

Type of Care/Plan Benefits	Coverage
<p>Plan features</p> <ul style="list-style-type: none"> . Primary Care Physician (PCP) . Referrals . Out of network benefits . Out of area benefits . Student/Dependent coverage . Domestic partner <p>Plan cost-sharing highlights</p> <ul style="list-style-type: none"> . Office visit copay (Primary Care Physician) . Office visit copay (Specialist) . Coinsurance . Deductible . Out of pocket maximum . Lifetime maximum 	<ul style="list-style-type: none"> . Required . Required . Not covered . Emergency coverage provided worldwide through the BlueCard® program. . Qualified dependents and students are covered to age 26. . Covered . \$30 copay . \$50 copay . None . None . None . None

type of care/plan benefits	Coverage
<p>Wellness Incentive</p> <ul style="list-style-type: none"> . Stay healthy with great programs and incentives! <p>Preventive Health Care Services</p> <ul style="list-style-type: none"> . Well child visits . Adult routine physical exams . Adult immunizations . Mammography . Pap smear . Routine GYN exam . Prostate cancer screening . Routine vision . Colonoscopy <p>Physician Office Services</p> <ul style="list-style-type: none"> . Diagnostic office visits . Diagnostic x-rays . Diagnostic laboratory and pathology . Allergy tests . Allergy injections . Chemotherapy . Radiation therapy <p>Maternity Services</p> <ul style="list-style-type: none"> . Prenatal and postpartum care 	<ul style="list-style-type: none"> . 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 according to national guidelines . Covered in full . \$30 copay . \$30 copay . \$30 copay . \$30 copay . \$30 copay . \$50 copay for one routine exam every 2 years; every year for children to age 19. . Preventive covered in full, diagnostic covered according to the surgical benefit . \$30 copay per visit to your PCP; \$50 copay per visit to a specialist . \$50 copay per visit . \$30 copay per visit . \$30 copay per visit to your PCP; \$50 copay per visit to a specialist . \$30 copay per visit to your PCP; \$50 copay per visit to a specialist . \$30 copay for IV/injectable chemotherapy, in addition to a \$30 copay for the office visit . \$30 copay per visit . \$10 copay per visit for the first 10 visits; remainder of visits covered in full

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<ul style="list-style-type: none"> • Hospital care for mom (including delivery) • Newborn nursery care 	<ul style="list-style-type: none"> • Facility: Subject to \$750 copay per admission. Physician: Subject to 20% coinsurance or \$300 copay, whichever is less • Covered in full
<p>Prescription Drug</p> <ul style="list-style-type: none"> • Short-term and maintenance drugs are covered up to a 90-day supply at participating retail pharmacies; 30-day supply (subject to two copays per 90-day supply) is available through PrimeMail® mail order pharmacy. Contraceptives included. 	<ul style="list-style-type: none"> • \$10/\$30/\$50
<p>Inpatient Hospital Benefits</p> <ul style="list-style-type: none"> • Hospital benefits • Physician visits in the hospital • Inpatient physical rehabilitation • Surgery <p>• Anesthesia</p>	<ul style="list-style-type: none"> • Subject to \$750 copay per admission for unlimited days • Covered in full • Subject to \$750 copay per admission for up to 60 days per year • Facility: Subject to \$750 copay; Physician: Subject to 20% coinsurance or \$300 copay, whichever is less • Covered in full
<p>Emergency Care</p> <ul style="list-style-type: none"> • Emergency room care • Freestanding urgent care center • Ambulance 	<ul style="list-style-type: none"> • \$150 copay per visit, unless admitted within 24 hours • \$50 copay per visit • \$100 copay
<p>Outpatient Hospital Benefits</p> <ul style="list-style-type: none"> • Diagnostic x-rays • Diagnostic laboratory and pathology • Surgical care • Chemotherapy <p>• Radiation therapy</p>	<ul style="list-style-type: none"> • \$50 copay per visit • \$30 copay per visit • Facility: \$150 copay; Physician: \$50 copay • \$30 copay for IV/injectable chemotherapy, in addition to a \$30 copay for the office visit • \$30 copay per visit
<p>Mental Health and Chemical Dependence</p> <ul style="list-style-type: none"> • Inpatient mental health care • Outpatient mental health care <p>• Inpatient chemical dependence</p> <p>• Outpatient chemical dependence</p>	<ul style="list-style-type: none"> • Subject to \$750 copay per admission for up to 30 days per year • \$50 copay for up to 20 visits per year. Services can be provided in an outpatient facility or in a provider's office. • Subject to \$750 copay per admission per visit for up to 7 days per year for detoxification only • \$30 copay per visit for up to 60 visits per year
<p>Other Services</p> <ul style="list-style-type: none"> • Diabetic insulin and supplies • Skilled nursing facility <p>• Home care</p> <p>• Hospice</p> <p>• Outpatient therapy</p> <ul style="list-style-type: none"> • Durable medical equipment • External prosthetics • Chiropractic • Acupuncture 	<ul style="list-style-type: none"> • \$25 copay for up to a 30 day supply • Subject to \$750 copay per admission for up to 45 days per admission; 360 days per lifetime • \$30 copay per visit for up to 40 visits per year • Subject to \$750 copay per admission for up to 210 days per lifetime • \$50 copay per visit for up to a combined total of 30 visits per year for physical, speech, occupational and respiratory therapy • Covered at 50% up to \$5,000 per year • Covered at 50% up to \$15,000 per year • \$50 copay per visit • Not covered

Type of Care/Plan Benefits	Coverage
<ul style="list-style-type: none">• Dental• Hearing	<ul style="list-style-type: none">• Covered same as similar services under benefit plan for accidental injury to sound natural teeth.• \$50 copay for diagnostic and routine hearing exams. Hearing aids not covered.

Benefits herein are subject to change as a result of efforts to implement federal health care reform and mental health and substance abuse care parity initiative. There may be additional coverage for biologically-based mental illness and for children with serious emotional disturbances as defined by Timothy's Law. These benefits should not be interpreted as pre-approval of services. Certain services may be subject to additional requirements described in the member's insurance policy. Payment of claims related to these benefits are subject to the member's eligibility on the date of service and the resolution of any other outstanding claims. The member is responsible for payment of a copay, deductible, coinsurance or any combination based on plan design.