

Type of Care/Plan Benefits	In-Network	Out Of Network
<p><b>Plan features</b></p> <ul style="list-style-type: none"> <li>. Primary Care Physician (PCP)</li> <li>. Referrals</li> <li>. Out of network benefits</li> <li>. Out of area benefits</li> <li>. Student/Dependent coverage</li> <li>. Domestic partner</li> <li>. Coverage Period</li> </ul> <p><b>Plan cost-sharing highlights</b></p> <ul style="list-style-type: none"> <li>. Office visit copay (Primary Care Physician)</li> <li>. Office visit copay (Specialist)</li> <li>. Coinsurance</li> <li>. Deductible</li> <li>. Out of pocket maximum</li> <li>. Lifetime maximum</li> </ul>	<ul style="list-style-type: none"> <li>. Not required</li> <li>. Not required</li> <li>. Covered at 80%, subject to the deductible</li> <li>. Coverage provided worldwide through the BlueCard® program.</li> <li>. Qualified dependents and students are covered to age 26.</li> <li>. Covered</li> <li>. January 1st - December 31st</li> </ul> <ul style="list-style-type: none"> <li>. No copay, office visit covered at 90% in-network and 80% out-of-network, subject to the deductible</li> <li>. No copay, office visit covered at 90% in-network and 80% out-of-network, subject to the deductible</li> <li>. In-network: 10% Out-of-network: 20%</li> <li>. Combined in- and out-of-network: \$1,800 individual/\$3,600 family</li> <li>. Combined in and out of network: \$3,600 individual/\$7,200 family</li> <li>. None</li> </ul>	

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<p><b>Wellness Incentive</b></p> <ul style="list-style-type: none"> <li>. Stay healthy with great programs and incentives!</li> </ul> <p><b>Preventive Health Care Services</b></p> <ul style="list-style-type: none"> <li>. Well child visits</li> <li>. Adult routine physical exams</li> <li>. Adult immunizations</li> <li>. Mammography</li> <li>. Pap smear</li> <li>. Routine GYN exam</li> <li>. Prostate cancer screening</li> <li>. Routine vision</li> <li>. Colonoscopy</li> </ul>	<ul style="list-style-type: none"> <li>. HealthyRewards - Earn up to \$500 individually, or a combined \$1,000 cash back for you and an eligible adult member just for doing healthy stuff that fits into your day. Then get paid anytime throughout the year.</li> <li>. Covered in full</li> <li>. Covered in full for 1 exam per year</li> <li>. Covered in full</li> <li>. Covered in full</li> <li>. Covered in full</li> <li>. Covered in full</li> <li>. Covered in full</li> <li>. Covered at 90%, subject to the deductible for one routine exam per year</li> <li>. Preventive covered in full</li> </ul>	<ul style="list-style-type: none"> <li>. HealthyRewards - Earn up to \$500 individually, or a combined \$1,000 cash back for you and an eligible adult member just for doing healthy stuff that fits into your day. Then get paid anytime throughout the year</li> <li>. Covered in full</li> <li>. Covered at 80%, subject to the deductible for one routine exam per year</li> <li>. Covered at 80%, subject to the deductible</li> <li>. Covered at 80%, subject to the deductible</li> <li>. Covered at 80%, subject to the deductible</li> <li>. Covered at 80%, subject to the deductible</li> <li>. Covered at 80%, subject to the deductible</li> <li>. Covered at 80%, subject to the deductible</li> <li>. Covered at 80%, subject to the deductible</li> <li>. Covered at 80%, subject to the deductible</li> <li>. Covered at 80%, subject to the deductible</li> <li>. Covered at 80%, subject to the deductible</li> </ul>

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<p><b>Physician Office Services</b></p> <ul style="list-style-type: none"> <li>• <b>Diagnostic office visits</b></li> <li>• <b>Diagnostic x-rays</b></li> <li>• <b>Diagnostic laboratory and pathology</b></li> <li>• <b>Allergy tests</b></li> <li>• <b>Allergy injections</b></li> <li>• <b>Chemotherapy</b></li> <li>• <b>Radiation therapy</b></li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> </ul>
<p><b>Maternity Services</b></p> <ul style="list-style-type: none"> <li>• <b>Prenatal and postpartum care</b></li> <li>• <b>Hospital care for mom (including delivery)</b></li> <li>• <b>Newborn nursery care</b></li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> </ul>
<p><b>Prescription Drug</b></p> <ul style="list-style-type: none"> <li>• <b>Short-term and maintenance drugs are covered up to a 30-day supply at participating retail pharmacies; 90-day supply (subject to two copays per 90-day supply) is available through PrimeMail® mail order pharmacy. Contraceptives included.</b></li> </ul>	<ul style="list-style-type: none"> <li>• \$5/\$35/\$70; \$0 copay for generics for children to age 19, subject to deductible.</li> </ul>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>
<p><b>Inpatient Hospital Benefits</b></p> <ul style="list-style-type: none"> <li>• <b>Hospital benefits</b></li> <li>• <b>Physician visits in the hospital</b></li> <li>• <b>Inpatient physical rehabilitation</b></li> <li>• <b>Surgery</b></li> <li>• <b>Anesthesia</b></li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible for up to 60 days per year.</li> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 80%, subject to the deductible.</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible for up to 60 days per year.</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> </ul>
<p><b>Emergency Care</b></p> <ul style="list-style-type: none"> <li>• <b>Emergency room care</b></li> <li>• <b>Freestanding urgent care center</b></li> <li>• <b>Ambulance</b></li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>• Covered at 90%, subject to the deductible</li> <li>• Covered at 80%, subject to the deductible</li> <li>• Covered at 90%, subject to the deductible</li> </ul>

