

# Blue 6.0 Benefit Plan Comparison Guide

Ohio



Benefit differences for Ohio: PPO and Lumenos® products, if applicable.

<i>Benefit Design</i>	<i>Current Feature (Blue 5.0)</i>	<i>New Feature (Blue 6.0)</i>
<i>Facility/Professional</i>		
Emergency Room Services	Minimum emergency room copay is \$200 for non-CDHP.	Emergency room copay increased to \$250 for select non-CDHP plans.
<i>Medical Services</i>		
Home Care Services	Limited to 90 visits (core products only)	Limited to 100 visits (network and non-network combined and excludes private nursing duty) core and CDHP products.
Hospice	Treated at the network level; typically the network cost share	Hospice is covered at no cost share (to core products only).
<i>Pharmacy</i>		
Tiering Options	4 Tier Options (Rx Option C & G for group sizes 2-50 and 51-99) are some of the Rx options currently available.	Reduced to two options on PPO for group size 2-50 (Rx Option C & G) and three options on PPO for group size 51-99 (Rx Option C, G & R).  New 3 Tier Rx option with \$15/\$40/\$80 (Rx Option R)
<i>Other Products and Preventive Services</i>		
Lumenos Deductible Structure	Combined network and non-network deductible Deductible 1st HRA: Network and non-network claims apply to the HRA account.	Separate network and non-network deductible with no cross accumulation Deductible 1st HRA: <ul style="list-style-type: none"> <li>• HRA allocations only apply to network claims.</li> <li>• Upfront deductible is only network.</li> <li>• Non-network services subject to annual non-network deductible.</li> </ul> "Upfront Network Deductible + Account Allocation = Network Annual Deductible"
Lumenos Pharmacy edits	Deductible/coinsurance plans do not apply Rx edits. Rx Option Z includes step therapy and dose optimization.	All plans will apply the following Rx edits: prior authorization, quantity supply limits, dose optimization and step therapy.
Lumenos Medical Out-of-pocket Limit	All Lumenos products include prescription drug copays in out-of-pocket limit.	Lumenos HRA, HIA and HIA+ Tiers 1, 2 & 3 copays do not apply to the medical out-of-pocket limit. Tier 4 coinsurance will apply to the medical out-of-pocket limit.  Lumenos HSA will continue to include prescription drug copays in the medical out-of-pocket limit.
<i>Administrative Policies</i>		
4th Quarter Deductible Carryover	Buy-up option on the 51-99 Group Optional Rider	Available as a buy-up option for 100+ groups only

\*All benefit detail can be found on the Benefit Plan Document