

# Summary of PPO Benefits



A PPO, or Preferred Provider Organization, offers two levels of benefits. If you receive services from a provider who is in the PPO network, you'll receive the highest level of benefits. If you receive services from a provider who is not in the PPO network, you'll receive the lower level of benefits. In either case, you coordinate your own care. There is no requirement to select a Primary Care Physician (PCP) to coordinate your care. Below are specific benefit levels.

## ICUBA

## Blue Options PPO 70

Benefit	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$500	\$1,000
Family	\$1,500	\$3,000
<b>Coinsurance</b>	70%	50%
<b>Out-of-Pocket Maximums</b> (includes deductible)		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
<b>Lifetime Maximum</b>	\$2,000,000	
<b>Physician Office Visits</b> (General Practice, Internal Medicine, Family Practice, Pediatrician)	100% after \$20 copayment	50% after deductible
<b>Specialist Office Visits</b>	100% after \$30 copayment	50% after deductible
<b>Independent Clinical Labs</b> (free standing facilities and office visits)	100% (not subject to deductible or co-payment)	50% after deductible
<b>Preventive Care</b>		
Annual Physical and Gynecological exam	100% after office visit copayment	Not Covered
Chlamydia and STD tests	100% (not subject to deductible or copayment)	Not Covered
PAP tests	100% (not subject to deductible or copayment)	Not Covered
Prostate cancer screenings (PSA)	100% (not subject to deductible or copayment)	Not Covered
Mammograms	100% (not subject to deductible or copayment)	Not Covered
Urinalysis	100% (not subject to deductible or copayment)	Not Covered
Venipuncture/Conveyance Fee	100% (not subject to deductible or copayment)	Not Covered
General Health Blood Panel, Glucose Test, Lipid Panel, Cholesterol, and ALT/AST.	100% (not subject to deductible or copayment)	Not Covered
Adult and Pediatric Immunizations	100% (not subject to deductible or copayment)	Not Covered
Related Wellness Services (e.g., blood stool tests, colonoscopies, sigmoidoscopies, electrocardiograms, echocardiograms and bone mineral density tests)	100% (not subject to deductible or copayment)	Not Covered
<b>Allergy Injections</b>	100% (not subject to deductible or copayment)	50% after deductible
<b>Emergency Room Services</b>	100% after \$100 copayment (waived if admitted)	
<b>Ambulance</b>	70% after in-network deductible	
<b>Urgent Care Center</b>	100% after \$30 copayment	

<b>Benefit</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Hospital Expenses</b> Inpatient	70% after \$250 per admission copayment (deductible applies)	50% after \$500 per admission copayment (deductible applies)
Outpatient	70% after deductible	50% after deductible
<b>Outpatient Surgery</b> Office Setting - Physician	100% after \$20 copayment	50% after deductible
Office Setting – Specialist	100% after \$30 copayment	50% after deductible
Outpatient Facility	70% after \$100 copayment (deductible applies)	50% after deductible
Related professional services	70% after deductible	50% after deductible
<b>Infertility Services</b> (Counseling and testing to diagnose)	70% after deductible	50% after deductible
<b>Assisted Fertilization Procedures</b>	Not Covered	
<b>Outpatient Physical Medicine</b>	100% after \$30 copayment Limit: 30 visits/ benefit period	50% after deductible
<b>Outpatient Speech Therapy</b> (Restorative services only)	100% after \$30 copayment Limit: 30 visits/ benefit period	50% after deductible
<b>Outpatient Occupation Therapy</b>	100% after \$30 copayment Limit: 30 visits/ benefit period	50% after deductible
<b>Spinal Manipulation</b>	100% after \$30 copayment Limit: 60 visits/ benefit period	50% after deductible
<b>Diagnostic Services</b> (X-Ray and other tests)	70% after deductible	50% after deductible
<b>Outpatient Diagnostic Imaging</b> (MRI, MRA, CAT Scan, PET scan)	70% after \$100 per service copayment (deductible applies)	50% after deductible
<b>Durable Medical Equipment</b>	70% after deductible Limit: \$3,500/ benefit period	50% after deductible
<b>Prosthetic Appliances</b>	70% after deductible	50% after deductible
<b>Hearing Care Services</b> Hearing aid screening/exam	100% after office visit copayment	
Hearing aid	70% after in-network deductible Combined limit: \$1,500/ benefit period	
<b>Temporomandibular Joint Disorder</b> (Medical necessity required; excludes appliances and orthodontic treatment)	70% after deductible	50% after deductible
<b>Inpatient Rehabilitation</b>	70% after deductible \$250 Per-Admission co-pay also applies Limit: 60 days/ benefit period	50% after deductible \$500 Per-Admission co-pay also applies
<b>Skilled Nursing Rehabilitation</b>	70% after deductible Limit: 60 days/ benefit period	50% after deductible
<b>Home Health Care</b>	70% after deductible	50% after deductible
<b>Private Duty Nursing</b>	70% after deductible	50% after deductible
<b>Hospice</b> (Inpatient and Outpatient Care)	70% after deductible	50% after deductible
<b>*Benefits available through MHNet:</b>		
Mental Health, Substance Abuse and Employee Assistance Program call MHNet, available 24 hours at 877-398-5816 or visit <a href="http://www.mhnet.com">www.mhnet.com</a> .		
<b>Mental Health*</b> Inpatient	70% after \$250 per admission copayment (deductible applies)	50% after \$500 per admission copayment (deductible applies)
Outpatient	100% after \$30 copayment	50% after deductible
<b>Substance Abuse*</b> Inpatient Rehabilitation & Detoxification	70% after \$250 per admission copayment (deductible applies)	50% after \$500 per admission copayment (deductible applies)
Outpatient	100% after \$30 copayment	50% after deductible

**Note on Out-of-Network Providers:** Services rendered by an out-of-network provider may be subject to balance billing by the out-of-network provider for the difference between the allowed amount and provider billed charges.

*This is not intended as a contract of benefits. It is designed purely as a reference of the many benefits available under your program. Your benefit program maintains an appeal process involving three (3) levels of review with the exception of Urgent Care Claims (defined as Life threatening and subject to one level of review). Please see your Plan Document for detailed information on the appeals process.*

*Effective 4/1/10*