

Type of Care/Plan Benefits	Coverage
Plan features • Primary Care Physician (PCP) • Referrals • Out of network benefits • Out of area benefits • Student/Dependent coverage • Domestic partner Plan cost-sharing highlights • Office visit copay (Primary Care Physician) • Office visit copay (Specialist) • Coinsurance • Deductible • Annual coinsurance maximum • Annual pharmacy maximum	• No copay, office visit covered subject to deductible and coinsurance • Not required • Covered • Coverage provided worldwide through the BlueCard program. • Qualified dependents and students are covered to age 26. • Not covered • No copay, office visit covered subject to deductible and coinsurance • No copay, office visit covered subject to deductible and coinsurance • 20%, enhanced benefits only, unless noted • \$50 individual / \$150 family, enhanced benefits only • \$400 individual / \$1200 family, enhanced benefits only • \$2000 individual / \$6000 family
type of care/plan benefits	Coverage
Wellness Incentive • Stay healthy with great programs and incentives! Preventive Health Care Services • Well child visits • Adult routine physical exams • Adult immunizations • Mammography • Pap smear • Routine GYN exam • Prostate cancer screening • Routine vision • Colonoscopy Physician Office Services • Diagnostic office visits • Diagnostic x-rays • Diagnostic laboratory and pathology • Allergy tests • Allergy injections • Chemotherapy • Radiation therapy Maternity Services • Prenatal and postpartum care • Hospital care for mom (including delivery) • Newborn nursery care Prescription Drug	• Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids. • Covered in full • Covered in full for 1 exam per year • Covered in full • Covered in full • Covered in full • Covered in full • Covered in full • Covered in full • Not covered • Covered in full • Subject to deductible and coinsurance • Covered in full • Covered in full • Subject to deductible and coinsurance • Subject to the deductible and coinsurance • Covered in full • Covered in full • Covered in full • Covered in full • Covered in full

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Short-term and maintenance drugs are covered up to a 30-day supply at participating retail pharmacies; 90-day supply (subject to two copays per 90-day supply) is available through Express Scripts mail order pharmacy. Contraceptives included.	\$15/\$30/\$45 with edits
Inpatient Hospital Benefits - Hospital benefits - Physician visits in the hospital - Inpatient physical rehabilitation	- Covered in full for unlimited days - Covered in full - Covered in full for 30 days. After basic benefits exhausted, not subject to deductible and coinsurance for unlimited days - Covered in full - Covered in full
- Surgery - Anesthesia	- Covered in full - Covered in full - Covered in full
Emergency Care - Emergency room care - Freestanding urgent care center - Ambulance	- Covered in full - Covered in full - Covered in full
Outpatient Hospital Benefits - Diagnostic x-rays - Diagnostic laboratory and pathology - Surgical care - Chemotherapy - Radiation therapy	- Covered in full - Covered in full - Covered in full - Covered in full - Covered in full
Mental Health and Chemical Dependence - Inpatient mental health care - Outpatient mental health care - Inpatient chemical dependence - Outpatient chemical dependence	- Covered in full for unlimited days - Covered in full for unlimited visits - Covered in full for unlimited days - Covered in full for unlimited visits
Other Services - Diabetic insulin and supplies - Skilled nursing facility	- Covered in Full - Covered in full for 100 days. After basic benefits exhausted, not subject to deductible and coinsurance for unlimited days - Covered in full for up to 60 visits per year. Subject to deductible and coinsurance after basic benefits have exhausted for up to 325 visits per year - Covered in full for unlimited days - Subject to deductible and coinsurance, limited to 100 visits per calendar year - Subject to deductible and coinsurance - Subject to deductible and coinsurance - Subject to deductible and coinsurance - Not covered - Not covered - Not covered
Home care	
- Hospice - Outpatient therapy	
- Durable medical equipment - External prosthetics - Chiropractic - Acupuncture - Dental - Hearing	