Buck Montgomery County Schools Health Care Consortium
Preferred Plan Designs

	BMCS Open Choice 1 (Formerly known as PC 10/20/70%)		BMCS Open Choice 2 (Formerly known as PC 20/30/70%)		BMCS POS (Formerly known as KPOS 15S)	
	In Network	**Out of Network**	**In Network**	**Out of Network**	**Referred**	**Self- Referred**
Referrals Required	**No**		**No**		**Yes**	**No**
Deductible						
Individual	$0	$600	$0	$1,000	None	$1,000
Family	$0	$1,200	$0	$3,000	None	$3,000
After Deductible, Plan pays	100%	70%	100%	70%	None	50%
Out-of-Pocket Maximum						
Individual	$3,500	$7,500	$5,000	$7,500	$3,500	$10,000
Family	$7,000	$15,000	$10,000	$15,000	$7,000	$30,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Doctor's Office Visits						
Primary care services	$10 copay	70%, after deductible	$20 copay	70%, after deductible	$15 copay	50%, after deductible
Specialist services	$20 copay	70%, after deductible	$40 copay	70%, after deductible	$25 copay	50%, after deductible
Preventive Care for Adults and Children	100%	70%, no deductible	100%	70%, no deductible	100%	50%, (no deductible)
Routine Eye Exam	N/A	N/A	N/A	N/A	$25 copay (once every 24 months)	Not covered
Pediatric Immunizations (Office visit copay does not apply)	100%	70%, no deductible	100%	70%, no deductible	100%	50%, (no deductible)
Routine Gynecological Exam/Pap (1 per year for women of any age)	100%	70%, no deductible	100%	70%, no deductible	100%	50%, (no deductible)
Mammogram	100%	70%, no deductible	100%	70%, no deductible	100%	50%, (no deductible)
Allergy Injections/Testing (Office visit copay waived if no office visit is charged)	100%	70%, after deductible	100%	70%, after deductible	100%	50%, after deductible
Nutrition Counseling for Weight Mgmt	100% (6 visits per cal year)	70%, after deductible	100% (6 visits per year)	70%, after deductible	100% (6 visits per cal year)	50%, after deductible
Maternity						
First OB Visit	$10 copay	70%, after deductible	$20 copay	70%, after deductible	$25 copay	50%, after deductible
Hospital	$75 copay per day (max 5 copays per admit)	70%, after deductible	$350 copay per admit	70%, after deductible	$250 copay per admit	50%, after deductible
Inpatient Hospital Services						
Facility	$75 copay per day (max 5 copays per admit)	70%, after deductible	$350 copay per admit	70%, after deductible	$250 copay per admit	50%, after deductible
Physician/ Surgeon	100%	70%, after deductible	100%	70%, after deductible	100%	50%, after deductible
Inpatient Hospital Days	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Outpatient Surgery	$75 copay	70%, after deductible	$200 copay	70%, after deductible	$100 copay	50%, after deductible
Emergency Room	$100 copay (waived if admitted)	$100 copay, no deductible (waived if admitted)	$100 copay (waived if admitted)	$100 copay, no deductible (waived if admitted)	$100 copay (waived if admitted)	$100 copay, no deductible (waived if admitted)
Ambulance						
Emergency	100%	100%, no deductible	100%	100%, no deductible	100%	100%
Non- Emergency	100%	70%, after deductible	100%	70%, after deductible	100%	50%, after deductible
Urgent Care	$28 copay	70%, after deductible	$28 copay	70%, after deductible	$24 copay	50%, after deductible
Outpatient Laboratory/Pathology	100%	70%, after deductible	100%	70%, after deductible	100%	50%, after deductible
Outpatient Radiology						
Routine Radiology/ Diagnostic	$20 copay	70%, after deductible	$40 copay	70%, after deductible	100%	50%, after deductible
MRI/MRA, CT/CTA Scan, PET SCAN	$20 copay	70%, after deductible	$40 copay	70%, after deductible	100%	50%, after deductible

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Therapy Services Physical and Occupational	$15 copay [visits 1-30] $25 copay [visits 31-60] (60 visits per cal year for PT/OT/ST)	70%, after deductible	$20 copay [visits 1-30] $40 copay [visits 31-60] (60 visits per cal year for PT/OT/ST)	70%, after deductible	100% (up to 60 consecutive days per condition covered, subject to significant	50%, after deductible (up to 60 consecutive days per condition covered, subject to significant
Speech	$15 copay [visits 1-30] $25 copay [visits 31-60] (60 visits per calendar year for PT/OT/ST)	70%, after deductible	$20 copay [visits 1-30] $40 copay [visits 31-60] (60 visits per calendar year for PT/OT/ST)	70%, after deductible	100% (up to 60 consecutive days per condition covered, subject to significant	50%, after deductible (up to 60 consecutive days per condition covered, subject to significant
Cardiac Rehabilitation (36 visits per cal year)	100%	70%, after deductible	100%	70%, after deductible	100%	50%, after deductible
Pulmonary Rehabilitation (12 visits per cal year)	100%	70%, after deductible	100%	70%, after deductible	100%	50%, after deductible
Respiratory Therapy	100%	70%, after deductible	100%	70%, after deductible	100%	50%, after deductible
Restorative Services, Including Chiropractic Care	$20 copay (30 visits per cal year)	70%, after deductible (30 visits per cal year)	$40 copay (30 visits per cal year)	70%, after deductible (30 visits per cal year)	100% (100 visits per cal year)	50%, after deductible (100 visits per cal year)
Chemo/Radiation/Dialysis	100%	70%, after deductible	100%	70%, after deductible	100%	50%, after deductible
Outpatient Private Duty Nursing (45 8-hour shifts per cal year)	100%	70%, after deductible	100%	70%, after deductible	100%	50%, after deductible
Skilled Nursing Facility	100% (up to 120 days)	70%, after deductible (up to 120 days)	100% (up to 120 days)	70%, after deductible (up to 120 days)	100% (up to 180 days)	50%, after deductible (up to 240 days)
Hospice and Home Health Care	100%	70%, after deductible	100%	70%, after deductible	100%	50%, after deductible
Durable Medical Equipment and Prosthetics	$20 copay	70%, after deductible	$40 copay	70%, after deductible	100%	50%, after deductible
Outpatient Diabetic Education	100%	Not covered	100%	Not covered	100%	50%, after deductible
Mental Health Care Outpatient	$20 copayment	70%, after deductible	$40 copayment	70%, after deductible	$25 copay	50%, after deductible
Inpatient	$75 copay per day (max 5 copays per admit)	70%, after deductible	$350 copay per admit	70%, after deductible	$250 copay per admit	50%, after deductible
Serious Mental Health Illness Outpatient	$20 copayment	70%, after deductible	$40 copayment	70%, after deductible	$25 copay	50%, after deductible
Inpatient	$75 copay per day (max 5 copays per admit)	70%, after deductible	$350 copay per admit	70%, after deductible	$250 copay per admit	50%, after deductible
Substance Abuse Treatment Outpatient/Partial facility visits	$20 copayment	70%, after deductible	$40 copayment	70%, after deductible	$25 copay	50%, after deductible
Inpatient Rehabilitation	$75 copay per day (max 5 copays per admit)	70%, after deductible	$350 copay per admit	70%, after deductible	$250 copay per admit	50%, after deductible
Inpatient Detoxification	$75 copay per day (max 5 copays per admit)	70%, after deductible	$350 copay per admit	70%, after deductible	$250 copay per admit	50%, after deductible

This document is for comparison purposes only. For further detail on benefit exclusions and precertification requirements, please refer to the Benefits at A Glance Summaries for each plan design.