## High Deductible Wellness PPO Plan

**Summary of Benefits and Coverage**

**Effective 01/01/2018**

<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></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>*Amount <strong>Includes</strong> Deductible</td>
<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>
</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>Individual = $4,050</td>
<td>Individual = $12,150 (3X INN OOPM)</td>
</tr>
<tr>
<td>*Amount <strong>Includes</strong> Deductible</td>
<td>EE+CH/Family = $9,750</td>
<td>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

- **Routine exams, tests and immunizations**: No Charge; 50% after deductible
- **Routine Mammograms, pap tests and colonoscopies**: No Charge; 50% after deductible
- **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 01/01/2018**

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

**Emergency Room Illness and Accident Benefit**
- 20% after deductible; 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

*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.