### BlueCare HMO

**Group Name:** Wilkes University  
**Effective Date:** 6/1/2011  
**Renewal Date:** 6/1/2012

#### Benefits

<table>
<thead>
<tr>
<th>Benefit Period</th>
<th>Member Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Benefit period</td>
<td>Calendar Year</td>
</tr>
<tr>
<td>- Credit (initial benefit period only)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>- Deductible</td>
<td>None</td>
</tr>
<tr>
<td>- Coinsurance (Member responsibility)</td>
<td>None</td>
</tr>
<tr>
<td>- Coinsurance Maximum</td>
<td>None</td>
</tr>
<tr>
<td>- Lifetime maximum</td>
<td>Unlimited</td>
</tr>
<tr>
<td>- Primary Care Physician office visits</td>
<td>$20</td>
</tr>
<tr>
<td>- Specialist Physician office visits</td>
<td>$40</td>
</tr>
</tbody>
</table>

#### Preventive Services (not subject to deductible)

<table>
<thead>
<tr>
<th>Service</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Immunizations</td>
<td>No charge</td>
</tr>
<tr>
<td>- Routine gynecological exam and pap smear (one per benefit period)</td>
<td>No charge</td>
</tr>
<tr>
<td>- Routine mammography</td>
<td>No charge</td>
</tr>
<tr>
<td>- Routine colorectal cancer and prostate cancer screenings</td>
<td>No charge</td>
</tr>
</tbody>
</table>

#### Emergency Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Ambulance, emergency-land transport</td>
<td>No charge</td>
</tr>
<tr>
<td>- Ambulance, non-emergency-land transport</td>
<td>$50</td>
</tr>
<tr>
<td>- Ambulance, air/water/train transport</td>
<td>$250</td>
</tr>
<tr>
<td>- Emergency room visit (copay waived if admitted to hospital)</td>
<td>$100</td>
</tr>
<tr>
<td>- Retail clinic care</td>
<td>$20</td>
</tr>
</tbody>
</table>

#### Inpatient Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Inpatient hospital services, including maternity (facility and professional)</td>
<td>$100 copay per admission</td>
</tr>
<tr>
<td>- Skilled nursing care (60 days per benefit period)</td>
<td>$100 copay per admission</td>
</tr>
</tbody>
</table>

#### Outpatient Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Chemotherapy, dialysis or radiation</td>
<td>No charge</td>
</tr>
<tr>
<td>- High-tech imaging (MRI, MRA, CT scans, pet scans, nuclear cardiology)</td>
<td>$75 per test</td>
</tr>
<tr>
<td>- Diagnostic testing (lab tests, x-rays, etc)</td>
<td>No charge</td>
</tr>
<tr>
<td>- Physical, speech or occupational therapy (45 visit max/benefit period combined)</td>
<td>$40 per visit per provider</td>
</tr>
<tr>
<td>- Cardiac rehabilitation (36 visits/benefit period)</td>
<td>No charge</td>
</tr>
<tr>
<td>- Pulmonary/Respiratory therapy (18 visits per therapy/benefit period)</td>
<td>No charge</td>
</tr>
<tr>
<td>- Surgery (in a hospital outpatient department, short procedure unit or free standing surgical unit)</td>
<td>$100 copay</td>
</tr>
<tr>
<td>- Maternity care (outpatient Physician visits)</td>
<td>$40 initial visit</td>
</tr>
</tbody>
</table>

#### Other Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Chiropractic manipulative benefits (12 visits per benefit period ages 13 and up)</td>
<td>$40</td>
</tr>
<tr>
<td>- Durable medical equipment/orthotics/prosthetics (unlimited maximum)</td>
<td>No charge</td>
</tr>
<tr>
<td>- Home health services/Home infusion (nurse visits)</td>
<td>$40 per visit per provider</td>
</tr>
<tr>
<td>- Hospice care (180-day lifetime maximum)</td>
<td>No charge</td>
</tr>
</tbody>
</table>

#### Mental Health

<table>
<thead>
<tr>
<th>Service</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Inpatient services (unlimited days)</td>
<td>$100 copay per admission</td>
</tr>
<tr>
<td>- Outpatient services (unlimited visits)</td>
<td>No charge</td>
</tr>
</tbody>
</table>

#### Substance Abuse

<table>
<thead>
<tr>
<th>Service</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Detoxification (unlimited days)</td>
<td>$100 copay per admission</td>
</tr>
<tr>
<td>- Inpatient non-hospital residential treatment (unlimited days)</td>
<td>$100 copay per admission</td>
</tr>
<tr>
<td>- Outpatient services (unlimited days)</td>
<td>No charge</td>
</tr>
</tbody>
</table>

#### Prescription drugs

<table>
<thead>
<tr>
<th>Service</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Deductible (per benefit period)</td>
<td>None</td>
</tr>
<tr>
<td>- Retail, 30-day supply</td>
<td>$0/$15/$30/$50</td>
</tr>
<tr>
<td>- Mail order program, up to a 90-day supply</td>
<td>$0/$30/$70/$150</td>
</tr>
<tr>
<td>- Oral contraceptives</td>
<td>Covered</td>
</tr>
</tbody>
</table>

This is an abridged overview of the benefits covered by BlueCare® HMO. This highlights general features and is not intended to be a substitute for the terms, provisions, limitations and conditions imposed by the controlling contract(s). 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. This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. 1-800-822-8753.