



Type of Care/Plan Benefits	Coverage
<p>Plan features</p> <ul style="list-style-type: none"> · Primary Care Physician (PCP) · Referrals · Out of network benefits · Out of area benefits · Student/Dependent coverage · Domestic partner <p>Plan cost-sharing highlights</p> <ul style="list-style-type: none"> · 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 	<ul style="list-style-type: none"> · 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. · Not covered <ul style="list-style-type: none"> · 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 · \$300 individual / \$900 family, enhanced benefits only · \$600 individual / \$1,800 family, enhanced benefits only · None · \$2,000 Individual / \$6,000 Family

type of care/plan benefits	Coverage
<p>Wellness Incentive</p> <ul style="list-style-type: none"> · Stay healthy with great programs and incentives! <p>Preventive Health Care Services</p> <ul style="list-style-type: none"> · Well child visits · Adult routine physical exams · Adult immunizations · Mammography · Pap smear · Routine GYN exam · Prostate cancer screening · Routine vision · Colonoscopy <p>Physician Office Services</p> <ul style="list-style-type: none"> · Diagnostic office visits · Diagnostic x-rays · Diagnostic laboratory and pathology · Allergy tests · Allergy injections · Chemotherapy · Radiation therapy <p>Maternity Services</p> <ul style="list-style-type: none"> · Prenatal and postpartum care · Hospital care for mom (including delivery) · Newborn nursery care 	<ul style="list-style-type: none"> · Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids. <ul style="list-style-type: none"> · Covered in full · Covered in full for 1 exam per year · Covered in full · Covered in full · Covered in full · Covered in full · Covered in full · Covered in full · Not covered · Covered in full <ul style="list-style-type: none"> · Subject to deductible and coinsurance · Covered in full · Covered in full · Subject to deductible and coinsurance · Subject to deductible and coinsurance · Covered in full · Covered in full <ul style="list-style-type: none"> · Covered in full · Covered in full · Covered in full



Prescription Drug

- 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.
- . \$10/\$25/\$40

Inpatient Hospital Benefits

- Hospital benefits
 - Physician visits in the hospital
 - Inpatient physical rehabilitation deductible
 - Surgery
 - Anesthesia
- Covered in full
 · Covered in full
 · Covered in full, limited to 30 days per year. Subject to no
 and coinsurance after basic benefits have exhausted for unlimited
 days
 · Covered in full
 · Covered in full

Emergency Care

- Emergency room care
 - Freestanding urgent care center
 - Ambulance
- Covered in full
 · Covered in full
 · Covered in full

Outpatient Hospital Benefits

- Diagnostic x-rays
 - Diagnostic laboratory and pathology
 - Surgical care
 - Chemotherapy
 - Radiation therapy
- Covered in full
 · Covered in full
 · Covered in full
 · Covered in full
 · Covered in full

Mental Health and Chemical Dependence

- Inpatient mental health care
 - Outpatient mental health care
 - Inpatient chemical dependence
 - Outpatient chemical dependence
- Covered in full
 · Covered in full
 · Covered in full
 · Covered in full

Other Services

- Diabetic insulin and supplies
 - Skilled nursing facility
 - Home care and
 - Hospice
 - Outpatient therapy
 - Durable medical equipment
 - External prosthetics
 - Chiropractic
 - Acupuncture
 - Dental
 - Hearing
- 20% coinsurance , enhanced benefit
 · Covered in full, limited to 100 days per year. Subject to no deductible and coinsurance after basic benefits have exhausted for unlimited days
 · Covered in full for up to 60 visits per year. Subject to deductible
 coinsurance after basic benefits have exhausted for up to 325 visits per year
 · Covered in full
 · Subject to deductible and coinsurance
 · Subject to deductible and coinsurance
 · Subject to deductible and coinsurance
 · Subject to deductible and coinsurance
 · Not covered
 · Not Covered
 · 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)