

Summary of BlueChoice PPO Physician Copayment Benefits

Lake County BCC

Deductibles	
Individual Calendar Year Deductible	\$750
Family Aggregate Calendar Year Deductible	\$2,250
Emergency Room Per Visit Deductible (All Hospitals)	\$50
Note: The calendar year deductible is waived for independent clinical laboratory services.	
Coinsurance Percentage Payable by BCBSF	
PPO Providers - Allowed Amount	80%
Non-PPO Providers - Allowed Amount	60%
Ambulance Services	80%
Maximum Out of Pocket Coinsurance Responsibility Per Calendar Year	
Individual Coinsurance Limit	\$2,000
Family Aggregate Coinsurance Limit	\$6,000
Note: Maximum out of pocket coinsurance responsibility limits do not include any deductibles, copays, any benefit penalty reduction, non-covered charges or any charges in excess of the allowed amount.	
Office Services	
PPO Family Physicians (Family Practice, General Practice, Internal Medicine, or Pediatrics)	\$20 Copay
Other PPO Providers	\$35 Copay
Allergy Injections	\$0 Copay
Allergy Testing	\$20 Family Physician or \$35 Specialist Copay
Non-PPO Providers	Calendar Year Deductible and Coinsurance
Note: Durable medical equipment, prosthetics, and orthotics are not subject to the copay requirement, but are subject to the individual calendar year deductible and coinsurance responsibility.	
Calendar Year Maximums Per Insured	
Mental Health / Substance Abuse Services	Covered through Bradman Unipsych
Home Health Care	\$5,000 per calendar year
Skilled Nursing Facility Days	90
Low Protein Food Products	\$2,500
Outpatient Cardiac, Occupational, Physical, Speech, and Massage Therapies	All therapies: 60 visits combined
Spinal Manipulations	(subject to 18 visits up to a \$500 calendar year maximum)
Lifetime Maximums Per Insured	
Total	\$2,000,000
Hospice Benefit	\$5,000
Bereavement Counseling	6 visits/\$250 lifetime maximum
Additional Benefits	
Independent Diagnostic Test Facility	
PPO Providers	Specialist copay
Non-PPO Providers	Calendar Year Deductible and Coinsurance
Mammogram Screening Services	Covered at 100% of Allowed Amount.
Maternity	
In-network:	\$20 Initial Copay, then covered at 100%
Out-of-network	Covered at 60% after deductible
Infertility	Diagnosis Only
In-network:	80% after calendar year deductible
Out-of-network:	60% after calendar year deductible
Transplant Services	Heart, heart-lung combination, liver, kidney, cornea and bone marrow transplants.
Well Child Care	
In-network:	Covered at 100% after office visit copay; Birth to age 16, deductible waived.
Out-of-network:	Covered at 60%; Birth to age 16, deductible waived.
Wellness Benefit (Adults)	Covered services for an adult (age 17 and over) include an annual exam and related wellness services up to a calendar year maximum of \$200. These services are not subject CYD, but are subject to the applicable copay or coinsurance responsibility. Routine vision and hearing examinations are not covered. Mammograms do not accumulate to the calendar year maximum.
Vaccinations Covered (including Flu Shots)	
Pre-Existing Conditions	Covered after 12 months.
Urgent Care Center	
PPO Providers	PPO Family Physician copay
Non-PPO Providers	Calendar Year Deductible and Coinsurance
Wig after chemotherapy	Calendar Year Deductible and Coinsurance



Prescription Drugs	
Retail (One month, includes Oral Contraceptives)	
Generic Drugs	\$ 15 Copay
Preferred Brand Drugs	\$ 25 Copay
Non-Preferred Brand Drugs	\$ 40 Copay
Mail Order (90 days, includes Oral Contraceptives)	
Generic Drugs	\$ 30 Copay
Preferred Brand Drugs	\$ 50 Copay
Non-Preferred Brand Drugs	\$ 80 Copay

This is a summary of benefits and not a contract. All benefits are subject to the provisions, exclusions and limitations set forth in the master contract. This plan provides coverage for certain physician office services, without having to satisfy a calendar year deductible requirement, when obtained from a PPO physician. To verify a provider's specialty or participation status, the insured may contact the local BCBSF office, contact the provider's office, or review the most recent provider directory. It is the insured's sole responsibility to select and verify a provider's network participation status at the time services are rendered.

