

GENERAL PROVISIONS	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Web Site Address	<a href="http://www.bluecares.com/healthtravelfinder.html">http://www.bluecares.com/healthtravelfinder.html</a>
Health Plan Telephone Number	Call your BCBS Plan. The number is located on the back of your ID Card.
NCQA Accreditation Status	Not Applicable
Disclaimer	The benefits summary contains an explanation of medical benefits based on the Plan documents, policies and Negotiated Agreements. Any differences between the Plan texts and this summary, the Plan texts and Negotiated Agreements will always govern.

US News RATINGS (Quality Report)	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Consumer Assessment	Not Applicable
Prevention	Not Applicable
Treatment	Not Applicable

ANNUAL DEDUCTIBLES	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Single Contract	<b>In-Network:</b>
Multiple Party Contract	<b>In-Network:</b>

ANNUAL OUT-OF-POCKET LIMITATION	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Single Contract	<b>In-Network:</b> None
	<b>Out-of-Network:</b> \$250 <i>See Footnote #1</i>
Multiple Party Contract	<b>In-Network:</b> None
	<b>Out-of-Network:</b> \$500 <i>See Footnote #1</i>

OUTPATIENT SERVICES	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Office Visits (Including Urgent Care)	<b>In-Network:</b> The member is responsible only for the Maximum Payment Allowed by BCBS for these services -- 100% member copay.
	<b>Out-of-Network:</b> Not Covered - Member may be responsible for the entire charge.
Physical Exams	<b>In-Network:</b> Not Covered
	<b>Out-of-Network:</b> Same as In-Network
Well-Baby Care	<b>In-Network:</b> Covered up to six (6) visits prior to age two (2)
	<b>Out-of-Network:</b> Not Covered
Immunizations	<b>In-Network:</b> Covered per Centers for Disease Control guidelines available at: <a href="http://www.cdc.gov/nip/">http://www.cdc.gov/nip/</a> Related office visit charge 100% copay
	<b>Out-of-Network:</b> Not Covered

OUTPATIENT SERVICES	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Allergy Tests, Injections	<b>In-Network:</b> Tests and injections not covered, allergy serum covered under Prescription Drug Program
	<b>Out-of-Network:</b> Same as In-Network
Diagnostic Lab	<b>In-Network:</b> Covered
	<b>Out-of-Network:</b> Covered with a 10% member co-insurance on Maximum Payment Allowed by BCBS for these services. <i>See Footnote #2</i>
Outpatient Physical Therapy	<b>In-Network:</b> 60 Treatments per condition per calendar year.
	<b>Out-of-Network:</b> 60 Treatments per condition per calendar year. Covered with a 10% member co-insurance on Maximum Payment Allowed by BCBS for these services. <i>See Footnote #3</i>
X-Ray & Imaging	<b>In-Network:</b> Covered
	<b>Out-of-Network:</b> Covered with a 10% member co-insurance on Maximum Payment Allowed by BCBS for these services. <i>See Footnote #3</i>

MATERNITY CARE	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Prenatal, Delivery and Postnatal	<b>In-Network:</b> Covered
	<b>Out-of-Network:</b> Covered with a 10% member co-insurance on Maximum Payment Allowed by BCBS for these services. <i>See Footnote #3</i>

EMERGENCY CARE	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Emergency Care	<b>In-Network:</b> Covered
	<b>Out-of-Network:</b> Same as In-Network

AMBULANCE	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Ambulance	<b>In-Network:</b> Covered
	<b>Out-of-Network:</b> Covered with a 10% member co-insurance on Maximum Payment Allowed by BCBS for these services. <i>See Footnote #3</i>

EXTENDED CARE FACILITIES	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Skilled Nursing Facility	<b>In-Network:</b> 730 days, except psychiatric care 90 days, renewable after 60 days
	<b>Out-of-Network:</b> Not Covered
Home Health Care	<b>In-Network:</b> 3 visits for each unused day of hospital care
	<b>Out-of-Network:</b> Not Covered
Private Duty Nursing	<b>In-Network:</b> Not covered
	<b>Out-of-Network:</b> Same as In-Network

