

Type of Care/Plan Benefits	Coverage
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Plan features

- Primary Care Physician (PCP)
- Referrals
- Out of network benefits
- Out of area benefits
- Student/Dependent coverage
- Domestic partner

Plan cost-sharing highlights

- Office visit copay (Primary Care Physician)
- Office visit copay (Specialist)
- Coinsurance
- Deductible
- Out of pocket maximum - Medical
- Lifetime maximum
- Prescription Drug – out of pocket copayment maximum

- No copay, office visit covered subject to deductible and coinsurance
- Not required
- Covered
- Coverage provided worldwide through the BlueCard program.
- Qualified dependents and students are covered to age 26.
- Covered
- No copay, office visit covered subject to deductible and coinsurance
- No copay, office visit covered subject to deductible and coinsurance
- 20%, enhanced benefits only, unless noted
- \$50 individual / \$150 family, enhanced benefits only

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Wellness Incentive

- Stay healthy with great programs and incentives!

Preventive Health Care Services

- Well child visits
- Adult routine physical exams
- Adult immunizations
- Mammography
- Pap smear
- Routine GYN exam
- Prostate cancer screening
- Routine vision
- Colonoscopy

Physician Office Services

- Diagnostic office visits
- Diagnostic x-rays
- Diagnostic laboratory and pathology
- Allergy tests
- Allergy injections
- Chemotherapy
- Radiation therapy

Maternity Services

- Prenatal and postpartum care
- Hospital care for mom (including delivery)
- Newborn nursery care

- Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids.
- Covered in full
- Covered in full for 1 exam per year
- Covered in full
- Not covered
- Covered in full
- Subject to deductible and coinsurance
- Covered in full
- Covered in full
- Subject to deductible and coinsurance
- Subject to deductible and coinsurance
- Covered in full

Prescription Drug	· \$10/\$20/\$35
· Short-term and maintenance drugs are covered up to a 30-day supply at participating retail pharmacies; 90-day supply is available through Express Scripts and Wegmans Home Delivery pharmacy. Contraceptives included.	
Inpatient Hospital Benefits	
· Hospital benefits	• Covered in full
· Physician visits in the hospital	• Covered in full
· Inpatient physical rehabilitation	• Covered in full, limited to 30 days per year. Subject to no deductible and coinsurance after basic benefits have exhausted for unlimited days
· Surgery	• Covered in full
· Anesthesia	• Covered in full
Emergency Care	
· Emergency room care	• Covered in full
· Freestanding urgent care center	• Covered in full
· Ambulance	• Covered in full
Outpatient Hospital Benefits	
· Diagnostic x-rays	• Covered in full
· Diagnostic laboratory and pathology	• Covered in full
· Surgical care	• Covered in full
· Chemotherapy	• Covered in full
· Radiation therapy	• Covered in full
Mental Health and Chemical Dependence	
· Inpatient mental health care	• Covered in full
· Outpatient mental health care	• Covered in full
· Inpatient chemical dependence	• Covered in full
· Outpatient chemical dependence	• Covered in full
Other Services	
· Diabetic insulin and supplies	· \$10 copayment, enhanced benefit
· Skilled nursing facility	• Covered in full, limited to 100 days per year. Subject to no deductible and coinsurance after basic benefits have exhausted for unlimited days
· Home care	• Covered in full for up to 60 visits per year. subject to deductible and coinsurance after basic benefits have exhausted for up to 325 visits per year
· Hospice	• Covered in full
· Outpatient therapy	• Subject to deductible and coinsurance
· Durable medical equipment	• Subject to deductible and coinsurance
· External prosthetics	• Subject to deductible and coinsurance
· Chiropractic	• Subject to deductible and coinsurance
· Acupuncture	• Not covered
· Dental	• Not covered
· Hearing	• Not covered

Please Note: This is an outline of benefits only. Official benefits and conditions of coverage are outlined in your member certificate. Benefit questions should be directed to Customer Service at 1-800-499-1275. Professional Non-participating Provider In-area covered at 100% of current Medicare National rates; Out-of-area covered at 150% of current Medicare National rates. Facility Non-participating covered at 80% of charge. The following services require preauthorization: organ transplants, non-mandated reproductive procedures (IVF, GIFT & ZIFT)