**Group Name:** Wilkes University PPO $300 Deductible  
**Effective Date:** 6/1/2011  
**Renewal Date:** 6/1/2012

### Benefits

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefit period</strong></td>
<td>Calendar Year</td>
</tr>
<tr>
<td><strong>Deductible (maximum 3 separate per family)</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Coinsurance (Insured responsibility)</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Coinsurance Maximum (maximum 3 separate per family)</strong></td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Lifetime maximum</strong></td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>Credit (initial benefit period only)</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Precertification penalty (facility)</strong></td>
<td>None</td>
</tr>
</tbody>
</table>

### Preventive Services (not subject to deductible)

- Childhood Immunizations  
  - No charge  
  - 20%
- Routine gynecological exam and pap smear  
  - No charge  
  - 20%
- Routine mammography  
  - No charge  
  - 20%
- Routine colorectal cancer and prostate cancer screening  
  - No charge  
  - 20%

### Emergency Services

- Ambulance, emergency transport (not subject to deductible)  
  - No charge  
  - Amounts in excess of allowable charge
- Ambulance, non-emergency transport  
  - No charge after deductible  
  - 20% after deductible
- Outpatient emergency room visit (not subject to deductible; copay waived if admitted to hospital)  
  - $100  
  - $100
- Retail clinic care  
  - $20  
  - 20% after deductible

### Inpatient Services

- Inpatient hospital services (unlimited days per benefit period)  
  - No charge after deductible  
  - 20% after deductible
- Skilled nursing care (60 days per benefit period)  
  - No charge after deductible  
  - 20% after deductible

### Outpatient Services

- Chemotherapy, dialysis or radiation  
  - No charge after deductible  
  - 20% after deductible
- High-tech imaging (MRI, MRA, CT scans, pet scans, nuclear cardiology)  
  - $75 per test after deductible  
  - 20% after deductible
- Diagnostic testing (lab tests, x-rays, etc)  
  - No charge after deductible  
  - 20% after deductible
- Physical (20 visits per benefit period), speech (12 visits per benefit period), or occupational therapy (12 visits per benefit period)  
  - $40 after deductible  
  - 20% after deductible
- Cardiac rehabilitation (36 visits/benefit period)  
  - No charge after deductible  
  - 20% after deductible
- Pulmonary/Respiratory therapy (18 visits per therapy per benefit period)  
  - No charge after deductible  
  - 20% after deductible

### Other Services

- Chiropractic manipulative benefits (12 visits per benefit period ages 13 and up)  
  - $40 after deductible  
  - 20% after deductible
- Durable medical equipment/orthotics/prosthetics (unlimited maximum)  
  - No charge after deductible  
  - 20% after deductible
- Home health services/Home infusion (nurse visits)  
  - $40 after deductible  
  - 20% after deductible
- Hospice care (180-day lifetime maximum)  
  - No charge after deductible  
  - 20% after deductible
- Surgery  
  - No charge after deductible  
  - 20% after deductible
- Maternity services (physician office visits) (preferred not subject to deductible)  
  - $40 initial visit  
  - 20% after deductible
- Primary Care Physician office visits (preferred not subject to deductible; unlimited visits)  
  - $20  
  - 20% after deductible
- Specialty Care Physician office visits (preferred not subject to deductible; unlimited visits)  
  - $40  
  - 20% after deductible

### Mental Health and Substance Abuse Services

- Outpatient mental health services (unlimited)  
  - No charge after deductible  
  - 20% after deductible
- Inpatient mental health services (unlimited days)  
  - No charge after deductible  
  - 20% after deductible
- Outpatient substance abuse services (unlimited)  
  - No charge after deductible  
  - 20% after deductible
- Detoxification (unlimited days)  
  - No charge after deductible  
  - 20% after deductible
- Inpatient non-hospital residential substance abuse treatment (unlimited days)  
  - No charge after deductible  
  - 20% after deductible

### Prescription drugs

- Deductible (per benefit period)  
  - None  
  - None
- Retail, 30-day supply  
  - $0/$15/$30/$50  
  - None
- Mail order program, up to a 90-day supply  
  - $0/$30/$70/$150  
  - Covered
- Oral contraceptives  
  - None  
  - None

The deductible applies to all services unless otherwise noted above.

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The allowable charge is established by a provider agreement or is the billed amount, whichever is less, and will be accepted by the preferred provider as payment in full for covered services less any deductibles, coinsurance, copayments, and amounts exceeding any benefit maximums. For a non-preferred provider, the allowable charge is the same amount First Priority Life would pay to a preferred provider.

This is an abridged overview of the benefits covered by BlueCare® PPO. This highlights general features and is not intended to be a substitute for the terms, provisions, limitations and conditions imposed by the controlling policies. Since benefits are reviewed annually and are often modified, if there is a condition that you are treated for on a regular basis, be sure to inquire about your specific coverage needs. ASO/11