

Clark University
2008/2009 Plan Design

Blue Cross Blue Shield – Blue Care Elect Preferred (PPO)

Benefit	Blue Care Elect Preferred PPO Plan	
Plan Maximum:	Unlimited Lifetime Maximum	Unlimited Lifetime Maximum
Plan Year Deductible:	None	\$250 Per Member
Plan Year Coinsurance Maximum:	None	\$1,000 Per Member
Benefit	In-Network	Out-of-Network
Inpatient Hospitalization		
General Hospital charges including Room & Board, ICU and Special Services:	100%	80% of U&C
Physician Services (not related to surgery):	100%	80% of U&C
Surgeon's Fees:	100%	80% of U&C
Assistant Surgeon and Anesthetist:	Same as Surgeon.	
Outpatient Hospital		
Emergency Room Visits:	\$50 copay per visit	\$50 copay per visit (policy deductible waived)
Outpatient Surgery:	100%	80% of U&C
Outpatient Miscellaneous Charges, including Radiation and Chemotherapy, Diagnostic Lab & x-ray, etc:	100%	80% of U&C
Outpatient Physician Office Visit		
Medical Care:	\$15 per visit copay, then 100% coverage	80% of U&C
Routine GYN Exam: Limited to 1 visit per calendar year in- and out-of-network combined).	\$15 per visit copay, then 100% coverage	80% of U&C
Routine Vision Exam: Limited to 1 visit per 24 months in- and out-of-network combined.	\$15 per visit copay, then 100% coverage	80% of U&C
Adult Routine Physicals:	\$15 per visit copay, then 100% coverage • 1 visit/5 years age 19 - 29 • 1 visit/3 years age 30 – 39 • 1 visit/2 years age 40 – 54 • 1 visit/ year age 55+	80% of U&C • 1 visit/5 years age 19 - 29 • 1 visit/3 years age 30 – 39 • 1 visit/2 years age 40 – 54 • 1 visit/ year age 55+
In- and Out-of-Network combined		

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Benefit	In-Network	Out-of-Network
Mental Health and Substance Abuse		
Biologically based conditions:	<u>Inpatient:</u> 100% <u>Outpatient:</u> \$15 copay per visit, then 100%	<u>Inpatient:</u> 80% of U&C <u>Outpatient:</u> 80% of U&C
Non-Biologically based conditions.	<u>Inpatient:</u> 100% limited to 60 days per calendar year. <u>Outpatient:</u> \$15 copayment per visit limited to 24 visits per calendar year.	<u>Inpatient:</u> 80% of U&C limited to 60 days per calendar year. <u>Outpatient:</u> 80% of U&C limited to 24 visits per calendar year
Alcoholism Treatment::	<u>Inpatient:</u> 100% limited to 30 days per calendar. <u>Outpatient:</u> 100%, \$15 copay per visit, limited to 8 visits per calendar year.	<u>Inpatient:</u> 80% of U&C limited to 30 days per calendar. <u>Outpatient:</u> 80% of U&C limited to 8 visits per calendar year.
Other Outpatient Benefits		
Visiting Nurse/Home Health Care:	100%	80% of U&C
Ambulance	100%	100% of U&C
Chiropractic Visits	100%, \$20 copay per visit	100% of U&C
Prescription Drugs	\$10 copay per Tier 1 prescription \$25 copay per Tier 2 prescription \$45 copay per Tier 3 prescription (applies per 30 day supply filled at retail pharmacy, or per 90 day supply mail order)	
Additional Benefits		
Healthy Blue Programs – Members have access to certain discount and savings program. Refer to your subscriber certificate for details as discounts vary or call 1-800-262-BLUE (2583) to receive your Healthy Blue booklet which outlines these special programs. <ul style="list-style-type: none"> - Reimbursement for BCBSMA designated weight loss program - \$150 per year, per individual. - Discounts on safety helmets and home safety items, alternative medicine services, vision services (frames, lenses, ect.) 		