

# BlueCare HMO

**Group Name:** Wilkes University

**Effective Date:** 6/1/2011

**Renewal Date:** 6/1/2012

## Benefits

- Benefit period
- Credit (initial benefit period only)
- **Deductible**
- Coinsurance (Member responsibility)
- **Coinsurance Maximum**
- Lifetime maximum
- Primary Care Physician office visits
- Specialist Physician office visits

## Preventive Services (not subject to deductible)

- Immunizations
- Routine gynecological exam and pap smear (one per benefit period)
- Routine mammography
- Routine colorectal cancer and prostate cancer screenings

## Emergency Services

- Ambulance, emergency-land transport
- Ambulance, non-emergency-land transport
- Ambulance, air/water/train transport
- Emergency room visit (copay waived if admitted to hospital)
- Retail clinic care

## Inpatient Services

- Inpatient hospital services, including maternity (facility and professional)
- Skilled nursing care (60 days per benefit period)

## Outpatient Services

- Chemotherapy, dialysis or radiation
- High-tech imaging (MRI, MRA, CT scans, pet scans, nuclear cardiology)
- Diagnostic testing (lab tests, x-rays, etc)
- Physical, speech or occupational therapy (45 visit max/benefit period combined)
- Cardiac rehabilitation (36 visits/benefit period)
- Pulmonary/Respiratory therapy (18 visits per therapy/benefit period)
- Surgery (in a hospital outpatient department, short procedure unit or free standing surgical unit)
- Maternity care (outpatient Physician visits)

## Other Services

- Chiropractic manipulative benefits (12 visits per benefit period ages 13 and up)
- Durable medical equipment/orthotics/prosthetics (unlimited maximum)
- Home health services/Home infusion (nurse visits)
- Hospice care (180-day lifetime maximum)

## Mental Health

- Inpatient services (unlimited days)
- Outpatient services (unlimited visits)

## Substance Abuse

- Detoxification (unlimited days)
- Inpatient non-hospital residential treatment (unlimited days)
- Outpatient services (unlimited days)

## Prescription drugs

- Deductible (per benefit period)
- Retail, 30-day supply
- Mail order program, up to a 90-day supply
- Oral contraceptives

## Member Responsibility

Calendar Year  
Not Applicable

None

None

None

Unlimited

\$20

\$40

No charge

No charge

No charge

No charge

No charge

\$50

\$250

\$100

\$20

\$100 copay per admission

\$100 copay per admission

No charge

\$75 per test

No charge

\$40 per visit per provider

No charge

No charge

\$100 copay

\$40 initial visit

\$40

No charge

\$40 per visit per provider

No charge

\$100 copay per admission

No charge

\$100 copay per admission

\$100 copay per admission

No charge

None

\$0/\$15/\$30/\$50

\$0/\$30/\$70/\$150

Covered