

# SIMPLYBLUE® EPO \$750 80 VALUE OPTION

## PLAN YEAR DEDUCTIBLES

|                              |                                   |
|------------------------------|-----------------------------------|
| Individual                   | \$750                             |
| Family                       | \$2,250                           |
| Plan Year Coinsurance Limit: | Individual/Family \$2,000/\$4,000 |

## 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

## IN NETWORK BENEFITS

|   |   |
|---|---|
| Primary Doctor's Office Visits for Diagnosis & Treatment:                           | \$30 copay per visit                                    |
| Specialist/Referral Care  | \$40 copay per visit <sup>1</sup>                       |
| Laboratory Services   |   |
| – Independent   | \$30 copay per visit                                    |
| – Hospital based  | \$40 copay per visit <sup>1</sup>                       |
| Imaging & Machine Testing Services  |   |
| – Independent   | \$30 copay per visit                                    |
| – Hospital based  | \$40 copay per visit <sup>1</sup>                       |
| OP High Tech Radiology Independent and Hospital Based (e.g. MRI, MRA, CT, PET scan) | \$200 copay per visit <sup>1</sup>                      |
| Chiropractic (up to 30 visits per Plan Year)  | Covered at 80% <sup>1</sup>                             |
| Physical & Occupational Therapy (30 visits combined per Plan Year)                  | \$40 copay per visit <sup>1</sup>                       |
| Speech Therapy (30 visits per Plan Year)  | \$40 copay per visit <sup>1</sup>                       |
| Radiation Therapy and Chemotherapy  | Covered at 80% <sup>1</sup>                             |
| Inpatient Hospital  |   |
| – Semiprivate Room (including intensive care, if medically necessary)               | Covered at 80% <sup>1</sup> , \$300 copay per admission |
| – Physician's & Surgeon's Services  | Covered at 80% <sup>1</sup>                             |
| – Other medical/professional services   | Covered at 80% <sup>1</sup>                             |
| Maternity (hospital, birthing center and pre-natal and post-natal care)             | Covered at 80% <sup>1</sup> , \$300 copay per admission |
| Outpatient Surgical Facility  |   |
| – Outpatient Ambulatory   | Covered at 100% <sup>1</sup> , \$150 copay per visit    |
| – Outpatient Hospital   | Covered at 100% <sup>1</sup> , \$200 copay per visit    |

## SIMPLYBLUE® EPO \$750 80 VALUE OPTION CONTINUED

| EMERGENCY SERVICES   |  | IN NETWORK BENEFITS                                     |  |
|--|--|---|--|
| Emergency Room   |  | Covered at 80% <sup>1</sup> , \$250 copay per visit     |  |
| Urgent Care Centers / Medical Aid Units  |  | \$40 copay per visit <sup>1</sup>                       |  |
| Ambulance  |  | Covered at 80% <sup>1</sup>                             |  |
| OTHER SERVICES   |  | IN NETWORK BENEFITS                                     |  |
| Inpatient Private Duty Nursing (up to 240 hours per 12 month period)   |  | Covered at 100% <sup>1</sup>                            |  |
| Durable Medical Equipment (DME)  |  | Covered at 100% <sup>1</sup>                            |  |
| Skilled Nursing Facility (up to 120 days per confinement)  |  | Covered at 100% <sup>1</sup>                            |  |
| Home Health Care (up to 100 visits per Plan Year)  |  | Covered at 100% <sup>1</sup>                            |  |
| Alcohol and Substance Abuse Treatment <sup>1</sup>   |  | Covered same as medical <sup>1</sup>                    |  |
| Serious Mental Health Care*  |  | Covered same as medical <sup>1</sup>                    |  |
| Other Mental Health Care <sup>2</sup>  |  |   |  |
| – 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% <sup>1</sup> , \$300 copay per admission |  |
| – Outpatient (up to 20 visits per Plan Year)   |  | \$40 copay per visit <sup>1</sup>                       |  |
| 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.

<sup>1</sup> Benefits are subject to a Plan Year deductible. Three individuals must meet the deductible in order for the family deductible to be met.

Note: Copays still apply after coinsurance limit has been reached.

Note: The plan includes 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. Bariatric surgery is 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](http://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](http://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 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.