

PASSHE Indemnity Plan

ClassicBlue Comprehensive Major Medical Benefit Summary

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

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

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Preventive Care <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
Private Duty Nursing	80% PRC after deductible 240 hours/benefit period
Skilled Nursing Facility Care	80% PRC after deductible 100 days/benefit period
Speech and Occupational Therapy <i>Outpatient</i>	80% PRC after deductible No limit on visits
Spinal Manipulations	80% PRC after deductible 30 visits/benefit period
Substance Abuse <i>Detoxification</i>	80% PRC after deductible 7 days/admission; 4 admissions/lifetime
Substance Abuse <i>Inpatient Rehabilitation</i>	80% PRC after deductible 30 days/benefit period; no lifetime max
Substance Abuse <i>Outpatient</i>	80% PRC after deductible 30 visits/benefit period; 120 visits/lifetime
Surgical Expenses <i>Includes Assistant Surgery, Anesthesia, Sterilization and Reversal Procedures Excludes Neonatal Circumcision</i>	80% PRC after deductible
Therapy and Rehabilitation Services <i>Chemotherapy, Radiation Therapy, Dialysis, Infusion Therapy, Respiration Therapy</i>	80% PRC after deductible
Transplant Services	80% PRC after deductible
Preadmission Requirements for Inpatient Admissions <i>No Penalty for Non-compliance</i>	Performed by Participating Provider
Condition Management	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.