



FCCRMC 2009 HEALTH BENEFIT SUMMARY

BlueCare Plan 10 (PLAN B)

When you enroll in a BlueCare health plan, you will choose a Health Options contracting Primary Care Physician to help coordinate your overall health care.

Benefits for Covered Services

Amount Member Pays (Page 1 of 2)

Benefits	Cost to You
<p>Physician Office Services Primary Care Physician office services Contracting Specialist office services Visit to contracting GYN for well-woman exam</p> <p>These office services may include:</p> <ul style="list-style-type: none"> • Pediatric and well-baby care • Periodic health evaluation and immunizations • Other diagnostic services • Health education • Professional counseling (family planning, nutritional, and medical social services) • Vision and hearing screening • Family planning services • In-office surgery 	<p>\$20 copay per visit \$35 copay per visit \$35 copay per visit</p>
<p>Additional Services (Office or Outpatient Facility) Allergy testing Allergy injection, including serum Outpatient physical, speech, cardiac and occupational therapies Diagnostic lab and X-ray</p>	<p>No copay \$10 copay per visit \$25 copay per visit No copay</p>
Hospital Services (Inpatient Facility)	
<p>Room and board These inpatient hospital services may include:</p> <ul style="list-style-type: none"> • Anesthesia, use of operating and recovery rooms, oxygen, drugs and medications • Intensive Care Unit and other special units • Laboratory and X-ray services • Inpatient physical, speech, cardiac and occupational therapies 	<p>\$150 copay per Day (5 Day Max)</p>
<p>Hospital or Ambulatory Surgical Center (Outpatient Facility) Outpatient and outpatient surgical services Outpatient and outpatient surgical services may include:</p> <ul style="list-style-type: none"> • Anesthesia, use of operating and recovery rooms, oxygen, drugs and medications, including: • Hospital or surgical center • Surgeon's fees • Outpatient laboratory, X-ray, and other tests 	<p>\$200 copay</p>

<p>Emergency Services (Hospital)</p> <ul style="list-style-type: none"> • Use of emergency rooms and emergency services at contracting hospitals • Use of emergency rooms and emergency services outside of service area or at non-contracting hospitals 	<p>\$50 copay per visit</p> <p>\$50 copay per visit</p>
<p>Maternity Services</p> <p>Primary Care Physician office services Contracting Specialist office services – initial OB visit only Certified Nurse Midwife or Midwife Inpatient hospital services Birthing center services</p>	<p>\$20 copay \$35 copay \$0 copay \$150 copay per Day (5 Day Max) No copay</p>
<p>Behavioral Health Services</p> <p>Mental Health Care</p> <ul style="list-style-type: none"> • Outpatient visits – 20 per calendar year • Inpatient facility – 30 days per calendar year • Partial hospitalization (2 partial days for 1 inpatient day) 	<p>\$35 copay per visit \$150 copay per Day (5 Day Max) No copay</p>
<p>Substance dependency</p> <ul style="list-style-type: none"> • Outpatient visits (20 per calendar year) • Inpatient hospitalization (detoxification only) 	<p>\$20 copay per visit \$150 copay per Day (5 Day Max)</p>
<p>Infertility Services</p> <p>Primary Care Physician Contracting Specialist</p>	<p>\$20 copay per visit \$35 copay per visit</p>
<p>Special Services</p> <p>Hospice care Skilled nursing facility (90 days per calendar year) Home health care Ambulance (medically necessary) Durable medical equipment Prosthetics and orthotics Maximum Out-of-Pocket</p>	<p>\$0 copay No copay \$0 copay \$0 copay \$0 copay \$0 copay \$5,000 per Member /\$10,000 per family</p>
<p>Additional Benefits and Features</p> <p>Generic Brand Brand Mandatory * Brand When Generic available Non-Preferred</p> <p>Mail OrderBlueScript Prescription Drug Program: Generic Brand Brand Mandatory * Brand When Generic available Non-Preferred</p> <p>* If a Brand Name Prescription drug is purchased when a Generic Prescription Drug is available and the Physician has not indicated that a Brand Name Prescription Drug is Medically Necessary, you will be required to pay the difference between the cost of the Brand name and Generic Prescription Drug. This does not apply for Insulin.</p>	<p>\$15 \$40 \$40 Member pays full difference \$60</p> <p>\$30 \$80 \$80 Member pays full difference \$120</p>