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<p><b>Outpatient Hospital Benefits</b></p> <ul style="list-style-type: none"> <li>. <b>Diagnostic x-rays</b></li> <li>. <b>Diagnostic laboratory and pathology</b></li> <li>. <b>Surgical care</b></li> <li>. <b>Chemotherapy</b></li> <li>. <b>Radiation therapy</b></li> </ul>	<ul style="list-style-type: none"> <li>. Covered at 90%, subject to the deductible</li> <li>. Covered at 90%, subject to the deductible</li> <li>. Covered at 90%, subject to the deductible</li> <li>. Covered at 90%, subject to the deductible</li> <li>. Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>. Covered at 80%, subject to the deductible</li> <li>. Covered at 80%, subject to the deductible</li> <li>. Covered at 80%, subject to the deductible</li> <li>. Covered at 80%, subject to the deductible</li> <li>. Covered at 80%, subject to the deductible</li> </ul>
<p><b>Mental Health and Chemical Dependence</b></p> <ul style="list-style-type: none"> <li>. <b>Inpatient mental health care</b></li> <li>. <b>Outpatient mental health care</b></li> <li>. <b>Inpatient chemical dependence</b></li> <li>. <b>Outpatient chemical dependence</b></li> </ul>	<ul style="list-style-type: none"> <li>. Covered at 90%, subject to the deductible</li> <li>. Covered at 90%, subject to the deductible. Services can be provided in an outpatient facility or in a provider's office.</li> <li>. Covered at 90%, subject to the deductible</li> <li>. Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>. Covered at 80%, subject to the deductible.</li> <li>. Covered at 80%, subject to the deductible. Services can be provided in an outpatient facility or in a provider office.</li> <li>. Covered at 80%, subject to the deductible.</li> <li>. Covered at 80%, subject to the deductible</li> </ul>
<p><b>Other Services</b></p> <ul style="list-style-type: none"> <li>. <b>Diabetic insulin and supplies</b></li> <li>. <b>Skilled nursing facility</b></li> <li>. <b>Home care</b></li> <li>. <b>Hospice</b></li> <li>. <b>Outpatient therapy</b></li> <li>. <b>Durable medical equipment</b></li> <li>. <b>External prosthetics</b></li> <li>. <b>Chiropractic</b></li> <li>. <b>Acupuncture</b></li> <li>. <b>Dental</b></li> <li>. <b>Hearing</b></li> </ul>	<ul style="list-style-type: none"> <li>. Covered at 90%, subject to the deductible for up to a 30 day supply</li> <li>. Covered at 90%, subject to the deductible for up to 45 days per year</li> <li>. Covered at 90%, subject to the deductible for up to 40 visits per year.</li> <li>. Covered at 90%, subject to the deductible for unlimited visits per year</li> <li>. Covered at 90%, subject to the deductible for a combined total of 45 visits per year for physical, speech, and occupational therapy</li> <li>. Covered at 90%, subject to the deductible</li> <li>. Covered at 90%, subject to the deductible</li> <li>. Covered at 90%, subject to the deductible</li> <li>. Covered at 90%, subject to the deductible, for up to 10 visits per year</li> <li>. Covered at 90%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>. Covered at 90%, subject to the deductible, for one routine hearing exam per year.</li> </ul>	<ul style="list-style-type: none"> <li>. Covered at 80%, subject to the deductible for up to a 30 day supply</li> <li>. Covered at 80%, subject to the deductible for up to 45 days per year</li> <li>. Covered at 80%, subject to the deductible for up to 40 visits per year.</li> <li>. Covered at 80%, subject to the deductible for unlimited visits per year</li> <li>. Covered at 80%, subject to the deductible for a combined total of 45 visits per year for physical, speech, and occupational therapy</li> <li>. Covered at 80%, subject to the deductible</li> <li>. Covered at 80%, subject to the deductible</li> <li>. Covered at 80%, subject to the deductible</li> <li>. Covered at 80%, subject to the deductible, for up to 10 visits per year</li> <li>. Covered at 80%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>. Covered at 80%, subject to the deductible, for one routine hearing exam per year.</li> </ul>