No Out-of-Pocket Cost* for health care services for BJC Medical Plan members! Really? Tell me more...

Let’s examine a scenario involving 2 of our medical plan members: Jill and Jack. Both of them experience a knee injury by slipping at home. Their experiences and out-of-pocket costs for certain health services are different based on the choices they make although both are covered under the Choice Plus BJC Medical Plan.

**IMAGING**

Jill contacted her physician who ordered an x-ray of her knee. Jill requested to be sent to a BJC FACILITY. She had **NO OUT-OF-POCKET COSTS** for the x-ray, including the services of a Washington University technician and board-certified radiologist, because she received these services from a BJC FACILITY.

Jack went to an Urgent Care facility within the CIGNA OAP NETWORK and had an x-ray taken of his knee. Jack had to pay $50 for the visit, plus $100 for the x-ray services.

X-rays from a NON-NETWORK PROVIDER could range from $100 to $750.

After gaining a few pounds due to sitting around with their knees in a cast, Jill and Jack decide to have their cholesterol levels checked. After discussing with their physicians, each are sent to get blood work.

**LAB TESTS**

Jill’s physician, at her request, sent her to a BJC FACILITY for a full blood panel test. She had **NO OUT-OF-POCKET COSTS** for her blood work because she received the service from a BJC FACILITY.

Jack’s physician sent him to a local diagnostics lab within the CIGNA OAP NETWORK for a full blood panel test. Jack’s estimated out-of-pocket cost was $30 for this service.

Comprehensive blood work received from a NON-NETWORK PROVIDER could range from $60 to $75.

After Jill and Jack have their cast removed, both begin physical therapy.

**THERAPY SERVICES**

Jill contacted her physician who at her request sent her to a BJC FACILITY where she completed 12 therapy sessions. Jill incurred **NO OUT-OF-POCKET** costs for her 12 physical therapy sessions because she received these services from a BJC FACILITY.

Jack contacted his physician who sent him to a non-BJC physical therapy facility within the CIGNA OAP NETWORK. He completed 12 therapy sessions. Jack incurred a $35 COPAYMENT for each session for a total out-of-pocket cost of $420.

Physical therapy services from a NON-NETWORK PROVIDER would cost 50% (after deductible) of standard out-of-pocket rates, about $150 PER SESSION.

**By choosing BJC Facilities, Jill SAVED $600!**

* Only applicable for outpatient services.
To find BJC Facilities, go to: [www.BJCTotalrewards.org/Benefits/Medical](http://www.BJCTotalrewards.org/Benefits/Medical)