

Summary of PPO Benefits



A PPO, or Preferred Provider Organization, offers two levels of benefits. If you receive services from a provider who is in the PPO network, you'll receive the highest level of benefits. If you receive services from a provider who is not in the PPO network, you'll receive the lower level of benefits. In either case, you coordinate your own care. There is no requirement to select a Primary Care Physician (PCP) to coordinate your care. Below are specific benefit levels.

ICUBA

Blue Options Risk Reward

Benefit	In-Network	Out-of-Network
Deductible		
Individual	\$1,750	\$3,250
Family	\$4,000	\$9,750
Coinsurance	80%	60%
Out-of-Pocket Maximums <i>(includes deductible, coinsurance, and medical copays)</i>		
Individual	\$3,500	\$7,000
Family	\$7,000	\$14,000
Lifetime Maximum	No Maximum	
Physician Office Visits <i>(General Practice, Internal Medicine, Family Practice, Pediatrician, OB/GYN)</i>	80% (not subject to deductible)	60% after deductible
Specialist Office Visits	80% (not subject to deductible)	60% after deductible
Independent Clinical Labs (free standing facilities and office visits)	100% (not subject to deductible)	60% after deductible
Preventive Care		
Annual Physical and Gynecological exam	100% (not subject to deductible)	Not Covered
Chlamydia and STD tests	100% (not subject to deductible)	Not Covered
PAP tests	100% (not subject to deductible)	Not Covered
Prostate cancer screenings (PSA)	100% (not subject to deductible)	Not Covered
Mammograms	100% (not subject to deductible)	Not Covered
Urinalysis	100% (not subject to deductible)	Not Covered
Venipuncture/Conveyance Fee	100% (not subject to deductible)	Not Covered
General Health Blood Panel, Glucose Test, Lipid Panel, Cholesterol, and ALT/AST.	100% (not subject to deductible)	Not Covered
Adult and Pediatric Immunizations	100% (not subject to deductible)	Not Covered
Related Wellness Services (e.g., blood stool tests, colonoscopies, sigmoidoscopies, electrocardiograms, echocardiograms and bone mineral density tests)	100% (not subject to deductible)	Not Covered
Allergy Injections	100% (not subject to deductible)	60% after deductible
Emergency Room Services	100% after \$100 copayment (waived if admitted)	
Ambulance	80% after in-network deductible	
Urgent Care Center	80%, not subject to deductible	

Benefit	In-Network	Out-of-Network
Hospital Expenses		
Inpatient	80% after deductible	60% after deductible
Outpatient	80% after deductible	60% after deductible
Outpatient Surgery		
Office Setting (Physician or Specialist)	80% (not subject to deductible)	60% after deductible
Outpatient Facility	80% after deductible	60% after deductible
Related professional services	80% after deductible	60% after deductible
Infertility Services (Counseling and testing to diagnose)	80% after deductible	60% after deductible
Assisted Fertilization Procedures	Not Covered	
Outpatient Physical Medicine	80% (not subject to deductible) Limit: 30 visits/ benefit period	60% after deductible
Outpatient Speech Therapy (Restorative services only)	80% (not subject to deductible) Limit: 30 visits/ benefit period	60% after deductible
Outpatient Occupation Therapy	80% (not subject to deductible) Limit: 30 visits/ benefit period	60% after deductible
Spinal Manipulation	80% (not subject to deductible) Limit: 60 visits/ benefit period	60% after deductible
Diagnostic Services (X-Ray and other tests)	80% after deductible	60% after deductible
Outpatient Diagnostic Imaging (MRI, MRA, CAT Scan, PET scan)	80% after deductible	60% after deductible
Durable Medical Equipment	80% after deductible	60% after deductible
Prosthetic Appliances	80% after deductible	60% after deductible
Hearing Care Services		
Hearing aid screening/exam	80% (not subject to deductible)	
Hearing aid	80% after in-network deductible Combined limit: \$1,500/ benefit period	
Temporomandibular Joint Disorder (Medical necessity required; excludes appliances and orthodontic treatment)	80% after deductible	60% after deductible
Inpatient Rehabilitation	80% after deductible Limit: 60 days/ benefit period	60% after deductible
Skilled Nursing Rehabilitation	80% after deductible Limit: 60 days/ benefit period	60% after deductible
Home Health Care	80% after deductible	60% after deductible
Private Duty Nursing	80% after deductible	60% after deductible
Hospice (Inpatient and Outpatient Care)	80% after deductible	60% after deductible
*Benefits available through MHNet: Mental Health, Substance Abuse and Employee Assistance Program call MHNet, available 24 hours at 877-398-5816 or visit www.mhnet.com .		
Mental Health*		
Inpatient	80% after deductible	60% after deductible
Outpatient	80% (not subject to deductible)	60% after deductible
Substance Abuse*		
Inpatient Rehabilitation & Detoxification	80% after deductible	60% after deductible
Outpatient	80% (not subject to deductible)	60% after deductible

Note on Out-of-Network Providers: Services rendered by an out-of-network provider may be subject to balance billing by the out-of-network provider for the difference between the allowed amount and provider billed charges.