

## \$10 CO-PAY

BENEFIT	BLUE PPO PLAN
Deductible and Co-insurance	<b>IN-NETWORK:</b> Benefits covered in full <b>OR</b> subject to \$10 co-pay <b>OR</b> calendar year deductible (\$250 ind/\$750 fam) and coinsurance (10% of allowed amounts); max calendar year out-of-pocket \$1000 ind/\$3000 fam, then program pays 100% of allowed amounts. <b>OUT-OF-NETWORK:</b> All covered benefits subject to meeting calendar year deductible (\$250 ind/\$750 fam) and coinsurance (30% of allowed amounts); max calendar year out-of-pocket \$1000 ind/\$3000 fam, then program pays 100% of allowed amounts.
Eligible Dependents Well Child Care / Immunizations (up to age 19) Routine Gynecological Exam (1/yr) Routine Pap Smear (1/yr) Routine Mammography (1/yr)	unmarried dependent children to age 19; full-time college students to age 23 covered in full INN covered in full; OON subject to deductible and co-insurance INN covered in full; OON subject to deductible and co-insurance INN covered in full; OON subject to deductible and co-insurance
Allergy Injections Routine Physical Exam (1/yr) Diabetic Education, Equipment and Supplies Office Visits Chiropractic Services	INN covered in full (includes serum); OON subject to deductible and co-insurance INN \$10; OON subject to deductible and co-insurance INN \$10; OON subject to deductible and co-insurance INN \$10; OON subject to deductible and co-insurance INN \$10; OON subject to deductible and co-insurance and medical necessity
Second Surgical Opinion Gynecological Visits (non-routine) Allergy Testing Emergency Room Visit After Hours Urgent Care	INN \$10; OON subject to deductible and co-insurance INN \$10; OON subject to deductible and co-insurance INN \$10; OON subject to deductible and co-insurance \$50 co-pay INN \$25 co-pay; OON subject to deductible and co-insurance
Routine Newborn Nursery Care Hospice Care Inpatient physical rehabilitation * Short-Term Therapy (outpatient) Primary Care Physician Office Surgery	INN co-insurance; OON subject to deductible and co-insurance INN co-insurance; OON subject to deductible and co-insurance (unlimited days) INN covered in full; OON subject to deductible and co-insurance (60 days) subject to deductible and co-insurance (45 combined visits) subject to deductible and co-insurance
Specialist Office Surgery Unlimited days semi-private room and board * In-Hospital/In-Facility - Physician Services Anesthesia Ambulatory Surgery	subject to deductible and co-insurance subject to deductible and co-insurance and pre-authorization subject to deductible and co-insurance subject to deductible and co-insurance subject to deductible and co-insurance
Maternity care - pre & post natal * Mastectomy Administration of Blood and Blood Products Autologous Blood Donation * Magnetic Resonance Imaging (MRI/MRA) *	subject to deductible and co-insurance and pre-authorization subject to deductible and co-insurance subject to deductible and co-insurance and medical necessity subject to deductible and co-insurance, medical necessity and pre-authorization subject to deductible and co-insurance and pre-authorization
Ambulance Service (Air & Ground) Pre-Admission Testing Laboratory, Radiology and other Diagnostic Testing Radiation Therapy and Chemotherapy Oxygen	subject to deductible and co-insurance subject to deductible and co-insurance subject to deductible and co-insurance subject to deductible and co-insurance subject to deductible and co-insurance (pre-authorization over \$200)
Durable Medical Equipment/Prosthetic Devices * Organ & Bone Marrow Transplants Home Infusion Therapy * Kidney Dialysis Outpatient Mental Health	subject to deductible and co-insurance (pre-authorization over \$200) subject to deductible and co-insurance subject to deductible and co-insurance and pre-authorization subject to deductible and co-insurance INN 50% co-insurance; OON deductible and 50% co-insurance (20 visits)
Home Health Care * Outpatient Alcohol and Substance Abuse Inpatient Detox * Inpatient Alcohol and Substance Abuse * Inpatient Mental Health *	subject to deductible and co-insurance and pre-authorization (unlimited) subject to deductible and co-insurance (60 visits/20 family therapy) subject to deductible and co-insurance and pre-authorization (7 days) subject to deductible and co-insurance and pre-authorization (30 days, 2 adm/lifetime) not covered
Vasectomy & Tubal Ligation, Elective Abortion Skilled Nursing Facility * Vision Exam Private Duty Nursing Pre-authorization Penalty	subject to deductible and co-insurance subject to deductible and co-insurance and pre-authorization (120 days) not covered not covered \$500 or 50%, whichever is less
Prescription Drugs ** Mail Order Service available for 30-90 day supply	\$10 Tier 1 (generic) drugs, \$25 Tier 2 (preferred) drugs, \$40 Tier 3 (non-preferred) drugs co-pays as described above; two co-pays per 90-day supply

\* Pre-authorization required

\*\* Subject to MAC differential.