

Quick Guide – PPO (Blue Cross Blue Shield of Georgia)

Our Preferred Provider Organization (PPO) plan offers the flexibility to use; Core, In-network and/or Out-of-Network providers. The highest level of plan benefit is available when the “Core” network is utilized. Out-of-Network benefits may be beneficial if you or your family members travel (abroad or nationally) OR if you have a dependent you are covering under an Emory health plan that lives or attends school outside of Georgia.

Another characteristic with the PPO plan is the amount you may pay towards deductibles, coinsurance and co-payments is typically higher than other Emory medical plans and therefore the amount you contribute via payroll deductions on a bi-weekly or monthly basis is lower.

The tables below provide a brief outline of the Preferred Provider Organization(PPO) Blue Cross Blue Shield plan reflecting a participant’s responsibility. For more specific information about coverage or cost of a particular service, please contact Blue Cross directly or review the SPD for the plan.

PLAN	PPO (BCBS of GA)	
	Core	In-Network
Deductibles		
Individual	\$400	\$800
Family	\$1,200	\$2,400
Out-of-Pocket Maximum ¹		
Individual	\$2,500	\$3,000
Family Maximum	\$5,000	\$6,000
Aggregate	Yes	Yes
Physicians Office Visits ²	\$30 co-payment	\$50 co-payment
Specialists Visits	\$30 co-payment	\$60 co-payment
Lab and X-Rays		
Doctor’s Office	\$0 co-payment	\$50 co-payment
Independent Lab	\$0 co-payment	\$50 co-payment
PET, CT, MRI	\$0 co-payment	\$250 co-payment
Emergency Room Visits ³	\$150 co-payment	\$150 co-payment
Hospitalizations		
Inpatient	20% after deductible	35% after deductible
Outpatient Facility and Physician Services	20% after deductible	35% after deductible
Outpatient Pre-Admission Testing Office Visit	\$30 co-payment	\$60 co-payment
Lifetime Maximums ⁴	\$2,000,000	\$2,000,000

PLAN	PPO (BCBS of GA)	
	Monthly	Bi-Weekly
Your Contributions		
Employee Only	\$33.00	\$16.50
Employee/Child(ren)	\$103.00	\$53.50
Employee/Spouse/SSDP	\$134.00	\$67.00
Family	\$187.00	\$93.50

1 Includes deductible and co-insurance

2 Includes dermatologists, allergists, and OB/GYN

3 Co-payment waived if admitted to hospital

4 In-Network and Out-of-Network Maximums are combined

5 Preventative screening services are covered at co-pay with no deductible. If not preventative, the deductible and co-insurance apply.

Disclaimer: Every attempt has been made to have the chart and information above accurately reflect the details of the plan. Should there be any errors, the terms and conditions of the Summary Plan Description prevails.