Blue Ribbon Medical Plan Summary of Benefits As of January 1, 2024	
Description	The Amount You Pay
Deductible Individual / Family	\$1,750 per person / \$3,500 family max
Maximum Out of Pocket Ind / Family	\$3,500 per person / \$7,000 family max
Co-Insurance Plan Pays / Your Cost	75%/25% Up to Maximum Out of Pocket
	Then the Plan will pay 100%
Preventive Care	
Annual Physical Exams	No Charge / Not Subject to Deductible
Well Baby/Child & Immunizations	No Charge / Not Subject to Deductible
Annual Well Woman Visits	No Charge / Not Subject to Deductible
Labs & X-rays Cancer Screenings	No Charge / Not Subject to Deductible
Colonoscopies	No Charge / Not Subject to Deductible
Physician Office Services	
Primary Care	\$50 copay
Urgent Care/Walk-In Clinics	\$75 copay
Specialist	\$100 copay
Other Services	Non-Emergency Visits are not covered
Emergency Room Visits	25% after Deductible
Ambulance Services	25% after Deductible
Allergy	25% after Deductible
Chiropractic Services	25% after Deductible
Lab & X-ray Services	
Lab, X-ray & diagnostics	25% after Deductible
Major Diagnostics – CT, PET	25% after Deductible
MRI,MRA, Nuclear	
Chemo, Radiation, Renal Dialysis	
Hospital – Outpatient	25% after Deductible
Office Visit	25% after Deductible
Facility Services	
Inpatient Facility	25% after Deductible
Outpatient Facility	25% after Deductible
Skilled Nursing Facility	25% after Deductible
Medical Equip & Home Health	25% after Deductible
Outpatient Rehab Therapy	
Physical, Occ, Speech, & Cardiac	25% after Deductible
Mental Health & Substance Abuse	
Inpatient Services	25% after Deductible
Outpatient Services	25% after Deductible
Office Visits	25% after Deductible
Prescription Services	Excludes Injectibles (except for insulin)
Generic & Preferred Generic	\$10 Co-pay (free through mail order)
Branded Drugs	25% after Deductible (free through mail order)
Specialty Drugs	25% after Deductible (free through mail order)
	\$10,000 Annual Maximum on Specialty Drugs