

**BLUECARE  
OPTION I**

MADISON TOWN 939- 123,149,150 &amp; 151

**Description of Benefits****You pay:****PREVENTIVE CARE**

Well child care (including immunizations)	6 exams birth to 1 year; 6 exams 1 through 5 years 1 exam every 2 years from 6 through 10 years; 1 exam every year from 11 through 21 years	No charge
Periodic, routine health examinations	1 exam every 5 years from 22 through 29 years 1 exam every 3 years from 30 through 39 years 1 exam every 2 years from 40 through 49 years 1 exam annually from 50 years and older	No charge
Routine eye exam	One exam every two years	No charge
Hearing screening	As part of the preventive exam	No charge
Routine Ob/Gyn visits	1 exam per year, no referral required	No charge
Mammography	1 baseline age 35-39 1 screening every year age 40+ Additional exams when medically necessary	No charge

**MEDICAL CARE**

Primary care office visits		\$5 per visit
Specialist consultations		\$5 per visit
Ob/Gyn Care		\$5 per visit
Maternity Care		\$5 copay 1st visit, all others paid in full
Laboratory		No charge
X-ray and diagnostic tests		No charge
Allergy Services		
Office visits		\$5 per visit
Allergy injections and testing	60 treatments in 2 years	No charge

**HOSPITAL CARE***Prior Authorization Required*

Semi-private room		No charge
Maternity and newborn care		No charge
Skilled nursing facility	Up to 90 days per calendar year	No charge
Rehabilitative services	Up to 60 consecutive days per medical condition	No charge
Outpatient Surgery	In a hospital or surgi-center	No charge

**EMERGENCY CARE**

Emergency room	Copayment waived if admitted	\$50 per visit
Ambulance	Land Ambulance	Covered
	Air Ambulance	Covered
Urgent care	At participating centers only	\$25 per visit

*You pay:*

<b>OTHER HEALTH CARE</b>	<i>Prior Authorization Required</i>	
Home health care	Includes infusion therapy	No charge
Outpatient Rehabilitative services (includes physical therapy, occupational therapy and chiropractic treatment)	Subject to Medical Necessity based on information obtained from your health care provider	\$5 per visit
Prosthetic devices	Maximum benefit is \$1,000 per member per calendar year.	20%
Durable medical equipment	Limited to specific items.	20%
Outpatient Cardiac Rehabilitation therapy	Up to 36 visit maximum per cardiac episode	\$5 per visit
Infertility Services	\$5,000 lifetime maximum (includes services and drugs administered for the treatment of infertility) In vitro/GIFT/ZIFT not covered.	Phase I: \$5 per visit Phase II/III: 50%

<b>MENTAL HEALTH/SUBSTANCE ABUSE CARE</b>	<i>Prior Authorization Required</i>	
Members may access participating mental health/substance abuse provider groups either by referral from their PCP, emergency room, Employee Assistance program, self-referral, or the Plan.		
Mental health and Substance abuse - inpatient		No charge
Mental health outpatient/office visits		\$5 per visit

## How To Use Your Plan

Call your primary care physician (PCP) whenever you have a medical problem, whether it is routine or an emergency. To access care, present your membership card and pay any applicable cost shares.

**Prior Authorization:** Prior authorization is required for inpatient admissions and specified outpatient procedures.

*This does not constitute your health plan or insurance policy. It is only a general description of BlueCare Plus benefits and exclusions.*