PSYCHIATRIC CARE	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Hospital Services	<p><b>In-Network: Active:</b> subject to the conditions of the Managed Care Program - 45 days, renewable after 60 days.  <b>Retirees:</b> 45 days, renewable after 60 days.</p>
	<p><b>Out-of-Network: Active:</b> subject to the conditions of the Managed Care Program.  <b>Retirees:</b> see footnote  <i>See Footnote #4</i></p>
Outpatient Services	<p><b>In-Network: Active:</b> subject to the conditions of the Managed Care Program 35 visits per plan year; Visits 1-20 covered; Visits 21-35 have a 25% copay.  <b>Retirees: Non-Medicare</b> - 20 visit maximum per calendar year; <b>Medicare</b> - 40 visits maximum per calendar year.  <b>Retiree Copay for Visits:</b> 1-5 visits covered; 6-10 visits 10% member copay; Additional visits - 25% member copay.</p>
	<p><b>Out-of-Network: Active:</b> subject to the conditions of the Managed Care Program.  <b>Retirees:</b> see footnote  <i>See Footnote #5</i></p>

PRESCRIPTION DRUGS	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Retail Pharmacies	<p><b>Active:</b> \$5 generic/\$11 brand name \$16 ED copay per prescription.  <b>Retirees:</b> \$5 generic/\$10 brand name copay per prescription  NOTE: Mandatory generic substitute applies.  See Footnote #6</p>
	<p>75% Covered after participating pharmacy copay.  NOTE: Mandatory generic substitute applies.</p>

PRESCRIPTION DRUGS	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Mail Order Program	<b>Active: \$10</b> copay per generic, <b>\$15</b> copay per brand-name and \$19 copay for ED drugs up to a 90-day supply. <b>Retiree</b> \$2 copay, up to a 90-day supply <b>NOTE:</b> Mandatory generic substitute applies to all groups. See Footnote #6
	Not Covered See Footnote #7

HEARING CARE	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Audiometric Examination	<b>In-Network:</b> Covered at participating providers
	<b>Out-of-Network:</b> Not Covered
Hearing Aid	<b>In-Network:</b> Covered at participating providers
	<b>Out-of-Network:</b> Not Covered
Frequency Limitation	<b>In-Network:</b> 36 months
	<b>Out-of-Network:</b> Not Covered

VISION CARE	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Vision Care Contact Information	<b>In-Network:</b> SVS, Inc. 800-225-3095, <a href="http://www.svsvision.com">http:// www. svsvision.com</a>
	<b>Out-of-Network:</b> Same as In-Network
Examination	<b>In-Network:</b> Covered every <b>12</b> months
	<b>Out-of-Network:</b> Contact SVS, Inc.

VISION CARE	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Lenses and Frames	<b>In-Network:</b> Covered every <b>24</b> months
	<b>Out-of-Network:</b> Contact SVS, Inc.
Contact Lenses	<b>In-Network:</b> Medically necessary: up to \$350 Not medically necessary: \$75 for lenses & \$40 for fit and follow-up
	<b>Out-of-Network:</b> Contact SVS, Inc.

FOOT AND ANKLE CARE	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Foot and Ankle Care - Outpatient Services	<b>In-Network:</b> Contact your plan for details on covered services
	<b>Out-of-Network:</b> Same as In-Network

OTHER SERVICES	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Durable Medical Equipment	<b>In-Network:</b> Covered through the SUPPORT Program (800-831-0999)
	<b>Out-of-Network:</b> Covered with a 20% member co-insurance on Maximum Payment Allowed. <i>See Footnote #8</i>
Prosthetic and Orthotic Appliances	<b>In-Network:</b> Covered through the SUPPORT Program (800-831-0999)
	<b>Out-of-Network:</b> Covered with a 20% member co-insurance on Maximum Payment Allowed. <i>See Footnote #8</i>

OTHER SERVICES	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Health Education & Special Programs	<b>In-Network:</b> Contact your plan for information
	<b>Out-of-Network:</b> Same as In-Network

SPECIAL SITUATIONS	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
When Enrolled in Medicare	<b>In-Network:</b> Plan coordinates with Medicare
	<b>Out-of-Network:</b> Same as In-Network <i>See Footnote #2</i>
Sponsored Dependent Coverage	<b>In-Network:</b> Available at subscriber's expense
	<b>Out-of-Network:</b> Same as In-Network

HOSPITAL SERVICES	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Semi - Private Room and Board	<b>In-Network:</b> 365 days, renewable after 60 days (Predetermination Required)
	<b>Out-of-Network:</b> Same as In-Network <i>See Footnote #4</i>

