

Quick Reference - Toll Free Phone Numbers, Web Site and Addresses

My Member Services Web Site
www.bcbsnc.com/members/wfu

To enroll in a safe and secure customer service web site to: Check claim status, verify benefits and eligibility, change your address or request a new ID card.
To find a network provider by location or specialty, get general benefit information, search through our corporate medical policies to see medical criteria used to administer your benefits, obtain claim forms, access information about all the Blue ExtrasSM discounts, "proof of coverage" portability certificates and more.

BCBSNC Customer Service
1-877-258-3334
8 a.m-6 p.m., Monday-Friday, except holidays

For questions regarding your benefits, claim inquiries and new ID card requests.

Provider Certification
1-800-672-7897

Providers: To request certification for health care services.

Member Certification
1-877-258-3334

Members: To request certification for health care services.

Blue Card[®] PPO Program
1-800-810-BLUE (2583)

To find a participating provider outside of North Carolina.

Health Line BlueSM Customer Service
1-877-477-2424 (toll free) or *bcbsnc.com*
24 hours a day, seven days a week

For answers to health questions 24 hours a day from specially trained nurses.

BCBSNC Health Management Programs
1-800-218-5295

For information about free programs for people who are pregnant or who have asthma, diabetes, congestive heart failure, migraine headaches, multiple sclerosis, rheumatoid arthritis, or other chronic conditions.

Medical Claims Filing:
BCBSNC Claims Department
PO Box 35
Durham, NC 27702-0035

Mail completed medical claims to this address.

Add/Remove Someone From Your Policy

See your benefit administrator and complete the proper form.

To see if you are eligible for these services, check your benefits summary in this guide or talk to your benefits administrator.



Quick Reference - Blue ExtrasSM - Value-Added Programs

See back of book for full details on each value-added program.

| | |
|---|--|
| Alt Med BlueSM Customer Service 1-888-336-2583 (toll free) or <i>bcbnsnc.com</i> 8 a.m.-5 p.m., Monday-Friday, except holidays | For information about discounts on alternative medicine services and a practitioner directory. |
| Audio BlueSM Customer Service 1-877-979-8000 (toll free) or <i>bcbnsnc.com</i> 8 a.m.-6 p.m., Monday-Friday, except holidays | For information about discounts on hearing aids. |
| Blue PointsSM Customer Service 1-888-705-7050 (toll free) or <i>bcbnsnc.com</i> 8 a.m.-6 p.m., Monday-Friday, except holidays | For information about our physical activity and wellness incentive program. |
| Blue PointsSM for Teens Customer Service 1-888-705-7050 (toll free) or <i>bcbnsnc.com</i> 8 a.m.-6 p.m., Monday-Friday, except holidays | For information about our physical activity and wellness incentive program for teens ages 13-17. |
| Blue PointsSM for Kids Customer Service 1-888-705-7050 (toll free) or <i>bcbnsnc.com</i> 8 a.m.-6 p.m., Monday-Friday, except holidays | For information about our physical activity and wellness incentive program for kids ages 6-12. |
| Cosmetic Dentistry BlueSM Customer Service 1-877-269-1097 (toll free) or <i>bcbnsnc.com</i> 8 a.m.-5 p.m., Monday-Friday, except holidays | For information about discounts on cosmetic dentistry services and a practitioner directory. |
| Cosmetic Surgery BlueSM Customer Service 1-877-755-1111 (toll free) or <i>bcbnsnc.com</i> 24-hour pre-recorded information line | For information and discounts on cosmetic surgery. |
| Get Fit BlueSM <i>bcbnsnc.com</i> | For information about nutrition and weight management discounts. |
| Health Line BlueSM Customer Service 1-877-477-2424 (toll free) or <i>bcbnsnc.com</i> 24 hours a day, seven days a week | For answers to health questions 24 hours a day from specially trained nurses. |
| Optic BlueSM Customer Service 1-800-755-0507 (toll free) or <i>bcbnsnc.com</i> 8 a.m.-6 p.m., Monday-Friday, except holidays | For information about discounts on corrective laser eye surgery. |
| Vita BlueSM 1-888-234-2413 (toll free) or <i>bcbnsnc.com</i> 9 a.m.-5 p.m., Monday-Friday, except holidays | For information about discounts on vitamins, minerals and herbal supplements. |

To see if you are eligible for these services, talk to your benefits administrator.

