

You've got options

Plan Year: July 1, 2026 – June 30, 2027

The following is a summary of what is covered by each Preferred Plan option. For a full list of covered services, please refer to your plan documents. You can also call Aetna Member Services at **1-800-293-3536** with questions. If your plan is not detailed below and you have questions, please contact your benefit department.

Preferred Plan Comparison*	BMCS Open Choice® - 2		BMCS Open Choice® - 3		BMCS Open Choice® - 4	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Referrals Required	No	No	No	No	No	No
Deductible						
Individual	\$0	\$1,500	\$1,100	\$2,200	\$2,800	\$6,000
Family	\$0	\$3,000	\$2,200	\$4,400	\$5,600	\$12,000
After deductible plan pays	100%	70%	100%	50%	100%	50%
Out-of-pocket maximum						
Individual	\$5,000	\$7,500	\$3,500	\$10,000	\$5,600	\$12,000
Family	\$10,000	\$15,000	\$7,000	\$20,000	\$11,200	\$24,000
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Doctor's Visits						
Primary Care Services	\$15 copayment	70%, after deductible	\$25 copayment	50%, after deductible	\$40 copayment	50%, after deductible
Specialist Services	\$40 copayment	70%, after deductible	\$50 copayment	50%, after deductible	\$60 copayment	50%, after deductible
Preventive Care	100%	70%, no deductible	100%	50%, no deductible	100%	50%, no deductible
Teladoc (Virtual General Medicine)	100%	-	100%	-	100%	-
Ambulance						
Emergency	100%	100%	100%	100%	100%	100%
Diagnostic Procedures						
Outpatient Lab/Pathology	100%	70%, after deductible	100%, after deductible	50%, after deductible	100%, after deductible	50%, after deductible
Outpatient Radiology (routine radiology/diagnostic MRI/MRA, CT/CTA & PET scans)	\$40 copayment	70%, after deductible	100%, after deductible	50%, after deductible	100%, after deductible	50%, after deductible

*Chart reflects dollar amounts that member pays or coinsurance percentages that plan pays.

Preferred Plan Comparison*	BMCS Open Choice® - 2		BMCS Open Choice® - 3		BMCS Open Choice® - 4	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital Services						
Inpatient Hospital Services	\$350 copayment per admission	70%, after deductible	\$400 copayment per admission	50%, after deductible	\$500 copayment per admission	50%, after deductible
Outpatient Surgery	\$200 copayment	70%, after deductible	\$300 copayment	50%, after deductible	\$300 copayment	50%, after deductible
Emergency Room (copayment waived if admitted)	\$175 copayment	\$175 copayment	\$175 copayment	\$175 copayment	\$250 copayment	\$250 copayment
Urgent Care/ Non-Urgent Use of Care	\$35 copayment	70%, after deductible	\$50 copayment	50%, after deductible	\$50 copayment	50%, after deductible
Therapy Services						
Physical, Occupational and Speech (60 visits per year)	\$20 copayment (visits 1-30) \$40 copayment (visits 31-60)	70%, after deductible	\$25 copayment (visits 1-30) \$50 copayment (visits 31-60)	50%, after deductible	\$40 copayment (visits 1-30) \$80 copayment (visits 31-60)	50%, after deductible
Chiropractic Care (30 visits per year)	\$40 copayment	70%, after deductible	\$50 copayment	50%, after deductible	\$60 copayment	50%, after deductible
Private-Duty Nursing (45 8-hour shifts per year)	100%	70%, after deductible	100%, after deductible	50%, after deductible	100%, after deductible	50%, after deductible
Hospice and Home Health Care	100%	70%, after deductible	100%, after deductible	50%, after deductible	100%, after deductible	50%, after deductible
Durable Medical Equipment and Prosthetics	\$40 copayment	70%, after deductible	100%, after deductible	50%, after deductible	100%, after deductible	50%, after deductible
Mental Health Care						
Outpatient	\$40 copayment	70%, after deductible	\$50 copayment	50%, after deductible	\$60 copayment	50%, after deductible
Inpatient	\$350 copayment per admission	70%, after deductible	\$400 copayment per admission	50%, after deductible	\$500 copayment per admission	50%, after deductible
Teladoc (Virtual Mental Health Care)	100%	-	100%	-	100%	-
Substance Abuse Treatment						
Outpatient	\$40 copayment	70%, after deductible	\$50 copayment	50%, after deductible	\$60 copayment	50%, after deductible
Inpatient Rehabilitation	\$350 copayment per admission	70%, after deductible	\$400 copayment per admission	50%, after deductible	\$500 copayment per admission	50%, after deductible
Inpatient Detoxification	\$350 copayment per admission	70%, after deductible	\$400 copayment per admission	50%, after deductible	\$500 copayment per admission	50%, after deductible

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