

SIMPLYBLUE® EPO \$250 100

PLAN YEAR DEDUCTIBLES

Individual	\$250
Family	\$750
Plan Year Coinsurance Limit:	N/A

PREVENTIVE MEDICAL SERVICES

Periodic Physical Exams	Covered at 100%
Routine Annual GYN Exam	Covered at 100%
Routine Mammogram	Covered at 100%
Routine Sigmoidoscopy & Colonoscopy	Covered at 100%
Routine Pap Smear	Covered at 100%
Routine Well-Child Care	Covered at 100%
Immunizations	Covered at 100%
Routine Vision Exams	Covered at 100%
Routine Hearing Exams	Covered at 100%
Prostate Screening Antigen Test	Covered at 100%
Lead Poisoning Screening Test	Covered at 100%

IN NETWORK BENEFITS

TREATMENT OF ILLNESS OR INJURY

Primary Doctor's Office Visits for Diagnosis & Treatment	\$30 copay per visit
Specialist/Referral Care	\$30 copay per visit

Laboratory Services	
– Independent	Covered at 100% ¹
– Hospital based	Covered at 100% ¹

Imaging & Machine Testing Services	
– Independent	Covered at 100% ¹
– Hospital based	Covered at 100% ¹

Outpatient High Tech Radiology Independent and Hospital Based (i.e. MRI, MRA, CT, CTA, PET scan)	Covered at 100% ¹
--	------------------------------

Chiropractic (up to 30 visits per Plan Year)	Covered at 100% ¹
--	------------------------------

Physical & Occupational Therapy (30 visits combined per Plan Year)	Covered at 100% ¹
--	------------------------------

Speech Therapy (30 visits per Plan Year)	Covered at 100% ¹
--	------------------------------

Radiation Therapy and Chemotherapy	Covered at 100% ¹
------------------------------------	------------------------------

Inpatient Hospital	
– Semiprivate Room (including intensive care, if medically necessary)	Covered at 100% ¹
– Physician's & Surgeon's Services	Covered at 100% ¹
– Other Medical Professional Services	Covered at 100% ¹

Maternity (hospital, birthing center and pre-natal and post-natal care)	Covered at 100% ¹
---	------------------------------

Outpatient Surgical Facility	
– Outpatient Ambulatory	Covered at 100% ¹
– Outpatient Hospital	Covered at 100% ¹

SIMPLYBLUE® EPO \$250 100 CONTINUED

EMERGENCY SERVICES	IN NETWORK BENEFITS
Emergency Room	\$100 copay per visit
Urgent Care Centers / Medical Aid Units	\$30 copay per visit
Ambulance	\$50 copay
OTHER SERVICES	IN NETWORK BENEFITS
Inpatient Private Duty Nursing (up to 240 hours per 12 month period)	Covered at 100% ¹
Durable Medical Equipment (DME)	Covered at 100% ¹
Skilled Nursing Facility (up to 120 days per confinement)	Covered at 100% ¹
Home Health Care (up to 100 visits per Plan Year)	Covered at 100% ¹
Alcohol and Substance Abuse Treatment ¹	Covered at 100% ¹
Serious Mental Health Care*	Covered at 100% ¹
Other Mental Health Care ²	
– Inpatient and Partial Hospitalization (up to 31 inpatient days or 62 partial hospitalization days per Plan Year. Two partial hospitalization days reduce inpatient days by one day. One inpatient day reduces partial hospitalization days by two days.)	Covered at 80% after separate mental health deductible ²
– Outpatient (up to 20 visits per Plan Year)	\$30 copay per visit
PRESCRIPTION DRUGS	
Prescription Drugs	See “Your Prescription Drug Program”

*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.

¹ Benefits are subject to a Plan Year deductible of \$250 per person (\$750 per family). Three individuals must meet the deductible in order for the family deductible to be met.

² A separate deductible of \$250 per person (\$750 per family) per Plan Year applies to non-serious mental health services.

Note: The plan includes reduced coverage for bariatric surgeries and preferred coverage for organ transplants performed at Blue Distinction Centers for Transplants (BDCT). For transplants performed at participating but non-BDCT facilities, charges are covered at a reduced benefit level. Transplants performed at non-participating facilities are not covered.

There are no Out-of-Network benefits. EPO members can access In-Network PPO providers anywhere in the Nation. If you are enrolling in the EPO Plan, you can take advantage of additional resources. The Blue Cross and Blue Shield Association's web site, bluecares.com, provides online access to the most current listing of providers, whether you need covered medical care close to home, across the country or around the world. On the bluecares.com home page, EPO enrollees should click on *BlueCard® Doctor and Hospital Finder*, provide the information requested, and choose the *PPO Network* option. Once you submit your information, you'll instantly receive an online list of network providers in the zip code requested—as well as driving directions to their offices or facilities. If you prefer personal help by phone, you can find network providers by calling a BlueCard customer service representative at **1.800.810.BLUE (2583)**.

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.