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SM1 Service mark of Blue Cross and Blue Shield of North Carolina



Tips for Getting the Most Out of Your Health Care Benefits

1

Manage your out-of-pocket costs by managing the locations in which you receive care

Generally speaking, care received in a doctor's office is the most cost-effective for you, followed by hospital outpatient services. Hospital inpatient services often bear the highest cost. In addition, remember that in-network care (services from a BCBSNC participating provider who agrees to charge specified rates) will cost you less than similar care provided by an out-of-network provider. Know what your financial responsibility is before receiving care.

2

Pick a primary care physician

While our products do NOT require you to have a primary care physician, we strongly urge you to select and use one. A primary care physician informs you of your health care options, documents your care, and maintains your records for you. In addition, they save you time and unnecessary copayments by recommending appropriate specialists, coordinating your care with them, and informing them of things such as your medical history and potential drug interactions.

3

Understand your health care plan

The more you know about your benefits, the easier it will be to take control of your health. Let BCBSNC help you understand your plan and use it effectively through our customer-friendly Web site (bcbsnc.com), toll free Customer Service lines (1-877-258-3334), and The Blue Book.

4

Take charge of your health and save money through discount programs and other member exclusives

We offer a range of information and programs to help you take charge of your health:

- Alt Med BlueSM — Discounts on alternative medicine services
- Audio BlueSM — Hearing aid discount program
- Blue PointsSM — Physical activity and wellness incentive program
- Blue PointsSM for Teens — Physical activity and wellness incentive program for teens ages 13-17
- Blue PointsSM for Kids — Physical activity and wellness incentive program for kids ages 6-12
- Cosmetic Dentistry BlueSM — Discounts on cosmetic dentistry
- Cosmetic Surgery BlueSM — The cosmetic surgery information and discount resource
- Get Fit BlueSM — Nutrition and weight management discount program
- Health Line BlueSM — 24-hour health information
- Optic BlueSM — Discounts on corrective laser eye surgery
- Vita BlueSM — Discounts on vitamins, minerals and herbal supplements
- Special online and print publications



BCBSNC MEMBER RIGHTS AND RESPONSIBILITIES

As a Blue Cross and Blue Shield of North Carolina (BCBSNC) member, you have the right to:

- Receive information about your coverage and your rights and responsibilities as a member
- Receive, upon request, facts about your plan, including a list of doctors and health care services covered
- Receive polite service and respect from BCBSNC
- Receive polite service and respect from the doctors who are part of the BCBSNC networks
- Receive the reasons why BCBSNC denied a request for treatment or health care service, and the rules used to reach those results
- Receive, upon request, details on the rules used by BCBSNC to decide whether a procedure, treatment, site, equipment, drug or device needs prior approval
- Receive clear and correct facts to help you make your own health care choices
- Play an active part in your health care and discuss treatment options with your doctor without regard to cost or benefit coverage
- Participate with practitioners in making decisions about your health care
- Expect that BCBSNC will take measures to keep your health information private and protect your health care records
- Voice complaints and expect a fair and quick appeals process for addressing any concerns you may have with BCBSNC
- Make recommendations regarding BCBSNC's member rights and responsibilities policies
- Receive information about BCBSNC, its services, its practitioners and providers and members' rights and responsibilities
- Be treated with respect and recognition of your dignity and right to privacy.

As a BCBSNC member, you should:

- Present your BCBSNC ID card each time you receive a service
- Read your BCBSNC benefit booklet and all other BCBSNC member materials
- Call BCBSNC when you have a question or if the material given to you by BCBSNC is not clear
- Follow the course of treatment prescribed by your doctor. If you choose not to comply, advise your doctor.
- Provide BCBSNC and your doctors with complete information about your illness, accident or health care issues, which may be needed in order to provide care
- Understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible
- Make appointments for non-emergency medical care and keep your appointments. If it is necessary to cancel an appointment, give the doctor's office at least 24-hours notice.
- Play an active part in your health care
- Be polite to network doctors, their staff and BCBSNC staff
- Tell your place of work and BCBSNC if you have any other group coverage
- Tell your place of work about new children under your care or other family changes as soon as you can
- Protect your BCBSNC ID card from improper use
- Comply with the rules outlined in your member benefit guide.



