Independence

Medical Benefit Highlights

The Preferred Provider Organization HDHP - Devereux

Covered Services	Your Costs (You pay)	
Benefits per Calendar Year	**In-Network**	**Out-of-Network**
Deductible (Aggregate)[1]		
Individual / EE+Child / Family (EE/SP/DP, EE+Children, Family)	$2,950/$4,400/$5,900	Not covered
Out-of-Pocket Maximum (Aggregate)[2]		
Individual / EE+Child / Family (EE/SP/DP, EE+Children, Family)	$4,500/$6,750/$9,000	Not covered
Coinsurance	25%	Not covered
Preventive Services	**In-Network**	**Out-of-Network**
Preventive Care	No charge no deductible	Not covered
Preventive Colonoscopy		
Preventive Plus Providers	No charge no deductible	Not covered
Hospital Based	No charge no deductible	Not covered
Physician Services	**In-Network**	**Out-of-Network**
Primary Care Physician (PCP)		
Office Visit	25% after deductible	Not covered
Telemedicine Visit	25% after deductible	Not covered
Specialist		
Office Visit	25% after deductible	Not covered
Telemedicine Visit	25% after deductible	Not covered
Retail Health Clinic Visit	25% after deductible	Not covered
Urgent Care Visit	25% after deductible	Not covered
Virtual Care[3]	**In-Network**	**Out-of-Network**
Telemedicine	25% after deductible	Not covered
Teledermatology	25% after deductible	Not covered
Telebehavioral Health	25% after deductible	Not covered
Therapy Services	**In-Network**	**Out-of-Network**
Physical Therapy (60 visits/year)[4]		
Freestanding	25% after deductible	Not covered
Hospital Based	25% after deductible	Not covered
Occupational Therapy (60 visits/year)[4]		
Freestanding	25% after deductible	Not covered
Hospital Based	25% after deductible	Not covered
Speech Therapy (20 visits/year)	25% after deductible	Not covered
Emergency Services	**In-Network**	**Out-of-Network**
Emergency Room	25% after deductible	Covered at In-Network level
Emergency Ambulance	25% after deductible	Covered at In-Network level
Non-Emergency Ambulance	25% after deductible	Not covered
Hospital Services	**In-Network**	**Out-of-Network**
Inpatient Hospital Services	25% after deductible	Not covered
Observation Services	25% after deductible	Not covered

Independence

Maternity Hospital Services	25% after deductible	Not covered
Inpatient Professional Services (includes Maternity)	25% after deductible	Not covered

Outpatient Surgery	**In-Network**	**Out-of-Network**
Freestanding	25% after deductible	Not covered
Hospital Based	25% after deductible	Not covered
Outpatient Professional Services	25% after deductible	Not covered

Outpatient Diagnostics	**In-Network**	**Out-of-Network**
Diagnostic Medical (EKG)	25% after deductible	Not covered
Routine Radiology (X-Ray)		
Freestanding	25% after deductible	Not covered
Hospital Based	25% after deductible	Not covered
Advanced Imaging (MRI/MRA,CT/CTA Scan, PET Scan)		
Freestanding	25% after deductible	Not covered
Hospital Based	25% after deductible	Not covered

Outpatient Lab and Pathology	**In-Network**	**Out-of-Network**
Freestanding	25% after deductible	Not covered
Hospital Based	25% after deductible	Not covered

Other Medical Services	**In-Network**	**Out-of-Network**
Spinal Manipulations (15 visits/year)	25% after deductible	Not covered
Acupuncture (18 visits/year)	25% after deductible	Not covered
Standard Injectables	25% after deductible	Not covered
Allergy Injections	25% after deductible	Not covered
Biotech/Specialty Injectables		
Home/Office	25% after deductible	Not covered
Outpatient	25% after deductible	Not covered
Chemotherapy	25% after deductible	Not covered
Dialysis	25% after deductible	Not covered
Skilled Nursing Facility (120 days/year)	25% after deductible	Not covered
Home Health	25% after deductible	Not covered
Hospice	25% after deductible	Not covered
Durable Medical Equipment (DME)	25% after deductible	Not covered
Mental Health – Outpatient (includes serious mental illness and substance abuse)		
Office Visit	25% after deductible	Not covered
All Other Services	25% after deductible	Not covered
Mental Health – Inpatient (includes serious mental illness and substance abuse)	25% after deductible	Not covered

1 Aggregate Deductible: For the EE + Child and Family (Includes EE/Sp/DP & EE/Children) tiers, the entire tiered deductible must be met before copayments and coinsurance are applied for an individual member.

2 Aggregate out-of-pocket maximum: For the EE + Child and Family (Includes EE/Sp/DP & EE/Children) tiers, the entire tiered out-of-pocket maximum must be met before copayments and coinsurance no longer apply for the remainder of the plan year.

3 Telemedicine is provided by a designated telemedicine provider, please visit **www.ibx.com/findcarenow**.

4 Physical Therapy, Occupational Therapy, and Cognitive Therapy combined visit limit.

Independence

The EPO Program provides in-network-only benefits through the Personal Choice® or BlueCard® PPO networks. Except for emergency services, all care must be received from participating Personal Choice network or BlueCard PPO network providers. There is no benefit coverage for care received from non-preferred, non-participating providers.

This summary represents only a partial listing of benefits and exclusions of the Medical Program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by medical policy. As a result, this managed care plan may not cover all of your health care expenses. Read your contract/member benefit booklet carefully for a complete listing of terms, limitations, and exclusions of the program. For more information about your coverage, or to get a copy of the complete terms of coverage, visit **www.ibx.com/LGBooklet** or call **1-800-ASK-BLUE** (TTY: 711).

Benefits may be changed by Independence Blue Cross to comply with applicable federal/state laws and regulations.

Certain services require preapproval/precertification by the health plan prior to being performed. To obtain a list of services that require authorization, please log on to **http://www.ibx.com/preapproval** or call the phone number that is listed on the back of your identification card.

Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross - Independent licensees of the Blue Cross and Blue Shield Association. **www.ibx.com**