### Summary of Benefits and Coverage

**High Deductible Wellness PPO Plan**

**Plan Year**: January 1 through December 31

**Effective 01/01/2020**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Anthem BlueCard PPO Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual or EE+CH*/Family</td>
<td>$1,300 or $3,900 (3X the Individual)</td>
<td>$2,600 or $7,800 (2X the INN* Deductibles)</td>
</tr>
<tr>
<td>Only an individual portion of the family deductible ($1,300 or $2,600) can be met by any one family member; once an individual family member’s deductible is met, that family member’s benefits are paid at the appropriate coinsurance amount.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Member Coinsurance</strong></td>
<td>20%</td>
<td>50%</td>
</tr>
<tr>
<td><em><em>Out-of-Pocket Maximum (OOPM</em>)</em>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Amount <strong>includes</strong> Deductible</td>
<td>Individual = $4,050 EE+CH/Family = $9,750</td>
<td>Individual = $12,150 (3X INN OOPM) EE+CH/Family = $29,250 (3X INN OOPM)</td>
</tr>
</tbody>
</table>

#### Office Services

- **Office Exam Physician – Illness Injury**: 20% after deductible, 50% after deductible
- **Office Exam Nurse Practitioner – Illness Injury**: 20% after deductible, 50% after deductible
- **BSU Quick Care Clinic – Illness/Injury**: No Charge
- **Chronic Disease Illness Visits**: 20% 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
- **Diagnostic Lab Charges – Physician/Facility**: 20% after deductible, 50% after deductible

#### Outpatient Services

- **Surgical Expenses – Facility**: 20% after deductible, 50% after deductible
- **Surgical Expenses – Physician**: 20% after deductible, 50% after deductible
- **Diagnostic X-ray Expenses – Facility**: 20% after deductible, 50% after deductible
- **Diagnostic X-ray Expenses – Physician**: 20% after deductible, 50% after deductible
- **Manipulation Therapy**: 20% after deductible; 24 Day Visit Limitation, 50% after deductible; 24 Day Visit Limitation
- **Physical, Speech and Occupational Therapy**: 20% after deductible; 60 Day Visit Limitation, 50% after deductible; 60 Day Visit Limitation
- **Cardiac Rehabilitation**: 20% after deductible; 36 Day Visit Limitation, 50% after deductible; 36 Day Visit Limitation
## High Deductible Wellness PPO Plan

### Summary of Benefits and Coverage

**Effective 01/01/2020**

<table>
<thead>
<tr>
<th>Description</th>
<th>Inpatient Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonary Rehabilitation</td>
<td>20% after deductible; 20 Day Visit Limitation</td>
</tr>
<tr>
<td>Inpatient Services</td>
<td>50% after deductible; 20 Day Visit Limitation</td>
</tr>
<tr>
<td>Pre-Admission Testing – Facility</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Pre-Admission Testing – Physician</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Surgical Expenses – Facility</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Surgical Expenses – Physician</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Inpatient Care – Facility</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Inpatient Care – Physician</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Inpatient Services</td>
<td>50% after deductible</td>
</tr>
</tbody>
</table>

### Additional Services

- **Emergency Room Illness and Accident Benefit**
  - 20% after $200 copay after deductible (copay is waived if admitted)- must satisfy emergency criteria

- **Ambulance Benefit**
  - 20% after deductible

- **Substance Abuse Benefit**
  - 20% after deductible

- **Mental Health Benefit; Includes Residential Care**
  - 20% after deductible

- **Durable Medical Equipment**
  - 20% after deductible

- **Prosthetics/Orthotics**
  - 20% after deductible

- **Home Health Care**
  - 20% after deductible

- **Hospice Care**
  - 20% after deductible

- **Bariatric Services for Morbid Obesity**
  - 20% after deductible; additional criteria required

- **ConditionCare Disease Management Solution Program**
  - N/A

- **Estimate Your Cost Tool**
  - N/A

- **Advanced Imaging Management (AIM)**
  - N/A

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**Abbreviations:**

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

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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.