Independence

Medical Benefit Highlights - Option 2

PPO $20-$40/$250 - AES

Covered Services	Your Costs (You pay)	
Benefits per Contract Year	**In-Network**	**Out-of-Network**
Deductible (Embedded)[1] Individual/Family	$0/$0	$2,500/$5,000
Out-of-Pocket Maximum (Embedded)[2] Individual/Family	$7,900/$15,800	$10,000/$20,000
Coinsurance	0%	50%
Preventive Services	**In-Network**	**Out-of-Network**
Preventive Care	No charge	50% no deductible
Preventive Colonoscopy		
Preventive Plus Providers	No charge	Not covered
Hospital Based	$750	50% no deductible
Physician Services	**In-Network**	**Out-of-Network**
Primary Care Physician (PCP)		
Office Visit	$20	50% after deductible
Telemedicine Visit	$15	50% after deductible
Specialist		
Office Visit	$40	50% after deductible
Telemedicine Visit	$30	50% after deductible
Retail Health Clinic Visit	$20	50% after deductible
Urgent Care Visit	$85	50% after deductible
Virtual Care[3]	**In-Network**	**Out-of-Network**
Telemedicine	No charge	Not covered
Teledermatology	No charge	Not covered
Telebehavioral Health	No charge	Not covered
Therapy Services	**In-Network**	**Out-of-Network**
Physical Therapy (30 visits/year)[4]		
Freestanding	$40	50% after deductible
Hospital Based	$40	50% after deductible
Occupational Therapy (30 visits/year)[4]		
Freestanding	$40	50% after deductible
Hospital Based	$40	50% after deductible
Speech Therapy (20 visits/year)[5]	$40	50% after deductible

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Emergency Services	In-Network	Out-of-Network
Emergency Room (copay not waived if admitted)	$250	Covered at In-Network level
Emergency Ambulance	$40	Covered at In-Network level
Non-Emergency Ambulance	$40	50% after deductible

Hospital Services	In-Network	Out-of-Network
Inpatient Hospital Services (In-Network: 365 days/year; Out-of-Network: 70 days/year)[6]	$250/Day; max of 5 copays per admission	50% after deductible
Observation Services (copay waived if admitted)	$250	50% after deductible
Maternity Hospital Services[6]	$250/Day; max of 5 copays per admission	50% after deductible
Inpatient Professional Services (includes Maternity)	No charge	50% after deductible

Outpatient Surgery	In-Network	Out-of-Network
Freestanding	$250	50% after deductible
Hospital Based	$250	50% after deductible
Outpatient Professional Services	No charge	50% after deductible

Outpatient Diagnostics	In-Network	Out-of-Network
Diagnostic Medical (EKG)	$40	50% after deductible
Routine Radiology (X-Ray)		
Freestanding	$40	50% after deductible
Hospital Based	$40	50% after deductible
Advanced Imaging (MRI/MRA,CT/CTA Scan, PET Scan)		
Freestanding	$80	50% after deductible
Hospital Based	$80	50% after deductible

Outpatient Lab and Pathology	In-Network	Out-of-Network
Freestanding	No charge	50% after deductible
Hospital Based	$80	50% after deductible

Other Medical Services	In-Network	Out-of-Network
Spinal Manipulations (20 visits/year)[5]	$40	50% after deductible
Acupuncture (18 visits/year)[5]	$40	50% after deductible
Standard Injectables	No charge	50% after deductible
Allergy Injections	No charge	50% after deductible
Biotech/Specialty Injectables		
Home/Office	$100	50% after deductible
Outpatient	$200	50% after deductible

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Chemotherapy	$20	50% after deductible
Dialysis	$20	50% after deductible
Skilled Nursing Facility (120 days/year)[5]	$125/Day; max of 5 copays per admission	50% after deductible
Home Health (60 visits/year)[5]	$20	50% after deductible
Hospice	No charge	50% after deductible
Durable Medical Equipment (DME)	50%	50% after deductible
Mental Health – Outpatient (includes serious mental illness and substance abuse)		
Office Visit	$40	50% after deductible
All Other Services	$40	50% after deductible
Mental Health – Inpatient (includes serious mental illness and substance abuse)[6]	$250/Day; max of 5 copays per admission	50% after deductible

1 Embedded deductible: Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits.

2 Embedded out-of-pocket maximum: Each covered family member only needs to satisfy his or her individual out-of-pocket maximum, not the entire family out-of-pocket maximum.

3 Telemedicine is provided by a designated telemedicine provider, please visit www.ibx.com/findcarenow.

4 Physical Therapy and Occupational Therapy combined visit limit in and out-of-network.

5 Combined in and out-of-network.

6 Inpatient hospital out-of-network day limit combined for all inpatient medical, maternity, mental health, serious mental illness, and substance abuse services.

The Personal Choice® Preferred Provider Organization (PPO) gives you freedom of choice by allowing you to select your own doctors and hospitals. You maximize your coverage by accessing care through Personal Choice's network of hospitals, doctors, and specialists, or by accessing care through preferred providers who participate in the BlueCard® PPO program. If you access care from a provider who does not participate in our network, you will have higher out-of-pocket costs and may have to submit your claim for reimbursement.

This summary represents only a partial listing of benefits and exclusions of the Medical Program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by medical policy. As a result, this managed care plan may not cover all of your health care expenses. Read your contract/member benefit booklet carefully for a complete listing of terms, limitations, and exclusions of the program. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.ibx.com/LGBooklet or call **1-800-ASK-BLUE** (TTY: 711).

Benefits may be changed by Independence Blue Cross to comply with applicable federal/state laws and regulations.

Certain services require preapproval/precertification by the health plan prior to being performed. To obtain a list of services that require authorization, please log on to http://www.ibx.com/preapproval or call the phone number that is listed on the back of your identification card.

Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross - Independent licensees of the Blue Cross and Blue Shield Association. www.ibx.com