

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

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| <p>Wellness Incentive</p> <ul style="list-style-type: none"> . Stay healthy with great programs and incentives! <p>Preventive Health Care Services</p> <ul style="list-style-type: none"> . Well child visits . Adult routine physical exams . Adult immunizations . Mammography . Pap smear . Routine GYN exam . Prostate cancer screening . Routine vision . Colonoscopy | <ul style="list-style-type: none"> . 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. <ul style="list-style-type: none"> . Covered in full . Covered in full for 1 exam per year . Covered in full . Covered in full . Covered in full . Covered in full . Covered in full . Covered in full . Covered at 90%, subject to the deductible for one routine exam per year . Preventive covered in full | <ul style="list-style-type: none"> . 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 <ul style="list-style-type: none"> . Covered in full . Covered at 80%, subject to the deductible for one routine exam per year . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible for one routine exam per year . Covered at 80%, subject to the deductible |

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| Physician Office Services <ul style="list-style-type: none"> . Diagnostic office visits . Diagnostic x-rays . Diagnostic laboratory and pathology . Allergy tests . Allergy injections . Chemotherapy . Radiation therapy | <ul style="list-style-type: none"> . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible | <ul style="list-style-type: none"> . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible |
| Maternity Services <ul style="list-style-type: none"> . Prenatal Care . Hospital care for mom (including delivery) . Newborn nursery care | <ul style="list-style-type: none"> . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible | <ul style="list-style-type: none"> . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible |
| Prescription Drug <ul style="list-style-type: none"> . Short-term and maintenance drugs | <ul style="list-style-type: none"> . \$5/\$35/\$70; \$0 copay for generics for children to age 19, subject to deductible. | <ul style="list-style-type: none"> . Not covered |
| Inpatient Hospital Benefits <ul style="list-style-type: none"> . Hospital benefits . Physician visits in the hospital . Inpatient physical rehabilitation . Surgery . Anesthesia | <ul style="list-style-type: none"> . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible for up to 60 days per year. . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible | <ul style="list-style-type: none"> . Covered at 80%, subject to the deductible. . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible for up to 60 days per year. . Covered at 80%, subject to the deductible . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible |
| Emergency Care <ul style="list-style-type: none"> . Emergency room care . Freestanding urgent care center . Ambulance | <ul style="list-style-type: none"> . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible | <ul style="list-style-type: none"> . Covered at 90%, subject to the deductible . Covered at 80%, subject to the deductible . Covered at 90%, subject to the deductible |
| Outpatient Hospital Benefits <ul style="list-style-type: none"> . Diagnostic x-rays . Diagnostic laboratory and pathology | <ul style="list-style-type: none"> . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible | <ul style="list-style-type: none"> . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible |

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| <ul style="list-style-type: none"> . Surgical care . Chemotherapy . Radiation therapy | <ul style="list-style-type: none"> . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible | <ul style="list-style-type: none"> . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible |
| <p>Mental Health and Chemical Dependence</p> <ul style="list-style-type: none"> . Inpatient mental health care . Outpatient mental health care . Inpatient chemical dependence . Outpatient chemical dependence | <ul style="list-style-type: none"> . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible, for up to 20 visits per year. Services can be provided in an outpatient facility or in a provider's office. . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible for up to 60 visits per year | <ul style="list-style-type: none"> . Covered at 80%, subject to the deductible. . Covered at 80%, subject to the deductible, for up to 20 visits per year. Services can be provided in an outpatient facility or in a provider office. . Covered at 80%, subject to the deductible. . Covered at 80%, subject to the deductible for up to 60 visits per year |
| <p>Other Services</p> <ul style="list-style-type: none"> . Diabetic insulin and supplies . Skilled nursing facility . Home care . Hospice . Outpatient therapy . Durable medical equipment . External prosthetics . Chiropractic . Acupuncture . Dental . Hearing | <ul style="list-style-type: none"> . Covered at 90%, subject to the deductible for up to a 30 day supply . Covered at 90%, subject to the deductible for up to 45 days per year . Covered at 90%, subject to the deductible for up to 40 visits per year. . Covered at 90%, subject to the deductible for unlimited visits per year . Covered at 90%, subject to the deductible for a combined total of 45 visits per year for physical, speech, and occupational therapy . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible . Covered at 90%, subject to the deductible, for up to 10 visits per year . Covered at 90%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly . Covered at 90%, subject to the deductible, for one routine hearing exam per year. | <ul style="list-style-type: none"> . Covered at 80%, subject to the deductible for up to a 30 day supply . Covered at 80%, subject to the deductible for up to 45 days per year . Covered at 80%, subject to the deductible for up to 40 visits per year. . Covered at 80%, subject to the deductible for unlimited visits per year . Covered at 80%, subject to the deductible for a combined total of 45 visits per year for physical, speech, and occupational therapy . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible . Covered at 80%, subject to the deductible, for up to 10 visits per year . Covered at 80%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly . Covered at 80%, subject to the deductible, for one routine hearing exam per year. |

Earn up to \$500 individually, or a combined \$1,000 cash back for you and an eligible adult member. This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. All benefits are subject to medical necessity. These benefits should not be interpreted as pre-approval of services. Certain services may be subject to additional requirements described in the member's insurance policy. Payment of claims related to these benefits are subject to the member's eligibility on the date of service and the resolution of any other outstanding claims. The member is responsible for payment of a copay, deductible, coinsurance or any combination based on plan design. Preventive Services coverage required by the Federal Patient Protection and Affordable Care Act may not be quoted herein. Please refer to the Services Task Force list of items and services rated "A" or "B" that are covered pursuant to the Federal Protection and Affordable Care Act requirements. Benefits herein are subject to change as a result of efforts to implement federal health care reform and mental health and substance abuse care parity initiative. There may be additional coverage for biologically-based mental illness and for children with serious emotional disturbances as defined by Timothy's Law.