# BCBS HIGH DEDUCTIBLE HEALTH PLAN

This Plan pays 100% for in-network adult or child wellness charges. For all other charges, after satisfying the annual deductible, the Plan pays a percentage of the covered charge (coinsurance). Each time medical care is needed, patient decides which physician to use. Higher level of benefits applies when in-network provider is used.

## Plan Provisions

Note: Coinsurance and deductible shown are amounts paid by employee.

<table>
<thead>
<tr>
<th>Provision</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible ^1 ^</td>
<td>$2,500 self only / $5,000 self + 1 or family in- or out-of-network (coinsurance applies thereafter)</td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket limit ^2 ^</td>
<td>$3,000 self only / $6,000 self + 1 or family in- or out-of-network</td>
<td></td>
</tr>
<tr>
<td>Maximum lifetime Plan benefit ^3 ^</td>
<td>$2,000,000 per person</td>
<td></td>
</tr>
</tbody>
</table>

## The annual deductible does not apply to the following:

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive care (primary diagnosis must be wellness)</td>
<td>Covered at 100% of allowed amount</td>
<td>40% out-of-network</td>
</tr>
<tr>
<td>Mammograms</td>
<td>Covered at 100% in-network</td>
<td>40% out-of-network</td>
</tr>
<tr>
<td>Routine adult physical/wellness exams (including related tests and GYN exams)</td>
<td>Covered at 100% in-network</td>
<td>40% out-of-network</td>
</tr>
<tr>
<td>Well baby/child visits (including immunizations)</td>
<td>Covered at 100% in-network</td>
<td>40% out-of-network</td>
</tr>
</tbody>
</table>

## Once the deductible is met, the following charges are subject to coinsurance:

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician office services (includes exams, diagnosis, lab services, non-surgical injections)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician (includes family practice, OB/GYN, and internal medicine – unless practicing in a specialty area)</td>
<td>20% ^5 ^</td>
<td>40% ^5 ^</td>
</tr>
<tr>
<td>Specialist</td>
<td>20% ^5 ^</td>
<td>40% ^5 ^</td>
</tr>
<tr>
<td>Office/surgical procedures (including MRI, PET, CT scans and nuclear medicine)</td>
<td>20% ^5 ^</td>
<td>40% ^5 ^</td>
</tr>
<tr>
<td>Urgent care center ^6 ^</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Emergency room ^7 ^</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Hospital inpatient services ^8 ^</td>
<td>20% ^5 ^</td>
<td>40% ^5 ^</td>
</tr>
<tr>
<td>Inpatient services (room, lab, x-ray)</td>
<td>20% ^5 ^</td>
<td>40% ^5 ^</td>
</tr>
<tr>
<td>Providers (physician, surgeon)</td>
<td>20% ^5 ^</td>
<td>40% ^5 ^</td>
</tr>
<tr>
<td>Radiologist, anesthesiologist, pathologist, ER physician</td>
<td>20% ^5 ^</td>
<td>40% ^5 ^</td>
</tr>
<tr>
<td>Outpatient services</td>
<td>20% ^5 ^</td>
<td>40% ^5 ^</td>
</tr>
<tr>
<td>Outpatient facility fee</td>
<td>20% ^5 ^</td>
<td>40% ^5 ^</td>
</tr>
<tr>
<td>Outpatient facility services (lab, x-ray)</td>
<td>20% ^5 ^</td>
<td>40% ^5 ^</td>
</tr>
<tr>
<td>Providers (physician, surgeon)</td>
<td>20% ^5 ^</td>
<td>40% ^5 ^</td>
</tr>
<tr>
<td>Radiologist, anesthesiologist, pathologist, ER physician</td>
<td>20% ^5 ^</td>
<td>40% ^5 ^</td>
</tr>
<tr>
<td>Occupational/physical/speech therapy; spinal manipulation ^11 ^</td>
<td>20% ^5 ^</td>
<td>40% ^5 ^</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>20% ^5 ^</td>
<td>40% ^5 ^</td>
</tr>
<tr>
<td>Mental health/substance abuse services ^12 ^ (deductible and coinsurance apply)</td>
<td>See Mental Health and Substance Abuse Benefits Summary below</td>
<td></td>
</tr>
</tbody>
</table>

### Prescription drugs at participating pharmacies ^13 ^ (deductible and coinsurance apply)

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Retail (up to 30 days)</th>
<th>Mail order (up to 90 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Brand</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Speciality ^14 ^</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>

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1. Deductible is the amount you must pay each calendar year before the Plan pays a benefit. The deductible does not
apply to preventive care.