Value Plan Benefit Booklet
For Employees of
Wake Forest University
for

BlueOPTIONSSM



An Independent Licensee of the Blue Cross and Blue Shield Association

BENEFIT BOOKLET

This benefit booklet describes the Wake Forest University *employee* health plan (the *Plan*). Blue Cross and Blue Shield of North Carolina provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

Please read this benefit booklet carefully.

The benefit plan described in this booklet is an *employee* health benefit plan, subject to the Employee Retirement Income Security Act of 1974 (*ERISA*) and the Health Insurance Portability and Accountability Act of 1996 (*HIPAA*). A summary of benefits, conditions, limitations and exclusions is set forth in this benefit booklet for easy reference.

In the event of a conflict between this benefit booklet and the terms in the *Plan* document, the *Plan* document will control.

Amendment And/Or Termination Of The *Plan*

The *Plan Sponsor* expects this *Plan* to be continued indefinitely, but the *Plan Sponsor* reserves the right to terminate the *Plan* at any time with respect to its *employees* by a written instrument signed by an officer of the *Plan Sponsor*. Such termination may be made without the consent of the *members*, or any other persons. The *Plan Sponsor* also reserves the right to amend the *Plan*, including reduction or elimination of benefits or *covered services*. Amendments shall be made only in accordance with the provisions of the *Plan*. The *Plan Administrator* will provide notice to *members* within sixty days of the adoption of any amendment that results in a material reduction in *covered services* or benefits.

Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

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RECENT CHANGES

This section lists recent changes, which may include additions, deletions or revisions to your benefit booklet. These changes supercede language that appears elsewhere in this benefit booklet, and are effective at the start of your *benefit period* (see "Summary Of Benefits") unless otherwise noted.

Benefit Period Maximums and Lifetime Maximums

Throughout your benefit booklet we refer to *benefit period maximums* or *lifetime maximums*. Please see "Definitions" and "Summary Of Benefits" sections. These maximums are the amount of charges or visits that will be reimbursed on behalf of a *member* during a *benefit period* or *member's* lifetime. If you receive services from a network *provider*, and the billed amount for *covered services* is greater than the *allowed amount*, you are not responsible for the difference. However, if you incur charges or visits that exceed any *benefit period* or *lifetime maximum*, including those received by network *providers*, they are not *covered services*, and you may be responsible for the entire amount of the *provider's* billed charge for those services.

Care Following Emergency Services

In the "Emergency Care" and "Summary Of Benefits" sections of your benefit booklet we discuss *emergency services* received in an emergency room. Please note that the emergency room *copayment* does not apply if you are held for observation or are admitted to the *hospital* after receiving *emergency services* in the emergency room. If you are held for observation, *outpatient* benefits apply to all *covered services* received in both the emergency room and during observation. If you are admitted to the *hospital* from the emergency room immediately following *emergency services*, *inpatient* benefits apply to all *covered services* received in both the emergency room and during the *inpatient* hospitalization. See "Summary Of Benefits."

WHEN COVERAGE BEGINS AND ENDS

The section entitled "When Coverage Begins And Ends" is amended by revising the following paragraph as follows:

Certificate Of Creditable Coverage

BCBSNC or its designee will supply a Certificate of Creditable Coverage when your or your *dependent's* coverage under the health benefit plan ends or you exhaust continuation of coverage. Keep the Certificate of Creditable Coverage in a safe place. It may help you receive credit toward any new *pre-existing conditions* waiting period that applies on subsequent coverage. You may request a Certificate of Creditable Coverage from BCBSNC Customer Service while you are still covered under this health benefit plan and up to 24 months following your termination. You may call BCBSNC Customer Service at 1-877-258-3334 (toll-free), Monday through Friday 8:00 a.m. - 6:00 p.m. except holidays or visit our Web site at www.bcbsnc.com.

