

BlueCare Traditional

Group Name: Abington Heights School District 12055

Effective Date: 7/1/2011

Renewal Date: 7/1/2012

Benefits

- Benefit period
- Credit (initial benefit period only)

Facility Services

- Deductible (Professional)
- Coinsurance (Insured responsibility)

- Precertification penalty (facility)

Professional Services

- Deductible
- Coinsurance (Insured responsibility)

Major Medical Services

- Deductible Individual
- Deductible Family
- Coinsurance (Insured responsibility)
- Coinsurance maximum (maximum is per person)
- Lifetime maximum

Preventive Services

- Childhood immunizations
- Routine gynecological exam and pap smear (one per benefit period)
- Routine mammography
- Routine colorectal cancer and prostate cancer screening
- Outpatient physician office visits (preventive visits)

Emergency Services

- Ambulance (Contracting Provider), emergency transport (Not subject to deductible)
- Ambulance (Non-Contracting Provider), emergency transport (Not subject to deductible)
- Ambulance, non-emergency transport
- Outpatient Emergency room visit (Not subject to deductible)
- Retail clinic care

Inpatient Services

- Inpatient hospital services (unlimited days per benefit period)
- Inpatient Maternity/Newborn care
- Skilled nursing care (60 days per benefit period)

Outpatient Services

- Diagnostic testing (lab tests, x-rays, etc)
- Chemotherapy, dialysis or radiation

Other Services

- Home health services (unlimited visits)
- Hospice care (180-day lifetime maximum)

Mental Health

- Inpatient services (unlimited days)

Substance Abuse

- Outpatient services (unlimited visits)
- Detoxification (unlimited days)
- Inpatient non-hospital residential treatment (unlimited days)

Major Medical (Major Medical deductible applies)

- Chiropractic manipulative benefit (20 visits per benefit period ages 13 and up)
- Durable medical equipment/prosthetics/orthotics (unlimited maximum)
- Outpatient physician office visits (sick visits)
- Outpatient therapy - physical therapy (20 visits per benefit period), speech therapy (12 visits per benefit period), or occupational therapy (12 visits per benefit period)
- Cardiac rehabilitation (36 visits/benefit period)
- Pulmonary rehabilitation or respiratory therapy (18 visits per benefit period per therapy)
- Outpatient mental health (unlimited visits)

Prescription drugs

- Deductible (per benefit period)
- Coinsurance maximum (per benefit period)
- Retail, 30-day supply
- Mail order program, up to a 90-day supply
- Contraceptives

Insured Responsibility

Calendar/Year
Not applicable

None

None Contracting; 30% of allowable charge¹
Non-Contracting
\$500

None

None Contracting; 30% of allowable charge¹
Non-Contracting

\$225

\$500

20% of allowable charge¹

\$400

Unlimited

No charge

No charge

No charge

No charge

No charge

No charge

Amounts in excess of Allowable Charge

No charge

No charge

No charge

No charge

No charge

No charge

No charge

No charge

No charge

No charge

No charge

No charge

No charge

No charge

20% after deductible

20% after deductible

20% after deductible

20% after deductible

20% after deductible

20% after deductible

No charge

None

None

\$0/\$15/\$15

Not covered

Covered

¹ The allowable charge is established by a provider agreement or is the billed amount, whichever is less, and will be accepted by the contracting provider as payment in full for covered services less any deductibles, coinsurance, copayment, and amounts exceeding any benefit maximums. For a non-contracting provider, the allowable charge is the same amount First Priority Life would pay a contracting provider.