2026 Medical plan benefit summary

This summary is for quoting purposes only

BCOC Core 3500

	In-network copay/coinsurance	Out-of-network copay/coinsurance
Calendar year costs		
Deductible per member	$3,500	$10,000
Deductible per family	$7,000	$20,000
Out-of-pocket maximum including deductible per member	$8,000	$12,700
Out-of-pocket maximum including deductible per family	$16,000	$25,400
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	$35/visit	50% after deductible
Specialist visit – in-person and virtual visits	$70/visit	50% after deductible
CirrusMD virtual visit	$0/visit	Not applicable
Other virtual visits	$35/visit	50% after deductible
Urgent care visit	$70/visit	50% after deductible
Behavioral health office visit	$35/visit	50% after deductible
Acupuncture care and spinal manipulations	$35/visit	50% after deductible
Maternity care		
Prenatal office visits	$0/visit	50% after deductible
Delivery and postnatal services	50% after deductible	50% after deductible
Inpatient hospital/facility services	50% after deductible	50% after deductible
Routine newborn nursery care	50% after deductible	50% after deductible
Hospital inpatient / outpatient services		
Inpatient care	50% after deductible	50% after deductible
Skilled nursing facility care	50% after deductible	50% after deductible
Outpatient hospital / facility	50% after deductible	50% after deductible
Outpatient diagnostic x-ray and lab[1]	50% after deductible	50% after deductible
Advanced imaging (MRI, CT, CAT, PET scans)	50% after deductible	50% after deductible
Emergency room: facility	50% after deductible	50% after deductible
Emergency room: physician, lab and other services	50% after deductible	50% after deductible
Other covered services		
Outpatient rehabilitation	$50 after deductible/visit	50% after deductible
Therapeutic injections	50% after deductible	50% after deductible
Durable medical equipment (DME) / prosthetics	50% after deductible	50% after deductible
Ambulance service	50% after deductible	50% after deductible
Home health, hospice, and respite care	50% after deductible	50% after deductible

1. Covered in full, deductible waived for the first $500 of in-network services in a calendar year, then deductible and coinsurance. Includes Ultrasound.

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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