The section entitled "Additional Terms Of Your Coverage," Coordination Of Benefits (Overlapping Coverage), is amended by revising the last paragraph as follows:

NOTE: If either the primary or the secondary plan covers a particular service, where BCBSNC is the secondary plan, BCBSNC will coordinate benefits for that service based on the benefits of the secondary coverage. However, if neither the primary nor secondary plan covers a particular service, the member will be responsible for payment for that service.

BCBSNC may request information about the other plan from the *member*. A prompt reply will help us process payments quickly. There will be no payment until primary coverage is determined. It is important to remember that even when benefits are coordinated with other group health plans, benefits for *covered services* are still subject to program requirements, such as *prior review* and *certification* procedures.

WELCOME TO BLUE OPTIONS

Welcome to Blue Cross and Blue Shield of North Carolina's Blue Options plan!

As a *member* of the Blue Options plan, you will enjoy quality health care from a network of health care *providers* and easy access to *specialists*. You also have the freedom to choose health care *providers* who do not participate in the Blue Options network.

You may receive, upon request, information about Blue Options, its services and *doctors*, including this benefit booklet with a benefit summary, and a directory of *in-network providers*.

How To Use Your Blue Options Benefit Booklet

This benefit booklet provides important information about your benefits and can help you understand how to maximize them. Please read it carefully.

If you are trying to determine whether coverage will be provided for a specific service, you may want to review all of the following:

- "Summary Of Benefits" to get an overview of your specific benefits, such as *deductible*, *coinsurance*, *copayments* and maximum amounts
- "Covered Services" to get more detailed information about what is covered and what is excluded from coverage
- "Utilization Management" for important information about when *prior review* and *certification* are required
- "What Is Not Covered?" to see general exclusions from coverage.

If you still have questions, you can call BCBSNC Customer Service at the number listed on your *ID Card* or in "Whom Do I Call?" and get further information.

As you read this benefit booklet, keep in mind that any word you see in **italics (*italics*) is a defined term** and will appear in "Definitions" at the end of this benefit booklet.

You will also want to review the following sections of this benefit booklet:

- "How Blue Options Works" explains the coverage levels available to you
- "When Coverage Begins And Ends" tells you, among other things, how and when to enroll in the *Plan*
- "What If You Disagree With A Decision?" explains the rights available to you when BCBSNC makes a decision and you do not agree.

Notice For Members Not Conversant In English

AVISO PARA AFILIADOS QUE NO HABLAN INGLES

This benefit booklet contains a summary in English of your rights and benefits under the *Plan*. If you have difficulty understanding any part of this booklet, contact BCBSNC to obtain assistance.

Este folleto de beneficios contiene un resumen en inglés de sus derechos y beneficios que le ofrece el *Plan*. Si usted tiene dificultad en entender alguna sección de este folleto, por favor llame BCBSNC para recibir ayuda.

WHOM DO I CALL?

BCBSNC Web Site

To view your claims, get *Plan* information, claim forms, health and wellness information, find a *doctor*, and request new *ID cards*, visit the BCBSNC Web site: **bcbsnc.com/members/wfu**

BCBSNC Customer Service

For questions about your benefits or claims and *ID card* requests:

BCBSNC Customer Service 1-877-258-3334 (toll free)

Out Of North Carolina Care

For help obtaining care outside of North Carolina and outside of the U.S., visit the national BCBS Web site at **bcbs.com** or call:

BlueCard PPO Program 1-800-810-BLUE (2583) (toll free)

HealthLine BlueSM

To receive confidential, up-to-date health information 24 hours a day from specially trained nurses:

HealthLine Blue 1-877-477-2424 (toll free)

COBRA Administrator

Atlantic COBRA, LLC 336-992-0028

Prior Review

Some services require *prior review* and *certification* by BCBSNC. The list of these services may change from time to time. Please visit the BCBSNC Web site at **bcbsnc.com** or call BCBSNC Customer Service at the number listed above for current information about which services require *prior review*. See "Prospective Review/*Prior Review*" in "*Utilization Management*" for information about the review process. To request *prior review*, call:

