

## HealthyBlue 25/40 Copay Option

	In-Network	Out-of-Network
<b>Plan Features</b>		
<b>Primary Care Physician (PCP)</b>	Not required	
<b>Referrals</b>	Not required	
<b>Out of network benefits</b>	N/A	Covered at 80%, subject to the deductible
<b>Out of area benefits</b>	Coverage provided worldwide through the BlueCard® program.	
<b>Student/Dependent coverage</b>	Qualified students and dependents covered to age 19. Full time students to age 23.	
<b>Wellness Program</b>	HealthyRewards	
<b>Plan Cost Sharing Highlights</b>		
<b>Office visit copay (PCP)</b>	Adults: \$25 per visit Children to age 19: \$0 per visit	Covered at 80%, subject to the deductible
<b>Office visit copay (Specialist)</b>	Adults & Children: \$40 per visit	Covered at 80%, subject to the deductible
<b>Coinsurance</b>	0%	20%
<b>Deductible</b>	None	\$500/\$1,500
<b>Out of pocket maximum</b>	None	\$1,500/\$4,500
<b>Lifetime maximum</b>	None	
<b>Plan Benefits</b>		
<b>Preventive Healthcare Services</b>		
<b>Well child visits</b>	Covered in full	Covered in full
<b>Adult routine physical exams</b>	Covered in full for up to one exam per calendar year	Covered at 80%, subject to the deductible for up to one exam per calendar year
<b>Adult immunizations</b>	Covered in full	Covered at 80%, subject to the deductible
<b>Mammography</b>	Covered in full	Covered at 80%, subject to the deductible
<b>Pap smear</b>	Covered in full	Covered at 80%, subject to the deductible
<b>Routine GYN Exam</b>	Covered in full	Covered at 80%, subject to the deductible
<b>Prostate cancer screening</b>	Covered in full	Covered at 80%, subject to the deductible

1

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<b>Routine vision</b>	\$40 copay per visit for up to 1 visit per calendar year  \$60 eyewear allowance per member each calendar year	Covered at 80%, subject to the deductible for up to 1 visit per calendar year  \$60 eyewear allowance per member each calendar year
<b><u>Physicians Office Services</u></b>		
<b>Diagnostic office visits</b>	PCP Adults: \$25 copay per visit PCP Children to age 19: \$0 copay per visit Specialist Adult & Children: \$40 per visit	Covered at 80%, subject to the deductible
<b>Diagnostic x-rays (MRI, PET, CAT scans)</b>	\$40 copay per visit	Covered at 80%, subject to the deductible
<b>Diagnostic laboratory and pathology</b>	Covered in full	Covered at 80%, subject to the deductible
<b>Allergy tests</b>	PCP Adults: \$25 copay per visit PCP Children to age 19: \$0 copay per visit Specialist Adult & Children: \$40 per visit	Covered at 80%, subject to the deductible
<b>Allergy injections</b>	PCP Adults: \$25 copay per visit PCP Children to age 19: \$0 copay per visit Specialist Adult & Children: \$40 per visit	Covered at 80%, subject to the deductible
<b>Chemotherapy</b>	\$25 copay for IV/injectable chemotherapy, in addition to a \$25 copay for the office visit	Covered at 80%, subject to the deductible
<b>Radiation therapy</b>	\$40 copay per visit	Covered at 80%, subject to the deductible
<b><u>Maternity Services</u></b>		
<b>Prenatal and postpartum care</b>	Covered in full	Covered at 80%, subject to the deductible
<b>Hospital care for mom (including delivery)</b>	\$250 copay per admission	Covered at 80%, subject to the deductible
<b>Newborn nursery care</b>	Covered in full	Covered at 80%, subject to the deductible

