

BlueCare® Direct Select

Our plans cover a full spectrum of health care services—just about everything you’ll need. **Deductibles, coinsurance and copays are what you pay out of your pocket.** All deductible and coinsurance amounts are based on “allowable charges.” These are the negotiated rates that Blue Cross of Northeastern Pennsylvania will accept as a reasonable charge for care and that preferred providers will accept as payment in full. Deductible and/or coinsurance will apply unless otherwise noted as “Not subject to deductible or coinsurance,” “Copay” or “Covered 100%.”

	Preferred	Non-Preferred
Benefit Period	12-Month Benefit Year	
Deductible (choose one) The amount you pay before your coverage will pay for services	\$0 / \$500 / \$1000 / \$1500	\$3000
Coinsurance (choose one) The amount you pay after the deductible is met	10% / 20%	50%
Out-of-Pocket Maximum The maximum amount you could pay for covered services in any benefit year	\$3000 / \$4500 / \$6000 / \$7500	Unlimited
Lifetime Maximum	\$2,000,000	
Covered Services		
Preventive Care		
Adult Preventive Exams Eligible once per benefit year	Covered 100% Not subject to deductible or coinsurance	Subject to deductible and 50% coinsurance
Childhood Preventive Exams	Covered 100% Not subject to deductible or coinsurance	50% Coinsurance only Not subject to deductible
Adult Immunizations Coverage for medically necessary influenza and pneumonia immunizations only	Covered 100% Not subject to deductible or coinsurance	Subject to deductible and 50% coinsurance
Childhood Immunizations	Covered 100% Not subject to deductible or coinsurance	50% Coinsurance only Not subject to deductible
Routine Gynecological Services Includes clinical breast exam, pelvic exam and pap test Eligible once per benefit year	Covered 100% Not subject to deductible or coinsurance	50% Coinsurance only Not subject to deductible
Routine Mammography Eligible once per benefit year	Covered 100% Not subject to deductible or coinsurance	50% Coinsurance only Not subject to deductible
Colorectal Cancer Screenings Eligible at least once every 10 years beginning at age 50	Coinsurance only Not subject to deductible	Subject to deductible and 50% coinsurance
Prenatal Care	Covered 100% Not subject to deductible or coinsurance	Subject to deductible and 50% coinsurance
Routine Prostate Screenings Eligible once per benefit year	Covered 100% Not subject to deductible or coinsurance	Subject to deductible and 50% coinsurance
Bone Density Screenings Eligible once every 2 years	Coinsurance only Not subject to deductible	Subject to deductible and 50% coinsurance
Miscellaneous Services Neonatal circumcision, occult blood testing, Mantoux tuberculin, hematocrit/hemoglobin, STD screening, glucose testing, urinalysis, lead screening and hearing test	Covered 100% Not subject to deductible or coinsurance	Subject to deductible and 50% coinsurance
Prescription Drugs		
Deductible	None	Not Covered
Retail Pharmacy	Tier 0: \$0 copay Tier 1: \$5 copay Tier 2: \$35 copay Tier 3: \$65 copay	Not Covered
Mail Order Pharmacy	Tier 0: \$0 Copay Tier 1: \$10 Copay Tier 2: \$85 Copay Tier 3: \$195 Copay	Not Covered

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Outpatient Services	Preferred	Non-Preferred
Office Visits	<u>Child</u> Primary Care: \$0 copay Specialist: \$25 copay <u>Adult</u> Primary Care: \$30 copay Specialist: \$50 copay	Subject to deductible and 50% coinsurance
Mental Health and Substance Abuse Limited to 12 outpatient visits per benefit year combined mental health and substance abuse services	Subject to deductible and 50% coinsurance Does not apply to the out-of-pocket maximum	Subject to deductible and 50% coinsurance Does not apply to the out-of-pocket maximum
Nutritional Counseling Limited to 6 visits per benefit year	Covered 100% Not subject to deductible or coinsurance	Subject to deductible and 50% coinsurance
Therapy Limited to 45 visits per benefit year for combined physical, speech, occupational and chiropractic care	Subject to deductible and coinsurance	Subject to deductible and 50% coinsurance
Diagnostic Labs and Xrays	Subject to deductible and coinsurance	Subject to deductible and 50% coinsurance
Radiation and Chemotherapy	Subject to deductible and coinsurance	Subject to deductible and 50% coinsurance
Dialysis	Subject to deductible and coinsurance	Subject to deductible and 50% coinsurance
Diagnostic Mammography	Coinsurance only Not subject to deductible	Subject to deductible and 50% coinsurance
Diagnostic Prostate Screening	Coinsurance only Not subject to deductible	Subject to deductible and 50% coinsurance
Emergency Services		
Emergency Room	\$150 Copay Covered 100% after the copay Not subject to deductible or coinsurance Copay is waived if the patient is admitted	
Emergency Ambulance \$5000 maximum per benefit year on emergency and non-emergency ground transportation	Coinsurance only Not subject to deductible	
Inpatient Services		
Inpatient Hospital	Subject to deductible and coinsurance	Subject to deductible and 50% coinsurance
Skilled Nursing Limited to 45 days per benefit year	Subject to deductible and coinsurance	Subject to deductible and 50% coinsurance
Other Services		
Maternity	Subject to deductible and coinsurance	Subject to deductible and 50% coinsurance
Allergy Extracts/Injections	Subject to deductible and coinsurance	Subject to deductible and 50% coinsurance
Home Health Care	Subject to deductible and coinsurance	Subject to deductible and 50% coinsurance
Home Infusion	Subject to deductible and coinsurance	Subject to deductible and 50% coinsurance
Durable Medical Equipment	Not Covered Diabetic and Mastectomy related items are eligible.	Not Covered
Hospice Care Limited to 180 days per lifetime	Subject to deductible and coinsurance	Subject to deductible and 50% coinsurance
Non-emergency Ambulance \$5000 maximum per benefit year on emergency and non-emergency ground transportation	Subject to deductible and coinsurance	Subject to deductible and 50% coinsurance

BlueCare individual plans do not cover "preexisting conditions." This means that if you have received medical advice or treatment for any condition, disease, ailment or injury within the last 5 years, we will not cover treatment for that condition until you have been enrolled in a BlueCare plan for 12 months.