

HSA BlueCare: (High Deductible HMO) for Small Employer Groups

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