



MY COVERAGE - Medical Benefits

Plan Type: PPO+  
Group Number: 189244  
ID Number: GRW841309718

Medical Benefit Highlights

Here you will find information for your medical coverage benefits. Please note that this page contains highlights only. For complete details about your medical coverage benefits, please refer to your benefit booklet or medical coverage benefit plan documents.

Benefit Description	In Network	Out of Network
EMERGENCY ROOM COPAY	\$100	N/A
An emergency room visit copay is a fixed dollar amount you are required to pay for covered services provided for the initial outpatient treatment of an acute medical condition, usually in a hospital setting. Not all plans require copays for all services, and copay amounts can vary by the type of service.		
LIFETIME MAXIMUM	No Limit	
Lifetime Maximum is the limit (frequency or dollar) on a benefit that a Member may receive for the entire duration of the Coverage Plan.		
DEDUCTIBLE PER FAMILY	\$600	\$1,200
Family Deductible is the financial responsibility in Covered Services that must be met before benefits will be paid to all members of the Family as specified under the terms of a Coverage Plan. It can be calculated by total dollar amount or the number of Individual Deductibles within the Family.		
DEDUCTIBLE PER INDIVIDUAL	\$300	\$600
The individual deductible is the total dollar amount of eligible charges that a member must incur in covered services before benefits will be paid as specified under the terms of the coverage plan. A deductible may be specific to a time period or covered service.		
OUT OF POCKET PER FAMILY	\$4,500	\$12,000
Family out-of-pocket expenses are what an entire family pays for health-related services under your health care plan after the family deductible is met. There is usually a maximum out-of-pocket amount set for each benefit period. Note: the dollar amount shown here includes the family deductible. To calculate your family out-of-pocket expenses, subtract the family deductible from the dollar amount shown here.		
OUT OF POCKET PER INDIVIDUAL	\$2,250	\$6,000
Individual out-of-pocket expenses are what you pay for health-related services under your health care plan after any individual deductible is met. There is usually a maximum out-of-pocket amount set for each benefit period.		
OFFICE VISIT PAYMENT LEVEL	Call for more info.	
No description currently available under BCBS glossary terms.		

<b>OTHER COVERED SERVICES PAYMENT LEVEL</b>	<b>80%</b>	
No description currently available under BCBS glossary terms.		
<b>OFFICE VISIT COPAY (SPECIALIST COPAY MAY DIFFER)</b>	<b>\$25</b>	<b>Call for more info.</b>
No description currently available under BCBS glossary terms.		
<b>HOSPITAL/MEDICAL SURGICAL PAYMENT LEVEL</b>	<b>80%</b>	<b>60%</b>
No description currently available under BCBS glossary terms.		
<b>COORDINATED HOME CARE BENEFIT PERIOD MAXIMUM</b>	<b>100 DAYS</b>	
No description currently available under BCBS glossary terms.		

### Blue Distinction Differential

Blue Distinction is a designation awarded to hospitals and other medical facilities that have demonstrated expertise in delivering clinically proven specialty health care.

The goal of Blue Distinction is to help consumers find specialty consistent care while enabling and encouraging health care professionals to improve the overall quality and cost of care nationwide. [Learn More](#)

<b>SPECIALTY AREAS</b>	<b>BLUE DISTINCTION PLUS</b>	<b>BLUE DISTINCTION</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>BARIATRIC SURGERY</b>	N/A	100%	80%	N/A
<b>TRANSPLANTS</b>	100%	100%	N/A	N/A

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