

# What's Covered with BlueCare® Direct Advantage

Our plans cover a full spectrum of health care services—just about everything you'll need. **Deductibles, coinsurance and copays are what you pay out of your pocket.** All coinsurance amounts are based on “allowable charges.” These are the negotiated rates that Blue Cross of Northeastern Pennsylvania will accept as a reasonable charge for care. Coinsurance will apply after your deductible is met, unless otherwise noted as “Not subject to deductible,” “Copay” or “Covered in full.”

Benefit Period (12-month period/year)	Preferred	Non-Preferred
<b>Deductible</b> (choose one) The amount you pay before your coverage will pay for services <b>Applies to Medical and Pharmacy Services</b>	\$1,750 / \$3,000	\$3,500 / \$6,000
<b>Coinsurance</b> The amount you pay after the deductible is met	20%	50%
<b>Out-of-Pocket Maximum</b>	\$4,250 / \$4,750	Unlimited
<b>Lifetime Maximum</b>	\$2,000,000	
<b>Precertification Penalty</b>	None	\$500
<b>Covered Services</b>		
<b>Preventive Care Services</b>		
<b>Adult Immunizations</b> Coverage for medically necessary immunizations only	Covered in full Not subject to deductible or coinsurance	50% Coinsurance
<b>Childhood Immunizations</b>	Covered in full Not subject to deductible or coinsurance	50% Coinsurance Not subject to deductible
<b>Routine Gynecological Examination and Pap Test</b> One per benefit year	Covered in full Not subject to deductible or coinsurance	50% Coinsurance Not subject to deductible
<b>Screening Mammograms</b> Once per benefit year age 40 and up	Covered in full Not subject to deductible or coinsurance	50% Coinsurance Not subject to deductible
<b>Colorectal Cancer Screenings</b> At least once every 10 years age 50 and up	Covered in full Not subject to deductible or coinsurance	50% Coinsurance Not subject to deductible
<b>Prostate Screenings</b> Prostate Specific Antigen (PSA) test and/or digital rectal exam eligible once per benefit year	Covered in full Not subject to deductible or coinsurance	50% Coinsurance Not subject to deductible
<b>Emergency Services</b>		
<b>Ambulance Services (Emergency)</b> \$5,000 maximum per benefit year for combined emergency and non-emergency transports	20% Coinsurance	
<b>Ambulance Services (Non-emergency)</b> \$5,000 maximum per benefit year for combined emergency and non-emergency transports	20% Coinsurance	50% Coinsurance
<b>Outpatient Emergency Room Visit</b>	20%	
<b>Inpatient Services</b>		
<b>Inpatient Hospital Services</b> Unlimited days per benefit year	20% Coinsurance	50% Coinsurance
<b>Skilled Nursing Care</b> 45 days per benefit year	20% Coinsurance	50% Coinsurance
<b>Outpatient Services</b>		
<b>Diagnostic Testing</b>	20% Coinsurance	50% Coinsurance
<b>Therapy</b> 45 visits per benefit year for combined physical, speech, occupational and chiropractic care	20% Coinsurance	50% Coinsurance
<b>Radiation, Dialysis and Chemotherapy</b>	20% Coinsurance	50% Coinsurance
<b>Maternity Care</b>	20% Coinsurance	50% Coinsurance

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Other Services		
<b>Nutritional Counseling</b> 6 visits per benefit year	100% Not subject to deductible or coinsurance	50%
<b>Allergy Extract/Injections</b>	20% Coinsurance	50% Coinsurance
<b>Home Health Care</b>	20% Coinsurance	50% Coinsurance
<b>Home Infusion Therapy</b>	20% Coinsurance	50% Coinsurance
<b>Hospice Care</b> Limited to 180 days per lifetime	20% Coinsurance	50% Coinsurance
<b>Office Visits</b>	20% Coinsurance	50% Coinsurance
<b>Outpatient and Inpatient Professional Services</b>	20% Coinsurance	50% Coinsurance
Prescription Drugs		
<b>Retail Pharmacy</b> 30-day supply	Tier 0: \$0 copay on certain generic drugs Tier 1: \$5 copay Tier 2: \$35 copay Tier 3: \$65 copay Copays applies after deductible is met	Not covered
<b>Mail Order</b> 90-day supply	Tier 0: \$0 copay on certain generic drugs Tier 1: \$10 copay Tier 2: \$85 copay Tier 3: \$195 copay Copays applies after deductible is met	Not covered

BlueCare individual plans do not cover “preexisting conditions.” This means, if you have received medical advice or treatment for any condition, disease, ailment or injury within the last year, we will not cover treatment for that condition until you have been enrolled in a BlueCare plan for 12 months. We will cover your care for the condition if you were covered by another Blue Cross plan for at least 12 months or if you have coverage from any other group employer-based plan (without a lapse of coverage for more than 63 days) for at least 18 months and you plan to replace that coverage with a BlueCare plan.