

Individual Blue Access PPO Benefit Summary - Plan 3

Covered Benefits	Network - You Pay	Non-network - You Pay
Calendar-year deductible	\$2,500 individual/\$5,000 family \$5,000 individual/\$10,000 family	\$5,000 individual/\$10,000 family \$10,000 individual/\$20,000 family
Out-of-pocket Limit (includes deductible)	Not applicable	\$9,000 individual/\$18,000 family \$14,000 individual/\$28,000 family
Lifetime Maximum	\$5,000,000 maximum for Network and Non-network services combined	
Non-network Penalty	Not applicable	50% ¹
Prescription Drugs Generic Formulary Drugs Brand-name Formulary Drugs Generic or Brand Non-formulary Drugs Mail Service Generic Formulary Drugs Mail Service Brand-name Formulary Drugs Mail Service Generic or Brand Non-formulary Drugs	\$15 per prescription ² (30-day supply, not subject to deductible) \$30 per prescription ² (30-day supply, not subject to deductible) 50% with a minimum of \$45 and a maximum of \$90 per prescription ² (30-day supply, not subject to deductible) \$30 per prescription ² (90-day supply, not subject to deductible) \$60 per prescription ² (90-day supply, not subject to deductible) \$90 per prescription ² (90-day supply, not subject to deductible)	50% ² (30-day supply, not subject to deductible) 50% ² (30-day supply, not subject to deductible) 50% with a minimum of \$45 ² , no maximum (30-day supply, not subject to deductible) Not covered Not covered Not covered
Preventive Care and Well Child Care	0% ¹	50% ¹
Physician Office Services	0% ¹	50% ¹
Inpatient Hospital Services	0% ¹	50% ¹
Outpatient Services	0% ¹	50% ¹
Diagnostic Services	0% ¹	50% ¹
Emergency Room for Emergency Care	0% ¹	0% ¹
Urgent Care (in Urgent Care Center)	0% ¹	0% ¹
Mental Health Conditions Inpatient and outpatient substance abuse rehabilitation programs are limited to two per lifetime. Inpatient mental health and substance abuse services Benefit period maximums - 10 days per benefit period (Network and Non-network combined per benefit period; \$550 combined maximum for inpatient and outpatient substance abuse) Outpatient mental health and substance abuse services Benefit period maximums - 10 visits per benefit period (Network and Non-network combined per benefit period; \$550 combined maximum for inpatient and outpatient substance abuse)	0% ¹ 0% ¹	50% ¹ 50% ¹
Outpatient Therapy Services Maximum visits per benefit period for: • Physical therapy • Speech therapy • Occupational therapy • Spinal manipulations	0% ¹ 20 visits, maximum for Network and Non-network combined 20 visits, maximum for Network and Non-network combined 20 visits, maximum for Network and Non-network combined 12 visits, maximum for Network and Non-network combined	50% ¹ 20 visits, maximum for Network and Non-network combined 20 visits, maximum for Network and Non-network combined 20 visits, maximum for Network and Non-network combined 12 visits, maximum for Network and Non-network combined
Home Health Care Services Maximum visits per benefit period - 60 visits	0% ¹	50% ¹
Hospice Services	0% (not subject to deductible)	0% (not subject to deductible)
Human Organ and Tissue Transplant Services (for kidney and cornea transplants, services covered same as any other illness under Medical.) Transplant Services Maximum (lifetime maximum per Member) \$1,000,000 lifetime combined network and non-network transplant provider services. Separate from medical lifetime of \$5,000,000. Transplant Lodging and Meals	0% (network transplant facility, not subject to deductible) 0% (not subject to deductible)	50% ^{1,2} (non-network transplant facility) 50% ²
Medical Supplies, Durable Medical Equipment and Appliances	0% (not subject to deductible)	50% ¹
Maternity Services	Not covered	Not covered

¹ Services subject to calendar-year deductible. Network and Non-network deductibles are separate and do not accumulate towards each other.

² Copayment does not apply to deductible or out-of-pocket maximums.