

# Berry College – Blue Open Access POS



## OAP \$1.5K

All benefits are subject to the calendar year deductible, except those with in-network copayments, unless otherwise noted.

All calendar year benefit visit maximums are combined between in-network and out-of-network.

In addition to copayments, members are responsible for deductibles and any applicable coinsurance.

Members are also responsible for all costs over the plan maximums.

Some services may require pre-certification before services are covered by the Plan.

**When using out-of-network providers, members are responsible for any difference between the Maximum Allowed Amount and the amount the provider actually charges, as well as any copayments, deductibles and/or applicable coinsurance.**

| Deductibles, Coinsurance and Maximums  | In-network Benefit Level   | Out-of-Network Benefit Level  |
|--|--|---|
| <b>Calendar Year Deductible*</b> <ul style="list-style-type: none"> <li>▪ Individual</li> <li>▪ Family</li> </ul>  | \$1,500<br>\$4,500   | \$3,000<br>\$9,000  |
| <b>Coinsurance</b>   | Member pays 10%<br>Plan pays 90%   | Member pays 40%<br>Plan pays 60%                                      |
| <b>Calendar Year Out-of-Pocket Maximum*</b><br>(includes calendar year deductible) <ul style="list-style-type: none"> <li>▪ Individual</li> <li>▪ Family</li> </ul>  | \$4,500<br>\$9,000   | \$13,500<br>\$27,000  |
| <p>*Deductibles and out-of-pocket maximums are added separately for in-network and out-of-network services. One family member may reach his or her Individual deductible and be eligible for coverage on health care expenses before other family members. Each family member's deductible amount also goes toward the Family deductible and out-of-pocket maximum. Not everyone has to meet his or her deductible and out-of-pocket maximum for the family to meet theirs. When the Family deductible is met, all family members can access coverage for health care expenses. The medical and pharmacy copayments, deductible(s), and coinsurance on this plan will apply toward the out-of-pocket maximums. The following do not apply to out-of-pocket maximums: non-covered items, plan premiums, any balance billing due to Out-of-Network services.</p> |  |   |
| Covered Services   | In-network Benefit Level   | Out-of-Network Benefit Level  |
| <b>Preventive Care Services for Children and Adults</b><br>(preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits) <ul style="list-style-type: none"> <li>▪ Well-child care, immunizations</li> <li>▪ Periodic health examinations</li> <li>▪ Annual gynecology examinations</li> <li>▪ Prostate screenings</li> </ul>  | Member pays 0%<br>(not subject to deductible)  | Member pays 30% after deductible<br>(deductible waived through age 5) |
| <b>Physician Office Visits for Illness and Injury</b> (including labs, x-rays, and diagnostic procedures) <ul style="list-style-type: none"> <li>▪ Primary Care Physician (PCP)</li> <li>▪ Specialist Physician</li> </ul>   | \$25 copayment<br>\$50 copayment   | Member pays 40% after deductible<br>Member pays 40% after deductible  |
| <b>Retail Health Clinic</b> – (located in some pharmacies: search for in-network providers through Find a Doctor search tool on bcbgsa.com) <ul style="list-style-type: none"> <li>▪ Immunizations</li> <li>▪ Periodic health examinations</li> </ul>  | \$25 copayment   | Member pays 40% after deductible                                      |
| <b>Maternity Physician Services</b> <ul style="list-style-type: none"> <li>▪ Global obstetrical care (prenatal, delivery and postpartum services)</li> </ul>   | Member pays 10% after deductible   | Member pays 40% after deductible                                      |
| <b>Telemedicine Services</b>   | \$25 PCP copayment or<br>\$50 Specialist copayment                                     | Member pays 40% after deductible                                      |
| <b>Telehealth Services</b> – Online Physician Visit<br><a href="https://livehealthonline.com">https://livehealthonline.com</a>   | \$15 copayment   | Member pays 40% after deductible                                      |
| <b>Allergy Services</b> <ul style="list-style-type: none"> <li>▪ Office visits, testing and the administration of allergy injections</li> <li>▪ Allergy injection serum</li> </ul>   | \$25 PCP copayment or<br>\$50 Specialist copayment<br>Member pays 10% after deductible | Member pays 40% after deductible<br>Member pays 40% after deductible  |

