



Three Penn Plaza East
Newark, NJ 07105-2200
HorizonBlue.com

Group Name

Active - MERCK & CO. INC 0076091-0030 (Medical)

Medical
Coordination of Benefits
<div><div>Plan Name</div><div>Active - Preferred Provider Organization</div></div> <div><div>Plan Effective Date</div><div>01/01/2020</div></div> <div><div>Members</div><div><div><div><div>SENTHIL MURUGAN</div><div>Age 48</div></div><div>Subscriber</div><div>COVERED</div><div>01/01/2020</div></div><div><div><div>RAMYA BALARAM</div><div>Age 39</div></div><div>Spouse / Partner</div><div>COVERED</div><div>01/01/2020</div></div><div><div><div>RIYA SENTHIL</div><div>Age 17</div></div><div>Dependent</div><div>COVERED</div><div>01/01/2020</div></div></div></div> <div><div>Plan Details</div><div><div>Annual Deductible</div><div><div>In Network</div><div>\$500.00 Individual / \$1,000.00 Family</div></div><div><div>Out Of Network</div><div>\$1,000.00 Individual / \$2,000.00 Family</div></div></div></div> <div><div>An Independent Licensee of the Blue Cross and Blue Shield Association.</div><div>07/05/2022</div></div>

Annual Out-of-Pocket Medical Maximum

In Network

\$4,500.00 Individual / \$9,000.00 Family

Out Of Network

\$9,000.00 Individual / \$18,000.00 Family

Office Visits

In Network

You pay 20% PCP, 20% Specialist after deductible

Out Of Network

You pay 30% after deductible

Hospitalization

In Network

You will pay 20% of the charges after deductible.

Out Of Network

You will pay 30% of the charges after deductible.

Emergency Room Visits

In Network

You pay 20% after deductible

Out Of Network

You pay 20% after deductible

Outpatient Surgery

In Network

You pay 20% after deductible

Out Of Network

You pay 30% after deductible

Preventive Care

In Network

You pay nothing (no deductible applies)

Out Of Network

You pay 30% (no deductible applies)

NOTE: The benefits and services shown are not a complete listing. Learn more about [what's covered](#).