



Network Blue Health and Wellness Benefit Plan Summary

Health and Wellness benefits are available only to Subscribers and covered dependents enrolled in the health portion of this Health and Wellness Benefit Plan. This summary of the Network Blue Health and Wellness Benefit Plan is designed for the purpose of presenting general information about the Health and Wellness Benefit Plan and is not intended as a guarantee of benefits. All services covered in this Health and Wellness Benefit Plan are subject to Medical Policy and Medical Necessity review to determine if the services are covered under this Health and Wellness Benefit Plan. This is not a Summary Plan Description and in the event of a conflict between this document and the actual Health and Wellness Benefit Plan, the terms of the Health and Wellness Benefit Plan will prevail.

BENEFIT PLAN YEAR

CALENDAR YEAR

LIFETIME MAXIMUM BENEFITS

UNLIMITED

DEDUCTIBLE AMOUNTS

Individual Medical Deductible	\$500
Family Maximum	\$1,000
Prescription Drug Deductible	\$0
The Deductible does not apply where there is a Co-payment amount. Co-payment amounts do not accrue toward the Medical Deductible Amount but do accrue to Network Out-of-Pocket amount.	

OUT-OF-POCKET MAXIMUM for a Network Provider

Individual	\$2,000
Family	\$4,000

NETWORK PROVIDER BENEFITS

(Subject to the Allowable Charge) 80%

NON-NETWORK PROVIDER BENEFITS

(Subject to the Allowable Charge) 60%

- All services are subject to the Network Provider and Non-Network Provider Benefits

HEALTHY YOU! PREVENTIVE HEALTH SERVICES - See the *Healthy You!* Preventive Health Services Age and Gender Guidelines located at www.bcbsms.com. Benefits for covered screenings are provided at 100% at no out-of-pocket cost. Services must be rendered by a Network Provider approved by the Company in that Provider's clinical setting. Not covered at Non-Network Providers.

HOSPITAL SERVICES - Includes Inpatient and Outpatient Hospital Services, which are not those services included under the Center of Excellence Network or Specialty Services.

EMERGENCY ROOM (ER) SERVICES - See special information related to ER Services included in your Health and Wellness Benefits Booklet found in the *myBlue* portal at www.bcbsms.com.

AMBULATORY SURGICAL FACILITY SERVICES (ASF)

PHYSICIAN SERVICES (M.D. and D.O. only)	Primary Care	Specialist	Non-Network Provider
Office Visit	\$15 Co-pay	\$25 Co-pay	60%
(Co-pay does not apply to any other services rendered in the office. Other Services rendered in the Physician's Office are subject to the Benefit amounts.)			
	• Surgery (Hospital/ASF)	• Medical (Inpatient)	
	• Diagnostic Services		

ALLIED PRIMARY CARE HEALTH PROFESSIONAL (Nurse Practitioner, Nurse Mid-wife and Physician Assistant)

	Network Provider	Non-Network Provider
Office Visit	100% after \$15 Co-pay	60%
(Co-pay does not apply to any other services rendered in the office. Other Services rendered in the Office are subject to the Benefit amounts.)		

OTHER COVERED SERVICES, SUPPLIES OR EQUIPMENT PROVIDED BY AN ALLIED PROVIDER OR PHYSICIAN

- Allergy Injections/Testing Services
- Ambulance Services
- Diagnostic Services Facility*
- Dialysis Treatment*
- Durable Medical Equipment*
- Hospice Care*
- Independent Laboratory
- Infusion Services*
- Orthotic Devices
- Outpatient Cardiac Rehabilitation*
- Physical Medicine*
- Prosthetic Appliances
- Sleep Studies*
- Speech Therapy
- Therapy Services*

*Benefits are not available unless provided by a Network Provider.

There are important details that are not included in this summary about covered services, prior authorization requirements, benefit limits and services that are not covered. You can find these details in your Health and Wellness Benefit Plan Booklet online through the *myBlue* portal at www.bcbsms.com. There, you can read the booklet online or print a copy.

PRESCRIPTION DRUGS

- Prescription Drug Deductible does not apply to Category 1 drugs.
- No Benefits will be provided for any drug not included in the Company's Prescription Drug, Maintenance Drug, or Disease Specific Drug Formulary.

	Community PLUS Pharmacy	Non-Community PLUS Pharmacy
Category One Drugs	\$10 Co-pay	No Benefits
Category Two Drugs	\$25 Co-pay	No Benefits
Category Three Drugs	\$50 Co-pay	No Benefits
Category Four Drugs	\$100 Co-pay	No Benefits

MAINTENANCE DRUGS - Members can receive a 90-day supply of certain drugs from a Community PLUS Maintenance Pharmacy. Refer to the Health and Wellness Benefit Booklet for more information.

DISEASE SPECIFIC DRUGS - Drugs must be provided by a Network Disease Specific Pharmacy or a member's Non-Pharmacy Network Provider authorized in advance by the Company and listed in the Disease Specific Drug Formulary. This Benefit is covered after 10% of the Allowable Charge up to a \$200 Co-pay with a minimum \$100 Co-pay.

GENERIC DRUGS

- If a high quality generic equivalent Prescription Drug is available but the member purchases a brand name, the member will be responsible for the entire cost of the drug.
- Certain brand name drugs included in the applicable Drug Formulary that have a generic alternative may be subject to a trial usage of a generic alternative drug for a specific period of time before Benefits will be available for a brand name drug.

NERVOUS/MENTAL AND SUBSTANCE USE DISORDER BENEFITS

Covered services are subject to Deductible, Co-pay and Network or Non-Network Co-insurance.

ORGAN AND TISSUE TRANSPLANT BENEFITS - Renal Transplants, Other Solid Organ Transplants (Liver, Heart, Lung), Tissue Transplants (Bone Marrow Transplants) and Donor Benefits. Prior Approval and Care Management required.

NEWBORN WELL BABY CARE - Subject to the Network and Non-Network Benefit amounts, and includes subsequent visits, circumcision and discharge of baby

CENTER OF EXCELLENCE - Certain specified Specialty Services must be rendered by a Center of Excellence Provider or a Specialty Care Designated Provider for you to receive Benefits. Please refer to your Health and Wellness Benefit Plan Booklet to learn more about Centers of Excellence.

COLOR ME HEALTHY - As part of our continued commitment to your health and wellness, you have the option to enroll in a health management program to help you manage certain chronic conditions. Once you enroll in this program, certain covered outpatient services must be rendered by a Center of Excellence Network Provider in order to receive Benefits.

You can view your entire Health and Wellness Benefit Plan Booklet online through the *myBlue* portal at www.bcbsms.com.