BlueCare PPO

Group Name: WILKES UNIVERSITY
Effective Date: 6/1/2010
Renewal Date: 6/1/2011

Benefits
- Benefit period
- Deductible (Maximum 3 separate deductibles per family)
- Coinsurance (Insured responsibility)
- Coinsurance maximum (Maximum 3 separate coinsurance maximums per family)
- Lifetime maximum
- Credit (Initial benefit period only)
- Pre-certification penalty (facility)

Preventive Services
- Childhood 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)

Emergency Services
- Ambulance, emergency transport (not subject to deductible)
- Ambulance, non-emergency transport
- Outpatient emergency room visit (not subject to deductible; copay waived if admitted to hospital)

Inpatient Services
- Inpatient hospital services (unlimited days per benefit period)
- 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 (10 visits per benefit period), speech (12 visits per benefit period), or occupational therapy (12 visits per benefit period)
- Cardiac rehabilitation (36 visits/benefit period)
- Pulmonary rehabilitation therapy (12 visits/benefit period)
- Respiratory therapy (18 visits/benefit period)

Other Services
- Chiropractic manipulative benefit (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)
- Surgery
- Maternity services (physician office visits) (preferred not subject to deductible)
- Primary Care Physician office visits (preferred not subject to deductible; unlimited visits)
- Specialty Care Physician office visits (preferred not subject to deductible; unlimited visits)

Mental Health and Substance Abuse Services
- Mental health office visits (preferred not subject to deductible; unlimited visits)
- Inpatient mental health services (unlimited days)
- Substance abuse office visits (preferred not subject to deductible; unlimited visits)
- Detoxification (unlimited days)
- Inpatient non-hospital residential substance abuse treatment (30 days per benefit period; 30 outpatient visits may be exchanged for 15 additional inpatient non-hospital residential days)

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

Insured Responsibility

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td><strong>Insured Responsibility</strong></td>
<td><strong>Non-Preferred</strong></td>
</tr>
<tr>
<td>$300 Calendar Year</td>
<td>$600</td>
</tr>
<tr>
<td>None</td>
<td>20% of allowable charge</td>
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<tr>
<td>None</td>
<td>$3,000</td>
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<tr>
<td>Unlimited</td>
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<tr>
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<td>Not applicable</td>
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<tr>
<td>None</td>
<td>$500</td>
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<tr>
<td>$20</td>
<td>20%</td>
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<tr>
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<td>20%</td>
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<tr>
<td>No charge</td>
<td>20%</td>
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</tbody>
</table>

The deductible applies to all services unless otherwise noted above.
The allowable charge is established by a provider agreement or is the usual, customary, and usual, and will be accepted by the preferred provider or payee at or by the provider or payee in full for covered services less any deductibles, coinsurance, copayments, and amounts exceeding any benefit maximums. For a non-preferred provider, the allowable charge is the same amount first Priority Life would pay to a preferred provider.

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 revised annually and are often modified, if there is a question but you are treated for on a regular basis, be sure to inquire about your specific coverage needs.