HOSPITAL SERVICES	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Surgery, Inpatient and Outpatient	<b>In-Network:</b> Covered
	<b>Out-of-Network:</b> Covered with a 10% member co-insurance on Maximum Payment Allowed by BCBS for these services. <i>See Footnote #2</i>
Physician Services	<b>In-Network:</b> Covered
	<b>Out-of-Network:</b> Covered with a 10% member co-insurance on Maximum Payment Allowed by BCBS for these services. <i>See Footnote #2</i>
Inpatient Physical Therapy	<b>In-Network:</b> Covered
	<b>Out-of-Network:</b> Covered with a 10% member co-insurance on Maximum Payment Allowed by BCBS for these services. <i>See Footnote #2</i>
Functional Occupational Therapy	<b>In-Network:</b> Covered
	<b>Out-of-Network:</b> Covered with a 10% member co-insurance on Maximum Payment Allowed by BCBS for these services. <i>See Footnote #2</i>

SUBSTANCE ABUSE	National PPO Plan (BCBS) Multi-State - Active & Protected Retirees
Hospital Services	<b>In-Network: Active Employees:</b> subject to the conditions of the Managed Care Program - 45 days, renewable after 60 days. <b>Retirees:</b> 45 days, renewable after 60 days.
	<b>Out-of-Network: Active Employees:</b> subject to the conditions of the Managed Care Program. <b>Retirees:</b> Not covered
Outpatient Services	<b>In-Network: Active Employees:</b> subject to the conditions of the Managed Care Program
	<b>Out-of-Network: Active Employees:</b> subject to the conditions of the Managed Care Program. <b>Retirees:</b> Not covered

#1: For Non-Medicare claims, if you receive covered health care services from a non-panel PPO provider (an out-of-network provider), you will be required to pay an additional 10% co-insurance for those covered services- up to \$250 per single party or \$500 per multiple party each calendar year. In addition, you will be responsible for any charges above the BCBS maximum allowed amount for these services. For covered services that Medicare pays first, these services are not subject to the 10% member co-insurance for out-of-network services and will be processed the same as in-network.

#2: For Non-Medicare claims, if you receive covered health care services from a non-panel PPO provider (an out-of-network provider), you will be required to pay an additional 10% co-insurance for those covered services- up to \$250 per single party or \$500 per multiple party each calendar year. In addition, you will be responsible for any charges above the BCBS maximum allowed amount for these services. For covered services that Medicare pays first, these services are not subject to the 10% member co-insurance for out-of-network services and will be processed the same as in-network.

#3: Out-of-Network - For Non-Medicare claims, if you receive covered health care services from a non-panel PPO provider (an out-of-network provider), you will be required to pay an additional 10% co-insurance for those covered services- up to \$250 per person or \$500 per family each plan year. In addition, you will be responsible for any charges above the BCBS maximum allowable payment amount for these services. For covered services that Medicare pays first, these services are not subject to the 10% member co-insurance for out-of-network services and will be processed the same as under the present Traditional Medical Plan.

#4: Services at non-panel, participating hospital are covered with a 10% member co-insurance on the Maximum Amount Allowed by BCBS for these services. The Maximum Payment is \$250 per day at a non-panel, non-participating hospital.

#5: For Non-Medicare claims, if you receive covered health care services from a non-panel PPO provider (an out-of-network provider), you will be required to pay an additional 10% co-insurance for those covered services- up to \$250 per single party or \$500 per multiple each plan year. In addition, you will be responsible for any charges above the BCBS maximum allowable amount for these services. For covered services that Medicare pays first, these services are not subject to the 10% member co-insurance for out-of-network services and will be processed the same as under the present Traditional Medical Plan.

#6: A Surviving Spouse with a retirement date prior to 1/1/04 has a \$2 copay per prescription, up to a 90 day supply. **NOTE:** Mandatory generic substitute applies.

#7: A Surviving Spouse with a retirement date prior to 1/1/04 - Not covered

#8: You will be responsible for the remaining 20% of the Maximum Payment up to the annual \$500 out-of-pocket maximum applicable to the SUPPORT Program. This 20% does not apply to the \$250 single party or \$500 multiple party annual out-of-pocket maximum applicable to the National PPO Plan (BCBS). In addition, you will be responsible for any additional charges above the BCBS Maximum Amount Allowed.