

2026 Medical plan benefit summary



This summary is for quoting purposes only

BCOC Base 1000

	In-network copay/coinsurance	Out-of-network copay/coinsurance
Calendar year costs		
Deductible per member		\$1,000
Deductible per family		\$2,000
Out-of-pocket maximum including deductible per member	\$6,000	\$6,000
Out-of-pocket maximum including deductible per family	\$12,000	\$12,000
Care and services		
ACA preventive care visit	\$0/visit	Not covered (except for select services)
First 3 in-person or virtual PCP, naturopath and behavioral health office visits	\$5/visit	50% after deductible
PCP office visit	\$25/visit	50% after deductible
Specialist visit – in-person and virtual visits	\$50 after deductible/visit	50% after deductible
CirrusMD virtual visit	\$0/visit	Not applicable
Other virtual visits	\$25/visit	50% after deductible
Urgent care visit	\$50 after deductible/visit	50% after deductible
Behavioral health office visit	\$25/visit	50% after deductible
Acupuncture care and spinal manipulations	\$25 after deductible/visit	50% after deductible
Maternity care		
Prenatal office visit	\$0/visit	50% after deductible
Delivery and postnatal services	20% after deductible	50% after deductible
Inpatient hospital/facility services	20% after deductible	50% after deductible
Routine newborn nursery care	20% after deductible	50% after deductible
Hospital inpatient / outpatient services		
Inpatient care	20% after deductible	50% after deductible
Skilled nursing facility care	20% after deductible	50% after deductible
Outpatient hospital / facility	20% after deductible	50% after deductible
Outpatient diagnostic x-ray and lab	20% after deductible	50% after deductible
Advanced imaging (MRI, CT, CAT, PET scans)	20% after deductible	50% after deductible
Emergency room: facility	\$250, then 20% after deductible	\$250, then 20% after deductible
Emergency room: physician, lab and other services	20% after deductible	20% after deductible
Other covered services		
Outpatient rehabilitation	20% after deductible	50% after deductible
Therapeutic injections	20% after deductible	50% after deductible
Durable medical equipment (DME) / prosthetics	20% after deductible	50% after deductible
Ambulance service	20% after deductible	20% after deductible
Home health, hospice, and respite care	20% after deductible	50% after deductible

Accident benefit: The first \$1,000 of covered services within 90 days of an accident is covered up to the maximum benefit available and not subject to the deductible. The date of injury must occur after the member is enrolled in this plan. If date of injury occurred prior to being enrolled on this plan, the benefit will not apply. See your member handbook for further details.

Limits and exclusions apply. This is a summary of the medical benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.

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