## Summary of Benefits and Coverage

**Effective 01/01/2017**

### Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Anthem BlueCard PPO Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year</strong></td>
<td>January 1 through December 31</td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$900 or $2,700 (3X the Individual)</td>
<td>$1,800 or $5,400 (2X the INN* Deductibles)</td>
</tr>
<tr>
<td>Individual or EE+CH*/Family</td>
<td>$900 or $2,700 (3X the Individual)</td>
<td></td>
</tr>
<tr>
<td><strong>Member Coinsurance</strong></td>
<td>25%</td>
<td>50%</td>
</tr>
<tr>
<td><em><em>Out-of-Pocket Maximum (OOPM</em>)</em>*</td>
<td>Individual = $3,000</td>
<td>Individual = $9,000 (3X INN OOPM)</td>
</tr>
<tr>
<td>*Amount <strong>includes</strong> Deductible</td>
<td>EE+CH/Family = $10,500</td>
<td>EE+CH/Family = $31,500 (3X INN OOPM)</td>
</tr>
</tbody>
</table>

### Office Services

- **Office Exam Physician – Illness Injury**
  - 25% after deductible
  - 50% after deductible
- **Office Exam Nurse Practitioner – Illness Injury**
  - 25% after deductible
  - 50% after deductible
- **BSU Quick Care Clinic – Illness/Injury**
  - No Charge
- **Chronic Disease Illness Visits**
  - 25% after deductible
  - 50% after deductible

### Preventive Services

1. **Routine exams, tests and immunizations**
   - No Charge
   - 50% after deductible
2. **Routine Mammograms, pap tests and colonoscopies**
   - No Charge
   - 50% after deductible
3. **Tobacco Cessation**
   - No Charge
   - 50% after deductible

### Lab Charges

- **LabCorp, Quest Diagnostic/LabCard and American Health Network**
  - No Charge

### Outpatient Services

- **Surgical Expenses – Facility**
  - 25% after deductible
  - 50% after deductible
- **Surgical Expenses – Physician**
  - 25% after deductible
  - 50% after deductible
- **Diagnostic X-ray Expenses – Facility**
  - 25% after deductible
  - 50% after deductible
- **Diagnostic X-ray Expenses – Physician**
  - 25% after deductible
  - 50% after deductible
- **Manipulation Therapy**
  - 25% after deductible; 24 Day Visit Limitation
  - 50% after deductible; 24 Day Visit Limitation
- **Physical, Speech and Occupational Therapy**
  - 25% after deductible; 60 Day Visit Limitation
  - 50% after deductible; 60 Day Visit Limitation
**Low Deductible PPO Plan**

**Summary of Benefits and Coverage**

**Effective 01/01/2017**

<table>
<thead>
<tr>
<th>Service</th>
<th>EE+CH = Employee Plus Children</th>
<th>INN = In-Network</th>
<th>OOPM = Out-of-Pocket-Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiac Rehabilitation</strong></td>
<td>25% after deductible; 36 Day Visit Limitation</td>
<td>50% after deductible; 36 Day Visit Limitation</td>
<td></td>
</tr>
<tr>
<td><strong>Pulmonary Rehabilitation</strong></td>
<td>25% after deductible; 20 Day Visit Limitation</td>
<td>50% after deductible; 20 Day Visit Limitation</td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Admission Testing – Facility</td>
<td>25% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Pre-Admission Testing – Physician</td>
<td>25% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Surgical Expenses – Facility</td>
<td>25% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Surgical Expenses – Physician</td>
<td>25% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Inpatient Care – Facility</td>
<td>25% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Inpatient Care – Physician</td>
<td>25% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>25% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Additional Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room Illness and Accident Benefit</td>
<td>25% after $200 copay after deductible (copay is waived if admitted)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Benefit</td>
<td>25% after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Benefit</td>
<td>25% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Mental Health Benefit; Includes Residential Care</td>
<td>25% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>25% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Prosthetics/Orthotics</td>
<td>25% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Home Health Care</td>
<td>25% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Hospice Care</td>
<td>25% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Bariatric Services for Morbid Obesity</td>
<td>20% after deductible; additional criteria required</td>
<td>50% after deductible; additional criteria required</td>
<td></td>
</tr>
<tr>
<td>ConditionCare Disease Management Solution Program</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Estimate Your Cost Tool</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Advanced Imaging Management (AIM)</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>24/7 NurseLine</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

**Abbreviations:**

EE+CH = Employee Plus Children  
INN = In-Network  
OOPM = Out-of-Pocket-Maximum  

1 Preventive care is provided when there are no current symptoms or history of medical conditions associated with a particular screening; all preventive services are limited to one of each service per year per covered member.

2 This benefit is for blood work lab charges only.