



## Benefit Summary 2015

	BLUECHOICE PPO HIGH OPTION		BLUECHOICE PPO BASIC OPTION	
	In Network	Out of Network	In Network	Out of Network
<b>General Plan Information</b>			1st Dollar Coverage: Plan pays 100% of the first \$500 of eligible charges for each individual then:	
<b>Network</b>	BLUECHOICE		BLUECHOICE	
<b>Calendar Year Deductible (CYD)</b>	\$1,000 Ind. / \$3,000 Family	\$1,000 Ind. / \$3,000 Family	\$500 Ind. / \$1,000 Family	\$500 Ind. / \$1,000 Family
<b>Calendar Year Out-of-pocket Max</b> (Includes deductible and pharmacy/medical copays)	\$3,300 Ind. / \$9,900 Family	\$3,800 Ind. / \$11,400 Family	\$5,500 Ind. / \$11,000 Family	\$5,500 Ind. / \$11,000 Family
<b>Co-Insurance</b>	Plan Pays 80% after CYD	Plan pays 50% after CYD	Plan Pays 50% after CYD	
<b>Lifetime Max – Medical</b>			Unlimited	
<b>Lifetime Max – Pharmacy</b>			Unlimited	
<b>Primary Care Office Visit</b>	\$25 copay	50% after CYD	50% after CYD	
<b>Specialist Office Visit</b>	\$40 copay	50% after CYD	50% after CYD	
<b>Diagnostic X-ray/Lab</b>	80% after CYD	50% after CYD	50% after CYD	
<b>Inpatient Hospital*</b>	80% after CYD	Additional \$300 deductible per admit, then 50% after CYD	50% after CYD	Additional \$300 deductible per admit, then 50% after CYD
<b>Outpatient Surgery</b>	80% after CYD	50% after CYD	50% after CYD	
<b>Well Baby Care</b>	100%	50% after CYD	100%	50% after CYD
<b>Adult Immunizations</b>	100%	50% after CYD	100%	50% after CYD
<b>Childhood Immunizations</b>	100%			
<b>Routine Health Exams</b>	100%	50% after CYD	100%	50% after CYD
<b>Routine Mammograms</b>	100%			
<b>Allergy Treatment/Testing</b> (60 tests every 24 months)	80% after CYD	50% after CYD	50% after CYD	
<b>Emergency Room</b>	\$100 copay; then 80% after CYD (copay waived if admitted)		50% after CYD	
<b>Health Assessment (HA) - \$250 deductible credit to employee, spouse, and dependents over age of 18.</b>	HA deductible credit applies to 2015 plan year and must be completed between 01/01/15 and 12/31/15. HA must be completed and credited prior to claims payment. No retroactive claim adjustments will be allowed.			
<b>Mental Health and Substance Abuse</b>				
<b>Inpatient*</b>	80% after CYD	Additional \$300 deductible, then 50% after CYD	50% after CYD	Additional \$300 deductible, then 50% after CYD
<b>Outpatient</b>	80% after CYD	50% after CYD	50% after CYD	
<b>General Plan Information</b>	80% after CYD	50% after CYD	50% after CYD	

BLUECHOICE PPO HIGH OPTION		BLUECHOICE PPO BASIC OPTION	
	In Network	Out of Network	Out of Network
<b>Pharmacy</b>			
<b>Generic &amp; Preferred – Cost of Rx: \$100 or less</b>	Member pays lesser of \$25 or actual cost	Member pays cost of Rx up to \$75 max plus dispensing fee	Member pays lesser of \$25 or actual cost
<b>Generic &amp; Preferred – Cost of Rx: Greater than \$100</b>	Member pays 25% up to \$50 max	Member pays cost of Rx up to \$75 max plus dispensing fee	Member pays 25% up to \$50 max
<b>Non-Preferred – Cost of Rx: \$100 or less</b>	Member pays lesser of \$50 or actual cost	Member pays cost of Rx up to \$125 max plus dispensing fee	Member pays lesser of \$50 or actual cost
<b>Non-Preferred – Cost of Rx: Greater than \$100</b>	Member pays 50% up to \$100 max	Member pays cost of Rx up to \$125 max plus dispensing fee	Member pays 50% up to \$100 max
102 day supply limit or 300 quantity limit per copay			
<b>Other Covered Services</b>			
<b>Occupational &amp; Speech Therapy</b> (Each service limited to 60 visits per CY)	80% after CYD	50% after CYD	50% after CYD
<b>Physical and Chiropractic Therapy</b> (Services combined limited to 60 visits per CY)	80% after CYD	50% after CYD	50% after CYD
<b>Hearing Screening</b> (limited to one per CY)	100%	50% after CYD	100%
<b>Hearing Aids</b>	Covered as DME up to age 18		
<b>Durable Medical Equipment (DME), Prosthetics and Orthotics</b>	80% after CYD	50% after CYD	50% after CYD
<b>Skilled Nursing Facility</b> (100 days per CY)*	80% after CYD	50% after CYD	50% after CYD
<b>Home Health Care</b> (100 visits per CY)*	80% after CYD	50% after CYD	50% after CYD
<b>Hospice*</b>	80% after CYD	50% after CYD	50% after CYD

\*Requires Pre-Authorization

This benefit summary is a Non-Grandfathered health plan. Benefits assume, and are subject to the use of BCBSOK's administrative policies, procedures, and medical policies. Out of network charges are paid utilizing the Blue Choice allowable amount. Members may be balanced billed by the provider. This benefit summary does not contain a complete list of benefits available to you nor does it contain a listing of exclusions, limitations, and conditions which apply to the benefits shown. Full information can be found only in the Group Contract and Certificate of Benefits.