| Covered Services  | In-network Benefit Level   | Out-of-Network Benefit Level   |
|---|--|--|
| <b>Office Surgery</b> (surgery and administration of general anesthesia)  | Member pays 10% after deductible   | Member pays 40% after deductible   |
| <b>Office Therapy Services</b> <ul style="list-style-type: none"> <li>Physical Therapy and Occupational Therapy: 20-visit benefit period maximum combined</li> <li>Speech Therapy: 20-visit benefit period maximum</li> <li>Chiropractic Care/Manipulation Therapy: 20-visit benefit period maximum</li> </ul>  | \$25 copayment   | Member pays 40% after deductible   |
| <b>Other Therapy Services</b> <ul style="list-style-type: none"> <li>Chemotherapy, radiation therapy, cardiac rehabilitation (there is no Cardiac Rehabilitation visit max on this plan; authorization required) and respiratory/pulmonary therapy</li> </ul>   | Member pays 10% after deductible   | Member pays 40% after deductible   |
| <b>Advanced Diagnostic Imaging</b> (MRI, MRA, CT Scans and PET Scans)   | Member pays 10% after deductible   | Member pays 40% after deductible   |
| <b>Urgent Care Services</b>   | \$60 copayment   | Member pays 40% after deductible   |
| <b>Emergency Room Services</b> <ul style="list-style-type: none"> <li>Life-threatening illness or serious accidental injury only</li> <li>The ER copayment will be waived if admitted to the hospital</li> </ul>  | \$150 copayment; then member pays 10%  | \$150 copayment; then member pays 10%  |
| <b>Outpatient Facility Services</b> <ul style="list-style-type: none"> <li>Surgery facility/hospital charges</li> <li>Diagnostic x-ray and lab services</li> <li>Physician services (anesthesiologist, radiologist, pathologist)</li> </ul>   | Member pays 10% after deductible   | Member pays 40% after deductible   |
| <b>Inpatient Facility Services</b> <ul style="list-style-type: none"> <li>Daily room, board and general nursing care at semi-private room rate, ICU/CCU charges; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care</li> <li>Physician services (anesthesiologist, radiologist, pathologist)</li> </ul>   | Member pays 10% after deductible   | Member pays 40% after deductible   |
| <b>Skilled Nursing Facility</b> <ul style="list-style-type: none"> <li>30-day benefit period maximum</li> </ul>   | Member pays 10% after deductible   | Member pays 40% after deductible   |
| <b>Mental Health/Substance Abuse Services</b> (*services must be authorized by calling 1-800-292-2879) <ul style="list-style-type: none"> <li>Inpatient mental health and substance abuse services* (facility and physician fee)</li> <li>Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP)* (facility and physician fee)</li> <li>Office mental health and substance abuse services (physician fee)</li> <li>Outpatient mental health and substance abuse services (physician fee)</li> </ul> | Member pays 10% after deductible<br>Member pays 10% after deductible<br>\$25 copayment<br>Member pays 10% after deductible | Member pays 40% after deductible<br>Member pays 40% after deductible<br>Member pays 40% after deductible<br>Member pays 40% after deductible |
| <b>Home Health Care Services</b> <ul style="list-style-type: none"> <li>120-visit benefit period maximum</li> </ul>   | \$25 copayment   | Member pays 40% after deductible   |
| <b>Hospice Care Services</b> <ul style="list-style-type: none"> <li>Inpatient and outpatient services covered under the hospice treatment program</li> </ul>  | Member pays 0% (not subject to deductible)   | Member pays 30% after deductible   |
| <b>Durable Medical Equipment (DME)</b>  | Member pays 10% after deductible   | Member pays 40% after deductible   |
| <b>Ambulance Services</b> (covered when medically necessary)  | Member pays 10% after deductible   | Member pays 10% after deductible   |

## Plan Wellness Incentives

Tools and resources to help you stay healthy. Eligible members include employees, spouses, and covered dependents age 18 and older.

|  |   |
|--|---|
| <ul style="list-style-type: none"><li>▪ Future Moms Program</li></ul>  | <p><b>Mothers-to-be can earn up to \$200 toward gift cards to national retailers when you participate and get personalized support and guidance.</b> You can call to speak to a nurse coach at 866-347-8360 for answers to your pregnancy questions — any time, any day.</p>  |
| <ul style="list-style-type: none"><li>▪ Healthy Lifestyles Online program</li></ul> <p>To access Healthy Lifestyles online, go to <b>bcbsga.com</b> and log in using your BCBSGA username and password. Select the <b>Health &amp; Wellness</b> tab. To access Healthy Lifestyles, select <b>Get started</b> &gt;under the Healthy Lifestyles section.</p> | <p><b>Earn up to \$150 towards gift cards to national retailers when you participate in the Healthy Lifestyles program.</b></p> <p>Healthy Lifestyles is an online personalized well-being improvement program that focuses on physical, social and emotional behaviors that affect your total well-being. You start by completing a Well-Being Assessment (WBA) to help identify health goals and to develop a well-being plan. Your well-being plan uses the personal goals you set to keep you motivated, and it changes over time as you make progress toward them.</p> |
| <ul style="list-style-type: none"><li>▪ 24/7 NurseLine</li></ul>   | <p>Access trained registered nurses any time of the day or night.</p> <p>Call 24/7 NurseLine at <b>866-800-8780</b>.</p>  |

## Summary of Limitations and Exclusions

Your *Certificate Booklet* will provide you with complete benefit coverage information. Some key limitations and exclusions, however, are listed below:

- Routine physical examinations necessitated by employment, foreign travel or participation in school athletic programs
- Non-emergency use of the emergency room
- Removal/extraction of impacted teeth
- Private duty nursing
- Care or treatment that is not medically necessary
- Cosmetic surgery, except to restore function altered by disease or trauma
- Dental care and oral surgery; except for accidental injury to natural teeth, treatment of TMJ and radiation for head and neck cancer
- Occupational related illness or injury
- Treatment, drugs or supplies considered experimental or investigational

## See Certificate Booklet for Complete Details

It is important to keep in mind that this material is a brief outline of benefits and covered services and is not a contract. Please refer to your *Certificate Booklet Form# POS-LG, 01012016* (the contract) for a complete explanation of covered services, limitations and exclusions.



## ***The Power of Blue***<sup>SM</sup>

3350 Peachtree Road, NE • Atlanta, Georgia 30326 • 1-855-397-9267

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