

## Summary of Traditional Benefits – WPEE.

BENEFITS	Hospital
<b>Benefit Period</b>	365 day period
<b>Deductible</b>	None
<b>Coinsurance</b>	None
<b>Out-of-Pocket Maximum</b>	N/A
<b>Lifetime Maximum</b>	Unlimited
<b>Physician Office Visits</b>	N/A
<b>Preventive Care</b>	
<b>Adult</b>	
Routine physical exams	100%
Adult Immunizations	Not Covered
Routine gynecological exams	100%
Mammograms, as required	100%
<b>Pediatric</b>	
Routine physical exams	100%
Pediatric immunizations	100%
<b>Emergency Care</b>	
Accident	100%
Medical	100%
<b>Ambulance</b>	Not Covered
<b>Hospital Expenses</b>	
Inpatient	100%
Outpatient	100%
<b>Inpatient Physical Rehabilitation</b>	100%
<b>Maternity</b>	100%
<b>Assisted Fertilization Procedures</b>	Not Covered
<b>Medical/Surgical Expenses</b>	100%
<b>Spinal Manipulations</b>	Not covered
<b>Diagnostic Services</b> (Lab, X-ray, other tests)	100%
<b>Outpatient Physical Therapy</b>	100% (21 visits/year)
<b>Outpatient Speech Therapy</b>	Not Covered
<b>Outpatient Occupational Therapy</b>	Not Covered
<b>Durable Medical Equipment</b>	Not Covered
<b>Skilled Nursing Facility Care</b>	100%
<b>Home Health Care</b>	100% (100 visits/year)
<b>Private Duty Nursing</b> (excludes inpatient)	Not Covered
<b>Hospice</b>	100%
<b>Mental Health</b>	100%
Inpatient	
Outpatient	100%
<b>Substance Abuse</b>	100%
Inpatient Detoxification	
Inpatient Rehabilitation	100%
Outpatient	100%
<b>Precertification</b> ①	Performed by Member

- ① If Blue Cross Blue Shield is not contacted prior to a non-emergency inpatient admission and it is later determined that all or part of the inpatient stay was not medically necessary or appropriate, the patient will be responsible for payment of any costs not covered.