

BlueCare® PPO – Wilkes University 52193

	Insured Responsibility	
	Preferred	Non-Preferred
	Calendar Year	
- Benefit Period	\$300	\$600
- Deductible (Maximum 3 separate deductibles/family)	None	20%
- Coinsurance	N/A	\$3,000
- Coinsurance maximum (Maximum 3 separate coinsurance maximums/family)	Unlimited	\$1,000,000
- Lifetime maximum	Non Applicable	
- Credit (initial benefit period only)	None	\$500
- Precertification penalty (facility)		
Preventive Care Services		
- Childhood immunizations (not subject to deductible, copay applies for office visits)	No charge	20%
- Routine gynecological examination and pap smears (not subject to deductible)	\$30	20%
- Screening mammograms, age 40+ (not subject to deductible)	No charge	20%
Emergency Services		
- Ambulance services, emergency transport (not subject to deductible)	No charge	No charge
- Ambulance services, non-emergency transport	No charge	20% (after deductible)
- Outpatient emergency room visit (not subject to deductible or coinsurance, copayment waived if admitted to hospital)	\$100	\$100
Inpatient Services (precertification required)		
- Inpatient hospital services (unlimited days per benefit period)	No charge	20%
- Maternity care services	No charge	20%
- Skilled nursing care (60 days per benefit period)	No charge	20%
Outpatient Services		
- High-tech imaging (MRI, MRA, CT Scan, Pet Scans, Nuclear Cardiology)	\$75 (after deductible)	20%
- Diagnostic testing (lab tests, x-rays, etc)	No charge	20%
- Physical (20 visits per benefit period), speech (12 visits per benefit period), and occupational therapy (12 visits per benefit period)	\$30 (after deductible)	20%
- Cardiac rehabilitation (36 visits per benefit period)	No charge	20%
- Pulmonary rehabilitation therapy (18 visits per benefit period)	No charge	20%
- Respiratory therapy (18 visits per benefit period)	No charge	20%
- Radiation, dialysis, and chemotherapy	No charge	20%
Other Services		
- Allergy extract/injections	No charge	20%
- Chiropractic care (12 treatments per benefit period ages 13 and up)	\$30 (after deductible)	20%
- Durable medical equipment, prosthetics and orthotics	No charge	20%
	\$5,000 maximum per benefit period	
- Home health care (100 visits per benefit period)	\$30 (after deductible)	20%
- Home infusion therapy	\$30 (after deductible)	20%
- Hospice care (180-day maximum per lifetime)	No charge	20%
- Surgery	No charge	20%
- Maternity services (physician office visits)	\$30 initial visit	20%
- Primary care office visits (preferred provider office visits not subject to deductible). Unlimited visits.	\$15	20%
- Specialty care office visits (preferred provider office visits not subject to deductible). Unlimited visits.	\$30	20%
Mental Health (precertification required for inpatient)		
- Inpatient hospitalization (30 days/benefit period)	No charge	20%
- Outpatient services (60 visits/benefit period)	50%	50%
Substance Abuse (precertification required for inpatient)		
- Outpatient services (30 visits/benefit period; 120 visits per lifetime)	No charge	20%
- Detoxification (7 days per admission/4 admissions per lifetime)	No charge	20%
- Inpatient non-hospital residential services (30 days/benefit period; 90 days/lifetime)	No charge for initial visit; 50% subsequent visits	20% for initial visit; 50% subsequent visits
- Partial Hospitalization (Additional 30 visits of outpatient or partial hospitalization per benefit period may be exchanged for 15 inpatient non-hospital residential days, subject to 120 outpatient lifetime maximum)	No charge	20%
Prescription Drugs		
- Drug deductible (per benefit period)	None	None
- Drug maximum (per benefit period)	None	None
- Retail, 30-day supply (Tier 1/Tier 2/Tier 3)	\$15/\$30/\$50	Special
- Mail order program (up to a 90-day supply)	\$30/\$70/\$150	Circumstances only
- Oral contraceptives	Covered	Not covered

The deductible applies to all services unless otherwise noted above.

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 policy. 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. 5/07