

2025 – 2026 Medical Comparison

	BMCS Open Choice* - 1		BMCS Open Choice* - 2		BMCS Open Choice* - 3		BMCS POS	
	In network	Out of network	In network	Out of network	In network	Out of network	In network	Out of network
Referrals required	No	No	No	No	No	No	Yes	No
Deductible								
Individual	\$0	\$600	\$0	\$1,000	\$1,100	\$1,100	\$0	\$3,000
Family	\$0	\$1,200	\$0	\$3,000	\$2,200	\$3,300	\$0	\$3,000
After deductible, plan pays	100%	70%	100%	70%	100%	50%	100%	50%
Out-of-pocket maximum								
Individual	\$3,500	\$7,500	\$5,000	\$7,500	\$3,500	\$10,000	\$3,500	\$10,000
Family	\$7,000	\$15,000	\$10,000	\$15,000	\$7,000	\$30,000	\$7,000	\$30,000
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Doctor's office visits								
Primary Care Services	\$10 copayment	70%, after deductible	\$20 copayment	70%, after deductible	\$25 copayment	50%, after deductible	\$15 copayment	50%, after deductible
Specialist Services	\$12 copayment	70%, after deductible	\$40 copayment	70%, after deductible	\$50 copayment	50%, after deductible	\$35 copayment	50%, after deductible
Preventive Care	100%	70%, no deductible	100%	70%, no deductible	100%	50%, no deductible	100%	50%, no deductible
Routine Eye Exam	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	\$25 copayment (once every 24 months)	Not covered
Hospital services								
Inpatient Hospital Services	\$75 per day (Max of 5 copayments per admission)	70%, after deductible	\$350 copayment per admission	70%, after deductible	\$300 copayment per admission	50%, after deductible	\$250 copayment per admission	50%, after deductible
Outpatient Surgery	\$75 copayment	70%, after deductible	\$200 copayment	70%, after deductible	\$200 copayment	50%, after deductible	\$100 copayment	50%, after deductible
Emergency Room (copayment waived if admitted)	\$100 copayment	\$100 copayment	\$100 copayment	\$100 copayment	\$100 copayment	\$100 copayment	\$100 copayment	\$100 copayment
Urgent Care/Non-Urgent Use of Urgent Care	\$28 copayment	70%, after deductible	\$28 copayment	70%, after deductible	\$50 copayment	50%, after deductible	\$24 copayment	50%, after deductible
Ambulance								
Emergency	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostic procedures								
Outpatient Laboratory/ Pathology	100%	70%, after deductible	100%	70%, after deductible	100%, after deductible	50%, after deductible	100%	50%, after deductible
Outpatient Radiology (routine radiology/diagnostic MRI/MRA, CT /CTA scan, PET scan)	\$20 copayment	70%, after deductible	\$40 copayment	70%, after deductible	100%, after deductible	50%, after deductible	100%	50%, after deductible



To view the full plan comparison, please visit www.bmsbc.org.