Providers 1-800-672-7897 (toll free)

Members 1-877-258-3334 (toll free)

SUMMARY OF BENEFITS

This section provides a summary of your Blue Options benefits. A more complete description of your benefits is found in "Covered Services." General exclusions may also apply — please see "What Is Not Covered?" As you review the "Summary Of Benefits" chart, keep in mind:

- Services subject to a *copayment* are not subject to *deductible* and *coinsurance*
- *Copayment* amounts are fixed dollar amounts the *member* must pay for some *covered services*
- Multiple *office visits* or emergency room visits on the same day may result in multiple *copayments*
- *Coinsurance* percentages shown in this section are the portion of the *allowed amount* that the *Plan* covers
- *Deductible* and *coinsurance* amounts are based on the *allowed amount*
- Services applied to the *deductible* also count toward any visit or day maximums
- To receive *in-network* benefits, you must receive care from a Blue Options *in-network provider*. **However, in an emergency, or when *in-network providers* are not reasonably available as determined by BCBSNC's access to care standards, you may also receive *in-network* benefits for care from an *out-of-network provider*. Please see "Out-Of-Network Benefits" and "Emergency Services" for additional information. Access to care standards are available on the BCBSNC Web site at bcbsnc.com or by calling BCBSNC Customer Service at the number listed on your *ID card* or in "Whom Do I Call?"**
- If you see an *out-of-network provider*, you will receive *out-of-network* benefits unless otherwise approved by BCBSNC.

Please note: The list of *in-network providers* may change from time to time, so please verify that the *provider* is still in the Blue Options network before receiving care. Find a *provider* on the BCBSNC Web site at bcbsnc.com or call BCBSNC Customer Service at the number listed on your *ID card* or in "Whom Do I Call?"

SPECIAL NOTICE IF YOU CHOOSE AN *OUT-OF-NETWORK PROVIDER*

NOTICE: Your actual expenses for *covered services* may exceed the stated *coinsurance* percentage or *copayment* amount because actual *provider* charges may not be used to determine the *Plan's* and *member's* payment obligations. For *out-of-network* benefits, you may be required to pay for charges over the *allowed amount*, in addition to any *copayment* or *coinsurance* amount.

Benefit payments are based on where services are received and how services are billed.

| | <i>In-network</i> | <i>Out-of-network</i> |
|---|---|-----------------------------|
| Physician Office Services | | |
| See <i>Outpatient Services</i> for <i>outpatient clinic</i> or <i>hospital</i> -based services. <i>Office visits</i> for the evaluation and treatment of obesity are limited to a combined in- and <i>out-of-network</i> maximum of four visits per <i>benefit period</i> . | | |
| Office Services | | |
| <i>Primary Care Provider</i> | \$20 <i>copayment</i> for <i>office visit</i> charge | 60% after <i>deductible</i> |
| <i>Specialist</i> | \$20 <i>copayment</i> for <i>office visit</i> charge | 60% after <i>deductible</i> |
| Includes assessment for obesity. | | |
| All Other Services Received In The Office | 80% after <i>deductible</i> | 60% after <i>deductible</i> |
| Includes <i>office surgery</i> | | |
| Allergy Tests And Treatments | 80% after <i>deductible</i> + \$20 <i>copayment</i> , if <i>office visit</i> is filed | 60% after <i>deductible</i> |
| Includes allergy shots. <u>NOTE</u> : If <i>office visit</i> is not filed, the benefit will be <i>deductible</i> and <i>coinsurance</i> only. | | |
| CT Scans, MRIs, MRAs and PET Scans | 80% after <i>deductible</i> | 60% after <i>deductible</i> |
| Well Child Care (patients up to 3 years of age) | | |
| <i>Primary Care Provider</i> | \$0 <i>copayment</i> | 60% after <i>deductible</i> |
| Includes well-child care for children less than 3 years of age; boosters and routine immunizations. | | |