

# STANDARD BLUE CARE® IPA SUMMARY OF BENEFITS

## WITH \$10 COPAY AND \$5 OR 25% PRESCRIPTION DRUG COPAY

SOME COVERED SERVICES	STANDARD BLUE CARE IPA PLAN BENEFITS
Office Visits with Primary Care Physician	\$10 copay per visit
Specialist/Referral Care*	\$10 copay per visit
Periodic Physical Exams	Covered at 100%
Periodic Routine Mammograms	Covered at 100%
Pap Smear, Prostate Screening Antigen Test	Covered at 100%
Routine Well Child Care	Covered at 100%
Childhood Immunizations	Covered at 100%
Periodic Vision Exams	Not Covered
Prescription Drugs	Covered at \$5 or 25%, whichever is greater, per prescription or refill
Outpatient Lab	Covered at 100%
Outpatient Imaging	Covered at 100%
Inpatient Hospital (including maternity and serious mental illness)*	\$100 per day copay for the first 5 days per Plan Year. Maximum copay: \$500/individual, \$1,000/family
Inpatient Surgeon Care	Covered at 100%
Maternity—Physician Care	Covered at 100%
Outpatient Surgical Facility	Covered at 100%
Outpatient Surgeon	PCP's Office: \$25 copay per procedure Surgical Facility: \$50 copay per procedure
Inpatient Mental Health Care*	\$100 copay for up to 10 days per Plan Year; thereafter, coverage at 100%.
Outpatient Mental Health Care*	\$10 copay per visit for up to 20 visits per Plan Year
Substance Abuse Treatment*	Authorized care is covered at the same level as other medical care. Non-authorized care is not covered.
Emergency Room	\$50 copay per visit
Plan Year Deductible	None
Plan Year Coinsurance Expense Limits	None
Separate Mental Health/Substance Abuse Plan Year Deductible	None
Lifetime Benefit Maximum	None
Mental Health/Substance Abuse Lifetime Benefit Maximum	None

(continued on the reverse side)

# STANDARD BLUE CARE® IPA SUMMARY OF BENEFITS CONTINUED

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\* Delaware law defines serious mental illness as including nine diagnostic classes. Benefits for serious mental illness and substance abuse treatment are covered at the same levels as other medical care. Patients or family members must call Behavior Health Care for a referral to an approved provider and treatment plan for all mental health and substance abuse services.

**This Benefits Summary presents plan highlights only. It is not a contract. Please refer to your benefits booklet (or contact your marketing representative to request a copy) for complete information. All percentages are based on Highmark Delaware's allowable charge.**