



**State System of Higher Education**  
**ClassicBlue Traditional Indemnity Benefit Summary**  
**July 1, 2004**

Under the Traditional Indemnity benefits program, benefits include coverage for both facility and professional services. Most Major Medical benefits are subject to deductible and coinsurance provisions, which require you to share a portion of the medical costs. Below are specific benefit levels.

BENEFITS	TRADITIONAL PROFESSIONAL PROGRAM	TRADITIONAL FACILITY PROGRAM	TRADITIONAL MAJOR MEDICAL PROGRAM
<b>Deductible</b> <i>Per Calendar Year</i>	None	None	\$500 Individual \$1,500 Family Aggregate
<b>Payment Level</b> <i>Based on Provider's Reasonable Charge (PRC)</i>	100% PRC	100% PRC	80% PRC after deductible until out-of-pocket is met; then 100% PRC
<b>Out-of-Pocket Limit</b> <i>Includes Coinsurance – See benefit booklet for exclusions/details</i>	None	None	\$350 per Individual
<b>Lifetime Maximum</b>	None	None	\$1,075,000/person
<b>Ambulance</b>	Not Covered	100% PRC <i>Facility-billed only</i>	80% PRC after deductible
<b>Assisted Fertilization Procedures</b>	Not Covered	Not Covered	Not Covered
<b>Dental Services Related to an Accidental Injury</b>	100% PRC	Not Covered	80% PRC after deductible
<b>Diabetes Treatment</b>	100% PRC	100% PRC	80% PRC after deductible
<b>Diagnostic Services</b> <i>Lab, X-ray, and Medical Tests</i>	100% PRC	100% PRC	80% PRC after deductible
<b>Durable Medical Equipment Orthotics and Prosthetics</b>	Not Covered	Not Covered	80% PRC after deductible
<b>Elective Abortion</b> <i>Includes Dependent Daughters</i>	Not Covered (except in cases of rape, incest, or to avert death of the mother)	Not Covered (except in cases of rape, incest, or to avert death of the mother)	Not Covered (except in cases of rape, incest, or to avert death of the mother)
<b>Emergency Care</b> <i>Professional Services</i>	100% PRC	Not Covered	80% PRC after deductible
<b>Emergency Room Services</b> <i>Facility Services – within 72 hours</i>	Not Covered	100% PRC	80% PRC after deductible
<b>Enteral Formulae</b>	100% PRC	100% PRC	80% PRC no deductible

BENEFITS	TRADITIONAL PROFESSIONAL PROGRAM	TRADITIONAL FACILITY PROGRAM	TRADITIONAL MAJOR MEDICAL PROGRAM
<b>Home Health Care</b> <i>Excludes Respite Care</i>	Not Covered	100% PRC ----- 60 visits per 90 day period	80% PRC after deductible
<b>Hospice</b> <i>Includes Respite Care</i>	Not Covered	100% PRC ----- \$12,500 lifetime max	Not Covered
<b>Hospital Expenses</b> <i>Inpatient and Outpatient</i>	Not Covered	100% PRC ----- 365 days 2 pint blood deductible/calendar year	80% PRC after deductible ----- 2 pint blood deductible/calendar year
<b>Infertility Counseling, Testing and Treatment</b>	100% PRC <i>Excludes Office Visits</i>	100% PRC	80% PRC after deductible
<b>Maternity</b> <i>Excludes Dependent Daughters</i>	100% PRC	100% PRC	80% PRC after deductible
<b>Medical Care</b> <i>Includes Inpatient Visits and Consultations</i>	100% PRC	Not Covered	80% PRC after deductible
<b>Mental Health – Inpatient *</b> <i>Includes Partial Hospitalization (every 3 units equals 1 day)</i>	100% PRC ----- 60 days per 12 month period	100% PRC ----- 60 days per 12 month period	50% PRC after deductible
<b>Mental Health – Outpatient</b>	Not Covered	Not Covered	50% PRC after deductible; \$50 maximum per visit
<b>Office Visits</b> <i>Employee only</i>	21 visits per 12 month period, subject to \$25 deductible	Not Covered	80% PRC after deductible
<b>Oral Surgery</b>	100% PRC	100% PRC	80% PRC after deductible
<b>Physical Therapy</b> <i>Outpatient</i>	100% PRC unlimited	100% PRC ----- unlimited	80% PRC after deductible ----- unlimited
<b>Preventive Care</b> <i>Adult Preventive Care includes:</i> <i>Physical Exam</i> <i>Immunizations</i> <i>Diagnostic Screening, including Mammography</i> <i>Gynecological Exam &amp; Pap Test</i>	Not Covered Not Covered Not Covered, except Mammography 100% PRC 100% PRC	Not Covered Not Covered Not Covered, except Mammography 100% PRC 100% PRC	Not Covered Not Covered Not Covered, except Mammography 80% PRC after deductible 80% PRC no deductible/lifetime maximum
<i>Pediatric Preventive Care includes:</i> <i>Physical Exams</i> <i>Pediatric Immunizations</i>  <i>Diagnostic Screening</i>	Not Covered 100% PRC  Not Covered	Not Covered 100% PRC  Not Covered	Not Covered 80% PRC no deductible/lifetime maximum maximum Not Covered
<b>Private Duty Nursing</b>	Not Covered	Not Covered	80% PRC after deductible ----- 240 hours/calendar year

BENEFITS	TRADITIONAL PROFESSIONAL PROGRAM	TRADITIONAL FACILITY PROGRAM	TRADITIONAL MAJOR MEDICAL PROGRAM
<b>Skilled Nursing Facility Care</b>	100% PRC	Not Covered	80% PRC after deductible
<b>Speech and Occupational Therapy</b> <i>Outpatient</i>	Not Covered	100% PRC unlimited	80% PRC after deductible unlimited
<b>Spinal Manipulations</b>	Not Covered	Not Covered	80% PRC after deductible 30 visits/calendar year
<b>Substance Abuse – Detoxification</b>	Not Covered	100% PRC 7 days/admission; 4 admissions/lifetime	Not Covered
<b>Substance Abuse – Inpatient Rehabilitation</b>	100% PRC 60 days per 12 month period	100% PRC 30 days/calendar year; no lifetime maximum	Not Covered
<b>Substance Abuse – Outpatient</b>	Not Covered	100% PRC 30 visits/calendar year; 120 visits/lifetime	50% PRC after deductible; \$50 maximum per visit
<b>Surgical Expenses</b> <i>Includes Assistant Surgery, Anesthesia, Sterilization and Reversal Procedures Excludes Neonatal Circumcision</i>	100% PRC	100% PRC	80% PRC after deductible
<b>Therapy Services</b> <i>Chemotherapy, Radiation Therapy, Dialysis, Infusion Therapy, Respiration Therapy</i>	100% PRC	100% PRC	80% PRC after deductible
<b>Transplant Services</b>	100% PRC	100% PRC	80% PRC after deductible
<b>Preadmission Requirements for Inpatient Admissions</b> <i>No Penalty for Non-compliance</i>	Performed by Provider	Performed by Provider	Performed by Provider
<b>Condition Management</b>	Case Management, Blues on Call, and Disease State Management	Case Management, Blues on Call, and Disease State Management	Case Management, Blues on Call, and Disease State Management

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