

BlueCare HMO – Wilkes University 60053

Benefits

- Benefit period
- Deductible
- Coinsurance (Member responsibility)
- Coinsurance maximum
- Lifetime maximum
- Outpatient Primary Care Physician office visits
- Outpatient Specialist Physician office visits

Member Responsibility

- Calendar year
- None
- None
- None
- None
- \$15
- \$30

Preventive Services

- Immunizations (copayment applies for office visits)
- Routine pediatric/adult and well child care
- Routine gynecological exam
- Mammography screenings/diagnostics

- \$15
- \$15
- \$30
- No charge

Emergency and Urgent Care Services

- Ambulance, emergency-land transport
- Ambulance, non-emergency-land transport
- Ambulance, air/water/train transport
- Emergency room visit (copay waived if admitted to hospital)
- Urgent care through your PCP

- No charge
- \$50
- \$250
- \$100
- \$15

Inpatient Services

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

- \$100 per admission
- \$100 per admission

Outpatient Services

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

- No charge
- \$75
- No charge
- \$30 initial visit
- \$30 copay per visit per provider
- No charge
- No charge
- No charge
- \$100

Other Services

- Chiropractic care (12 treatments per benefit period ages 13 and up)
- Durable medical equipment/prosthetics/orthotics
- Home health/Home infusion services
- Hospice care (180-day lifetime maximum)
- Prescription drugs
 - Drug deductible/Drug maximum (per benefit period)
 - Retail, 30-day supply (Tier 1/Tier 2/Tier3)
 - Mail order program (up to a 90-day supply)
 - Oral contraceptives

- \$30
- No charge
- \$5,000 maximum/benefit period
- \$30 copay per visit
- No charge
- None/None
- \$15/\$30/\$50
- \$30/\$70/\$150
- Covered

Mental Health

- Inpatient services (30 days/benefit period)
- Outpatient services (60 visits/benefit period)

- \$100 per admission
- \$30

Substance Abuse

- Outpatient services (30 visits/benefit period; 120 visits/lifetime)
- Detoxification (7 days/admission; 4 admissions/lifetime)
- Inpatient non-hospital residential treatment (30 days/benefit period; 90 days/lifetime)
- Partial Hospitalization (Additional 30 visits of outpatient or partial hospitalization may be exchanged for 15 inpatient non-hospital residential days, subject to 120 outpatient lifetime maximum)

- No charge
- \$100 per admission
- No charge for initial visit
- 50% subsequent visits
- No charge