

## PASSHE Indemnity Plan

### ClassicBlue Comprehensive Major Medical Benefit Summary

PAYMENT LEVEL	IN-NETWORK DEDUCTIBLE	OFFICE VISITS	EMERGENCY ROOM SERVICES
<b>80%</b>	<b>\$500/\$1,500</b>	<b>\$0/\$0 COPAY</b>	<b>\$0 COPAY</b>

Under the Comprehensive benefits program, health care benefits are provided under one integrated program. These benefits include coverage for hospital services, physician services, and many other covered services. Most benefits are subject to deductible and coinsurance provisions, which require you to share a portion of the medical costs. Below are the specific benefit levels.

BENEFITS	BENEFIT LEVEL
<b>Benefit Period</b>	Calendar Year
<b>Deductible</b> <i>Per Benefit Period</i>	\$500 Individual \$1,500 Family Aggregate
<b>Payment Level</b> <i>Based on Provider's Reasonable Charge (PRC)</i>	80% PRC after deductible until out-of-pocket limit is met; then 100% PRC
<b>Out-of-Pocket Limit</b> <i>Includes Coinsurance, certain exclusions may apply</i>	\$425 Individual
<b>Lifetime Maximum</b>	Unlimited
<b>Ambulance</b>	80% PRC after deductible
<b>Assisted Fertilization Procedures</b>	Not Covered
<b>Dental Services Related to an Accidental Injury</b>	80% PRC after deductible
<b>Diabetes Treatment</b>	80% PRC after deductible
<b>Diagnostic Services</b> <i>Lab, X-ray, and Medical Tests</i>	80% PRC after deductible
<b>Durable Medical Equipment Orthotics and Prosthetics</b>	80% PRC after deductible
<b>Emergency Room Services</b>	80% PRC after deductible
<b>Enteral Formulae</b>	80% PRC no deductible
<b>Hearing Care Services</b>	Not Covered
<b>Home Health Care</b> <i>Excludes Respite Care</i>	80% PRC after deductible ----- 240 visits per year
<b>Hospice</b> <i>Includes Respite Care</i>	80% PRC after deductible \$12,500 lifetime maximum
<b>Hospital Expenses</b> <i>Inpatient and Outpatient</i>	80% PRC after deductible
<b>Infertility Counseling, Testing and Treatment</b>	80% PRC after deductible
<b>Maternity</b> <i>Excludes Dependent Daughters</i>	80% PRC after deductible
<b>Medical Care</b> <i>Includes Inpatient Visits and Consultations</i>	80% PRC after deductible
<b>Mental Health</b> <i>Inpatient</i> ①	80% PRC after deductible ----- 60 days/benefit period (up to 30 for serious mental illness)
<b>Mental Health</b> <i>Outpatient</i> ①	50% PRC after deductible; \$50 maximum per visit ----- No limit on visits (up to 60 for serious mental illness)
<b>Office Visits</b>	80% PRC after deductible
<b>Oral Surgery</b>	80% PRC after deductible
<b>Physical Medicine</b> <i>Outpatient</i>	80% PRC after deductible ----- No limit on visits

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BENEFITS	BENEFIT LEVEL
<b>Preventive Care</b> <i>Adult Preventive Care Schedule includes:</i> Routine Physical Exam Immunizations Routine Diagnostic Screening Screening, Mammography Routine Gynecological Exam & Pap Test	100% PRC, no deductible Not Covered Not Covered 80% PRC no deductible 80% PRC no deductible/lifetime maximum
<i>Pediatric Preventive Care Schedule includes:</i> Routine Physical Exams Pediatric Immunizations Routine Diagnostic Screening	Not Covered 80% PRC no deductible/lifetime maximum Not Covered
<b>Private Duty Nursing</b>	80% PRC after deductible 240 hours/benefit period
<b>Skilled Nursing Facility Care</b>	80% PRC after deductible 100 days/benefit period
<b>Speech and Occupational Therapy</b> <i>Outpatient</i>	80% PRC after deductible No limit on visits
<b>Spinal Manipulations</b>	80% PRC after deductible 30 visits/benefit period
<b>Substance Abuse</b> <i>Detoxification</i>	80% PRC after deductible 7 days/admission; 4 admissions/lifetime
<b>Substance Abuse</b> <i>Inpatient Rehabilitation</i>	80% PRC after deductible 30 days/benefit period; no lifetime max
<b>Substance Abuse</b> <i>Outpatient</i>	80% PRC after deductible 30 visits/benefit period; 120 visits/lifetime
<b>Surgical Expenses</b> <i>Includes Assistant Surgery, Anesthesia, Sterilization and Reversal Procedures Excludes Neonatal Circumcision</i>	80% PRC after deductible
<b>Therapy and Rehabilitation Services</b> <i>Chemotherapy, Radiation Therapy, Dialysis, Infusion Therapy, Respiration Therapy</i>	80% PRC after deductible
<b>Transplant Services</b>	80% PRC after deductible
<b>Preadmission Requirements for Inpatient Admissions</b> <i>No Penalty for Non-compliance</i>	Performed by Participating Provider
<b>Condition Management</b>	Case Management, Blues on Call, and Disease State Management

①State mandated benefits (30 inpatient days and 60 outpatient visits annually) may apply for serious diagnosis. Serious diagnosis includes schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, obsessive-compulsive disorder, panic disorder, anorexia nervosa, bulimia nervosa and delusional disorder.

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