

# Blue Care Access HSA<sup>SM</sup>: (High-Deductible HMO) for Small Employer Groups

	NETWORK PROVIDERS	
	YOU PAY	PLAN PAYS
<b>OUTPATIENT CARE</b>		
<b>Preventive Office Visits</b> <i>Including well-child care</i>	No member cost	100% of our allowed price
<b>Screen Mammogram and PAP Test</b> <i>Excluding diagnostic services</i>		
<b>Maternity Office Visits</b>	Deductible, then 20% of allowed price	80% of allowed price after deductible
<b>Primary Care Physician Office Visits</b>		
<b>Specialist Office Visits</b>		
<b>Mental Health and Substance Abuse Office Visits</b> <i>Prior approval is required</i>		
<b>Chiropractic Care</b> <i>Prior approval required after 12 visits per year</i>		
<b>Diagnostic Services</b> <i>Includes laboratory and x-ray</i>		
<b>Emergency Care</b> <i>Condition must meet criteria for emergency care</i>		
<b>Outpatient Surgery</b> <i>Prior approved may be required</i>		
<b>Outpatient Physical, Occupational and Speech Therapy</b> <i>Up to 30 visits combined per calendar year</i>		
<b>INPATIENT CARE</b>		
<b>Inpatient Care, General Hospital</b> <i>Precertification required, includes maternity/newborn care</i>	Deductible, then 20% of our allowed price	80% of allowed price after deductible
<b>Inpatient Care, Mental Health or Substance Abuse</b> <i>Prior approval required</i>		
<b>HOME CARE AND REHABILITATION SERVICES</b>		
<b>Inpatient Skilled Nursing or Rehabilitation</b> <i>Prior approval required for rehabilitation</i>	Deductible, then 20% of our allowed price	80% of allowed price after deductible
<b>Home Health and Hospice Care Services</b>		
<b>Private Duty Nursing</b> <i>Up to \$2,000 per member per calendar year</i>		
<b>OTHER SERVICES</b>		
<b>Ambulance</b> <i>Prior approval required for non-emergency transport</i>	Deductible, then 20% of our allowed price	80% of allowed price after deductible
<b>Medical Equipment and Supplies</b> <i>Prior approval may be required</i>		
<b>PRESCRIPTION DRUGS</b>		
<b>Prescription Drugs (Including Mail Order)</b> <i>Prior approval may be required</i>	Deductible, then 20% of our allowed price	80% coinsurance after deductible



This is only a partial listing of benefits. Please consult a subscriber contract for complete details, limitations, etc. Deductible begins accumulating in January each year with no carryover from previous year.