

## Blue Cross Blue Shield – Blue Care Elect Preferred (PPO)

Benefit	Blue Care Elect Preferred PPO Plan	
	Unlimited Lifetime Maximum	Unlimited Lifetime Maximum
Plan Maximum:	Unlimited Lifetime Maximum	Unlimited Lifetime Maximum
Plan Year Deductible:	None	\$200 Per Member/\$400 Per Family
Plan Year Coinsurance Maximum:	None	\$1,000 Per Member/\$2,000 Per Family
Benefit	In-Network	Out-of-Network
<b>Inpatient Hospitalization</b>		
General Hospital charges including Room & Board, ICU and Special Services:	100%	80% of U&C
Physician Services (not related to surgery):	100%	80% of U&C
Surgeon's Fees:	100%	80% of U&C
Assistant Surgeon and Anesthetist:	Same as Surgeon.	
<b>Outpatient Hospital</b>		
Emergency Room Visits:	\$50 copay per visit (waived if admitted or for observation stay).	\$50 copay per visit (waived if admitted or for observation stay). No deductible.
Outpatient Surgery:	100%	80% of U&C
Outpatient Miscellaneous Charges, including Radiation and Chemotherapy, Diagnostic Lab & x-ray, etc:	100%	80% of U&C
<b>Outpatient Physician Office Visit</b>		
Medical Care:	\$20 per visit copay, then 100% coverage	80% of U&C
Routine GYN Exam: Limited to 1 visit per calendar year in- and out-of-network combined).	\$20 per visit copay, then 100% coverage	80% of U&C
Routine Vision Exam: Limited to 1 visit per 24 months in- and out-of-network combined.	\$20 per visit copay, then 100% coverage	80% of U&C
Adult Routine Physicals:	\$20 per visit copay, then 100% coverage	80% of U&C
	<ul style="list-style-type: none"> <li>• 1 visit each 5 calendar years age 19 - 29</li> <li>• 1 visit each 3 calendar years age 30 - 39</li> <li>• 1 visit each 2 calendar years age 40 - 54</li> <li>• 1 visit each calendar year age 55+</li> </ul>	<ul style="list-style-type: none"> <li>• 1 visit each 5 calendar years age 19 - 29</li> <li>• 1 visit each 3 calendar years age 30 - 39</li> <li>• 1 visit each 2 calendar years age 40 - 54</li> <li>• 1 visit each calendar year age 55+</li> </ul>
In- and Out-of-Network combined		
Well Child Care:	\$20 per visit copay, then 100% coverage	80% of U&C
	<ul style="list-style-type: none"> <li>• 10 visits first year</li> <li>• 3 visits second year</li> <li>• 1 visit per calendar year age 2 - 11</li> <li>• 1 visit every 2 calendar years age 12 - 18</li> </ul>	<ul style="list-style-type: none"> <li>• 10 visits first year</li> <li>• 3 visits second year</li> <li>• 1 visit per calendar year age 2 - 11</li> <li>• 1 visit every 2 calendar years age 12 - 18</li> </ul>
In- and Out-of-Network combined.		
<b>Mental Health and Substance Abuse</b>		
Biologically based conditions:	<u>Inpatient:</u> 100% <u>Outpatient:</u> \$20 copay per visit, then 100%	<u>Inpatient:</u> 80% of U&C <u>Outpatient:</u> 80% of U&C
Non-Biologically based conditions.	<u>Inpatient:</u> 100% limited to 60 days per calendar year. <u>Outpatient:</u> \$20 copayment per visit limited to 24 visits per calendar year.	<u>Inpatient:</u> 80% of U&C limited to 60 days per calendar year. <u>Outpatient:</u> 80% of U&C limited to 24 visits per calendar year
Alcoholism Treatment:::	<u>Inpatient:</u> 100% limited to 30 days per calendar. <u>Outpatient:</u> 100%, \$20 copay per visit, limited to 8 visits per calendar year.	<u>Inpatient:</u> 80% of U&C limited to 30 days per calendar. <u>Outpatient:</u> 80% of U&C limited to 8 visits per calendar year.
<b>Other Outpatient Benefits</b>		
Ambulance	100%	100% of U&C
Chiropractic Visits	100%, \$20 copay per visit	80% of U&C
Prescription Drugs	\$10 copay per Tier 1 prescription \$25 copay per Tier 2 prescription \$45 copay per Tier 3 prescription (applies per 30 day supply filled at retail pharmacy, or per 90 day supply mail order)	
<b>Additional Benefits</b>		
<b>Healthy Blue Programs</b> - Members have access to certain discount and savings programs. Refer to your subscriber certificate for details as discounts vary or call 1-800-262-BLUE (2583) to receive your Healthy Blue booklet which outlines these special programs.		
<ul style="list-style-type: none"> <li>- Fitness Benefits towards membership at a health club (see your subscriber certificate for details) - \$150 per year, per individual/family.</li> <li>- Reimbursement for BCBSMA designated weight loss program - \$150 per year, per individual/family.</li> <li>- Discounts on safety helmets and home safety items, alternative medicines services, vision services (frames, lenses, etc.)</li> </ul>		