2

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<b>Prescription Drug</b> Short-term and maintenance drugs are covered under the following copayments for each 30 day supply per prescription at participating retail pharmacies, up to a 90-day supply for two copays is available through PrimeMail® mail order service. Contraceptives included.	\$5/\$25/\$50 \$0 generics for kids to age 19	Not Covered
<b><u>Inpatient Hospital Benefits</u></b>		
<b>Hospital benefits</b>	\$250 copay per admission for unlimited days	Covered at 80%, subject to the deductible
<b>Physician visits in the hospital</b>	Covered in full	Covered at 80%, subject to the deductible
<b>Inpatient Physical Rehabilitation</b>	\$250 copay per admission for up to 60 days per calendar year	Covered at 80%, subject to the deductible for 60 days per calendar year
<b>Surgery</b>	Covered in full	Covered at 80%, subject to the deductible
<b>Anesthesia</b>	Covered in full	Covered in full
<b><u>Emergency Care</u></b>		
<b>Emergency room care</b>	\$150 copay. Waived if admitted as inpatient	\$150 copay. Waived if admitted as inpatient
<b>Freestanding urgent care center</b>	\$40 copay per visit	Covered at 80%, subject to the deductible
<b>Ambulance</b>	\$150 copay per emergency	\$150 copay per emergency
<b><u>Outpatient Hospital Benefits</u></b>		
<b>Diagnostic x-rays (MRI, PET, CAT scans)</b>	\$40 copay per visit	Covered at 80%, subject to the deductible
<b>Diagnostic laboratory and pathology</b>	Covered in full	Covered at 80%, subject to the deductible
<b>Surgical Care</b>	\$150 copay	Covered at 80%, subject to the deductible
<b>Chemotherapy</b>	\$25 copay for IV/injectable chemotherapy, in addition to a \$25 copay for the office visit	Covered at 80%, subject to the deductible

3

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<b>Radiation Therapy</b>	\$40 copay per visit	Covered at 80%, subject to the deductible
<b><u>Mental Health and Chemical Dependence Benefits</u></b>		
<b>Inpatient mental health care</b>	\$250 copay per admission for up to 30 days per calendar year	Covered at 80%, subject to the deductible for up to 30 days per calendar year
<b>Outpatient mental health care</b>	\$40 copay per visit for up to 20 visits per calendar year	Covered at 80%, subject to the deductible for up to 20 visits per calendar year
<b>Inpatient chemical dependence care</b>	\$250 copay per admission for up to 7 days detoxification and 30 days of rehabilitation per calendar year, limited to two admissions per lifetime.	Covered at 80%, subject to the deductible for up to 7 days per calendar year for detoxification and 30 days per calendar year for rehabilitation, limited to two admissions per lifetime.
<b>Outpatient chemical dependence care</b>	\$40 copay per visit for up to 60 visits per calendar year	Covered at 80%, subject to the deductible for up to 60 visits per calendar year
<b><u>Other Services</u></b>		
<b>Diabetic insulin &amp; supplies</b>	\$25 copay for each 30 day supply	Covered at 80%, subject to the deductible for each 30 day supply
<b>Skilled nursing facility</b>	\$250 copay per admission for up to 45 days per calendar year	Covered at 80%, subject to the deductible for up to 45 days per calendar year
<b>Home care</b>	Covered in full for up to 40 visits per calendar year	Covered at 80%, subject to \$50 deductible for up to 40 visits per calendar year
<b>Hospice</b>	Covered in full for unlimited visits	Covered at 80%, subject to the deductible for unlimited visits
<b>Outpatient therapy</b>	\$40 copay per visit for up to 45 visits for physical, speech, and occupational therapy combined	Covered at 80%, subject to the deductible for up to 45 visits for physical, speech, and occupational therapy combined
<b>Durable medical equipment (DME)</b>	Covered at 80% for up to \$15,000 per member per calendar year combined with external prosthetics and orthotics	Covered at 80%, subject to the deductible for up to \$15,000 per member per calendar year combined with external prosthetics and orthotics

4

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<b>External prosthetics</b>	Covered at 80% for up to \$15,000 per member per calendar year combined with DME and orthotics	Covered at 80%, subject to the deductible for up to \$15,000 per member per calendar year combined with DME and orthotics
<b>Chiropractic</b>	\$40 copay per visit	Covered at 80%, subject to the deductible
<b>Acupuncture</b>	\$40 copay per visit for up to 10 visits per calendar year	Covered at 80%, subject to the deductible for up to 10 visits per calendar year
<b>Dental</b>	\$40 copay for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	Covered at 80%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly
<b>Hearing</b>	Routine hearing exams with a \$40 copay for up to 1 exam per calendar year.  Hearing aids covered up to \$600 allowance every 3 years for children to age 19	Covered at 80%, subject to the deductible for up to 1 exam per calendar year  Hearing aids covered up to \$600 allowance every 3 years for children to age 19

*This is not a contract or binding agreement, but a summary of benefits and services. You should rely on your member contract as the complete description of your rights, responsibilities and benefits available under your benefit plan. In the event of a dispute between this summary and your member contract, the member contract will control.*

