



**Anne Arundel Veterinary  
Emergency Clinic**

## HEALTH PLANS



**Effective Dates of Rates:  
July 1, 2018  
to  
June 30, 2019**

### OPTION 1

**BlueChoice  
HMO Referral  
Platinum 0**

**\*\*\*NO DEDUCTIBLE\*\*\***

**REFERRALS REQUIRED  
FOR SPECIALIST CARE**

**Prescription:  
NO DEDUCTIBLE  
\$10 generic  
\$45 name brand  
\$65 ancillary**

### OPTION 2

**BlueChoice Plus  
Open Access  
Platinum 0**

**\*\*\*NO DEDUCTIBLE\*\*\***

**NO REFERRAL REQUIRED  
FOR SPECIALIST CARE**

**Prescription:  
NO DEDUCTIBLE  
\$10 generic  
\$45 name brand  
\$65 ancillary**

### OPTION 3

**BluePreferred  
PPO**

**\$500 INDIVIDUAL  
DEDUCTIBLE**

**NO REFERRAL REQUIRED  
FOR SPECIALIST CARE**

**Prescription:  
NO DEDUCTIBLE  
\$10 generic  
\$45 name brand  
\$65 ancillary**

### DENTAL PLAN

#### TRADITIONAL DENTAL PLAN 2

**\$50 deductible/individual  
\$150 deductible/family  
\$1,000 Annual Max Benefit**

**Class I Preventive &  
Diagnostic  
100% coverage**

**Class II Basic Services  
20% of allowed benefit**

**Class III Major Surgical  
Services  
50% of allowed benefit**

**Class IV Major Restorative  
Services  
50% of allowed benefit**

**Class V Child Ortho  
50% of allowed benefit  
\$1,200 Lifetime Max.**

**THESE RATES ARE BI-WEEKLY  
(PER PAYCHECK)**

#### HMO

#### PLUS

#### PPO

#### DENTAL

**EMPLOYEE ONLY**

**\$12.90**

**\$26.41**

**\$64.92**

**\$1.14**

**EMPLOYEE + CHILD/CHILDREN**

**\$128.95**

**\$154.62**

**\$227.80**

**\$11.45**

**EMPLOYEE + SPOUSE**

**\$180.53**

**\$211.60**

**\$300.18**

**\$16.02**

**FAMILY**

**\$270.79**

**\$311.29**

**\$426.87**

**\$24.04**