**Group Name:** Wilkes University  
**Effective Date:** 6/1/2016  
**Renewal Date:** 6/1/2011

### Benefits

<table>
<thead>
<tr>
<th>Benefit Period</th>
<th>FPH Network</th>
<th>BlueCard Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Benefit period</td>
<td>None</td>
<td>$250</td>
</tr>
<tr>
<td>- Deductible (Maximum 3 separate deductibles per family)</td>
<td>None</td>
<td>20%</td>
</tr>
<tr>
<td>- Coinsurance (Member responsibility)</td>
<td>None</td>
<td>$1,000</td>
</tr>
<tr>
<td>- Coinsurance maximum (Maximum 3 separate coinsurance maximums per family)</td>
<td>Unlimited</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>- Lifetime maximum</td>
<td>$20</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>- Primary Care Physician office visits</td>
<td>$40</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>- Specialist Physician office visits</td>
<td>No charge</td>
<td>20%</td>
</tr>
</tbody>
</table>

### Preventive Services

- Immunizations (not subject to deductible)
- Routine gynecological exam and pap smear (not subject to deductible)
- Routine mammography (not subject to deductible)
- Routine colorectal cancer and prostate cancer screening (not subject to deductible)
- Routine pediatric/adult well visits

### Emergency Services

- Ambulance, emergency-land transport (not subject to deductible)
- Ambulance, non-emergency-land transport
- Ambulance, air/water/train transport (not subject to deductible)
- Emergency room visit (cosway waived if admitted; not subject to deductible)

### 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 rehabilitation 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)
- Maternity care (outpatient Physician office visits)

### Other Services

- Chiropractic manipulative benefits (12 visits per benefit period ages 13 and up)
- Durable medical equipment/prosthetics/orthotics
- 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 (30 days per benefit period; 30 outpatient visits may be exchanged for 15 additional inpatient non-hospital residential days)
- Outpatient services (unlimited visits)

### Prescription drugs

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

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1 The BlueCard program provides access to covered services from participating providers located outside the geographic area serviced by First Priority Health.
2 Allowable charge is established by a provider agreement and will be accepted by the participating provider at payment in full for covered services less any member liability. For a non-participating provider, when price authorization is obtained, each plan is the same as the member would have been responsible for if services were received from a provider. Non-participating providers will accept the Plan payment as payment in full for price authorized covered services.

These 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 of your health care expenses. Refer to the provider directory to determine which health care services are covered. 1-800-822-8755. E1005