2. Does not include charges in excess of allowed amount, services not pre-certified, or non-covered services; Plan pays 100% of allowed amount once out-of-pocket limit is met.

3. Prior Plan Approval (PPA) (precertification before services occur) required for certain health care services. If not precertified, benefits may be denied or paid at 50% of allowed amount.

4. Treatment must meet urgent care criteria.

5. Out-of-network charges are subject to allowed amount.

6. Must meet emergency care criteria.

7. If not pre-certified in- or out-of-network, benefits reduced to 50% of allowed amount.

8. Includes benefits paid for medical, mental health, substance abuse services and prescription drugs.

9. $400 out-of-network hospital copay required in addition to deductible and coinsurance.

10. If not pre-certified in- or out-of-network, benefits reduced to 50% of allowed amount.

11. 20% coinsurance if performed at an in-network facility or on the same day as an in-network provider visit; 40% coinsurance if performed at an out-of-network facility.

12. Limited to 60 visits/year for all therapies combined.

13. Inpatient and outpatient facility services must be pre-certified through Magellan Behavioral Health.

14. Prescription drugs are provided through BCBS.

15. Medications classified by BCBS as those that generally have unique uses, require special dosing or administration, are typically prescribed by a specialist provider and are significantly more expensive than alternative drugs or therapies.

### Mental Health/Substance Abuse/EAP Benefits under the High Deductible Health Plan

<table>
<thead>
<tr>
<th>Services</th>
<th>In-Network</th>
<th>Out-Of-Network</th>
</tr>
</thead>
</table>
| Outpatient Mental Health & Substance Abuse | • Precertification from Magellan required for outpatient facilities<sup>1</sup>  
• 20% employee coinsurance after deductible | • 50% of allowed amount employee coinsurance after deductible  
• 20% employee co-insurance after deductible | 20 visits/days outpatient limit per year for mental health & substance abuse combined |
| Administered by Magellan Behavioral Health | Unlimited office visits | | |
| Inpatient Mental Health & Substance Abuse | • Pre-certification required<sup>1</sup>  
• 20% employee co-insurance after deductible  
• No lifetime maximum on number of days for mental health  
• 60-day inpatient facility lifetime maximum for substance abuse | Not covered | |
| Administered by Magellan Behavioral Health | | | |
| Deductible                              | Integrated with medical/prescription drugs and applied to the HDHP deductible of $2,500 self only/ $5,000 self + 1 or family (in- or out-of-network) | |
| Out-of-pocket maximum                    | Integrated with medical/prescription drugs and applied to the HDHP lifetime Plan maximum of $3,000 self only/$6,000 self + 1 or family (in- or out-of-network) | |
| Lifetime Plan maximum                    | Integrated with medical/prescription drugs and applied to the lifetime Plan maximum of $2,000,000 per person<sup>3</sup> | |
Employee Assistance Program (EAP)
Administered by ValueOptions

First three visits per calendar year per issue are free; then a $20 co-pay. These services include counseling for family, child, and work-life issues. Legal and financial assistance is available as well. For more information, contact ValueOptions at 1-800-662-8800.

1If covered services are received from in-network providers but precertification is not obtained from Magellan, the services will be considered out-of-network.

2Covered services received from an out-of-network provider or treatment that is not precertified will be subject to allowed amount limits. Charges in excess of U&C limits will be the responsibility of the employee.

3The lifetime Plan maximum is combined with medical and includes benefits paid for medical and mental health and substance abuse services.