergency Room Visit	\$200	\$200	\$300	\$300	20% after deductible	40% after deductible
Pharmacy copays	Retail: \$10 generic; \$35 preferred brand \$55 non-preferred brand Mail: 2x Retail co-pay Out-of-pocket Max: \$1,500 / \$3,000		Retail: \$15 generic; \$40 preferred brand \$60 non-preferred brand Mail: 2x Retail co-pay Out-of-pocket Max: \$1,500 / \$3,000		Deductible + Coinsurance; Preventive Covered in Full	
Note: "Family" includes Individual +1		Health Benefit Trust's HRA Funding: \$1,000/\$2,000 Employee + Spouse			Heath Benefit Trust's HSA Funding: \$500 Employee/ \$1,000 Employee + Spouse	