UCC Health Benefits Plan B - Schedule of Benefits

Deductibles, benefit limits and types of service:	BlueCard PPO Network[1]	Out-of-network
Annual Deductible [2]	$500 per person, $1500 per family	$1500 per person, $4500 per family
Annual Out-of-Pocket Maximum [2]	$5,000 per person, $15,000 per family	$15,000 per person, $45,000 per family
Annual Benefit Maximum [3]	$1,000,000 per person	
Type of Service	**Plan Payments After Deductible**	**Plan Payments After Deductible, up to (R&C) limit [4]**
Physician Out-Patient Services • Routine physicals [5] • Illness/injury visits	100% for routine physicals 80% for illness or injury visits	100% for routine physicals up to R&C limit 60% for illness or injury visits up to R&C limit
Physician In-Patient Services • Physician hospital visits and consultations • Childbirth • In-patient surgery	Plan pays 80%	Plan pays 60% up to R&C limit
Out-Patient Surgery	Plan pays 80%	Plan pays 60% up to R&C limit
Routine Eye Exams	Plan pays $40	Plan pays $40
Well-Baby Care[6]	100% for six visits up to age 1, 100% for six visits from ages 1-5	100% for six visits up to age 1, 100% for six visits from ages 1-5
Diagnostic Lab and X-ray • Out-patient diagnostic procedures • Mammogram [7] • PSA testing [7]	Plan pays 80% Plan pays 100% Plan pays 100%	Plan pays 60% up to R&C limit Plan pays 100% up to R&C limit Plan pays 100% up to R&C limit
Hospital Out-Patient Services • Out-patient surgery • Laboratory and x-rays • Physical therapy • Radiation therapy	Plan pays 80%	Plan pays 60%

1 *BlueCard PPO network provides access to health care services at a lower cost than out-of-network providers.*

2 *Excludes prescription drug co-payments, physician office visit co-payments, difference paid for brand-name drugs in lieu of available generics, penalty for failure to pre-certify hospital admissions and payments over reasonable and customary (R&C) limit. (Other exclusions described in this booklet apply.)*

3 *Annual Benefit Maximum applies to health and mental health/substance abuse services.*

4 *Benefit payments are based on R&C limit.*

5 *Visits for routine physicals are not subject to annual deductible.*

6 *According to AMA Schedule of Pediatric Preventive Services. Not subject to annual deductible.*

7 *According to AMA Schedule of Adult Preventive Services. Not subject to annual deductible.*

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Type of Service	In-Network	Out-of-Network
Other Medical Services • Anesthesia • Transportation services required to provide medical care	Plan pays 80%	Plan pays 60%
Hospital In-Patient Services • Operating room • Labor and delivery room • Intensive/coronary care • Semi-private room and board (Private room if medically necessary) [8] • Anesthesia • Drugs • Nursing care • X-ray and laboratory • Radiation therapy and chemotherapy • Cardiac rehabilitation therapy • Short-term rehabilitation therapy	Plan pays 80%	Plan pays 60%
Physical Therapy Up to $2,000 per person per year	Plan pays 80%	Plan pays 60% up to R&C limit
Chiropractic Treatment Up to $2,000 per person per year	Plan pays 80%	Plan pays 60% up to R&C limit
Acupuncture [9] Up to $2,000 per person per year	Plan pays 80%	Plan pays 60% up to R&C limit
Durable Medical Equipment • Purchase/rental of approved equipment • Surgical supplies • Oxygen/administration of oxygen • Other approved equipment/ supplies	Plan pays 80%	Plan pays 60% up to R&C limit
Limited Oral Surgery[10]	Plan pays 80%	Plan pays 60% up to R&C limit

8 Room and board charge for a semi-private room, or that amount plus $4.00 a day if a private room is requested, but not medically necessary.

9 Acupuncture services are covered if medically necessary to treat a diagnosed medical condition and are provided by a physician (MD, DO), or Doctor of Chiropractic, or licensed acupuncturist.

10 Limited to oral surgery services and anesthesia for removal of wisdom teeth - hard and soft tissue impactions - when performed by a Doctor of Dental Surgery.

Type of Service	In-Network	Out-of-Network
Emergency Care[11]	Plan pays 80%	Plan pays 80% up to R&C limit
Hospice Services[12] • Room and board, counseling, incidental medical services and supplies, part-time nursing services, home health care services	Plan pays 80% up to R&C limit	
• Bereavement counseling	Plan pays 50%, 15 visit maximum per family	

11 Emergency care treatment received for the unexpected onset of a traumatic bodily injury or a life-threatening or disabling condition which, if not treated immediately, could reasonably be expected to result in serious physical impairment or loss of life.

12 Hospice Services are covered only when under the supervision of a physician.

Type of Service Mental Health and Substance Abuse Treatment Services[13]	PPO Network Plan Pays:[14]	Out-of-Network Plan Pays:[14]
In-patient	100% of contracted rate	60% of determined comparable contracted rate
Out-patient	\$10 co-payment/visit for visits 1-20 \$20 co-payment/visit for visits 21-30 30 visit maximum per calendar year	50% of R&C rate for visits 1-5 25% of R&C rate for visits 6-10 10 visit maximum per calendar year

13 Provided by or under the direction of a ValueOptions psychiatrist, psychologist, licensed doctoral-level psychologist, licensed pastoral counselor, licensed MSW or licensed MSN in psychiatric nursing.

14 Benefits paid for mental health and substance abuse treatment are included in the Annual Benefit Maximum.

PRE-CERTIFICATION REQUIREMENT REMINDER!

It is your responsibility to contact Intracorp for pre-certification of any in-patient hospital service. Network physicians may handle the pre-certification for you. You may be charged an additional \$300 deductible for services that are not pre-certified. This penalty will not be applied against your annual deductible or out-of-pocket maximum for the calendar year.

Adult Preventive Services listed below are not subject to the annual deductible unless footnoted.	
Adult Tetanus and Diphtheria Toxoid (Td)	18 years and older, once every 10 years
Blood Cholesterol Test	18-49 years, once every three years; 50 and older, annually
Colorectal Screening - Colonoscopy[15]	50 and older, once every nine years
Complete Blood Count (CBC)	18-49 years, once every three years; 50 and older, annually
Fecal Occult Blood Test	50 and older, annually
Flexible Sigmoidoscopy[15]	50 and older, annually

15 Subject to annual deductible.

Influenza Vaccine	50 and older, annually
Periodic Physical Exam	18-49 years, once every three years; 50 and older, annually
Pneumococcal Vaccine	65 and older, once every five years
Prostatic Specific Antigen (PSA)	50 and older, annually
Routine Gynecological Exam and Pap Smear	No age limit, annually
Rubella Titer Test and Immunization	18-49 years, one per lifetime
Screening Mammography	40 and older, annually
Urinalysis	18-49 years, once every three years; 50 and older, annually

Pediatric Preventive Services listed below are not subject to the annual deductible.

Periodic Physical Exam - once during each age range

0-1 month 2-3 months 4-5 months	6-8 months 9-11 months 12-14 months	15-17 months 18-24 months 2 years	3 years 4 years 5 years	6-7 years 8-9 years 10-17 years, annually

Childhood immunizations recommended by a physician such as:	Diphtheria/Tetanus/Pertussis (DTP) Hemophilus (Hib) Hepatitis B Measles/Mumps/Rubella (MMR) Polio Varicella (Chicken Pox)
Hemoglobin/Hematocrit	Birth-12 months, 1-4 years, 5-12 years, 14-17 years (once during each age range)
Rubella Titer Test	11-17 years (one per lifetime)
Tuberculosis (TB) Test	4-7 years, 13-15 years (once during each age range)
Urinalysis	Birth-6 years, 11-17 years (once during each age range)

Prescription Drug Benefit Co-Payments

When purchased at a Medco network retail pharmacy:	$8 for a generic drug, $16 for a brand-name drug on the formulary, and $31 for a brand-name drug not listed on the formulary (up to a 30-day supply).
When purchased through the Medco Home Delivery Pharmacy Service:	$20 for generic drug, $40 for a brand-name prescription drug on the formulary, and $70 for a brand-name prescription drug not listed on the formulary (up to a 90-day supply).

Co-payments for prescription drugs are not included in the annual deductible or the annual out-of-pocket maximum.