Independence

Medical Benefit Highlights

The Preferred Provider Organization Tier 2 Devereux

Covered Services	Your Costs (You pay)	
Benefits per Calendar Year	**In-Network**	**Out-of-Network**
Deductible (Embedded)[1] Individual/Family Employee/Child Tier	 $475/$950 $715	 Not covered
Out-of-Pocket Maximum (Embedded)[2] Individual/Family Employee/Child Tier	 $2,750/$5,550 $4,160	 Not covered
Coinsurance	20%	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	20% after deductible	Not covered
Physician Services	**In-Network**	**Out-of-Network**
Primary Care Physician (PCP) Office Visit		
Office Visit	$20 no deductible	Not covered
Telemedicine Visit	$20 no deductible	Not covered
Specialist Office Visit		
Office Visit	$50 no deductible	Not covered
Telemedicine Visit	$50 no deductible	Not covered
Retail Health Clinic Visit	$20 no deductible	Not covered
Urgent Care Visit	$50 no deductible	Not covered
Virtual Care[3]	**In-Network**	**Out-of-Network**
Telemedicine	$10 no deductible	Not covered
Teledermatology	$10 no deductible	Not covered
Telebehavioral Health	$10 no deductible	Not covered
Therapy Services	**In-Network**	**Out-of-Network**
Physical Therapy (60 visits/year)[4]		
Freestanding	$40 no deductible	Not covered
Hospital Based	$40 no deductible	Not covered
Occupational Therapy (60 visits/year)[4]		
Freestanding	$40 no deductible	Not covered
Hospital Based	$40 no deductible	Not covered
Speech Therapy (60 visits/year)[4]	$40 no deductible	Not covered
Emergency Services	**In-Network**	**Out-of-Network**
Emergency Room (copay waived if admitted)	$275 no deductible	Covered at In-Network level
Emergency Ambulance	20% after deductible	Covered at In-Network level
Non-Emergency Ambulance	20% after deductible	Not covered
Hospital Services	**In-Network**	**Out-of-Network**
Inpatient Hospital Services	$250/Admission after deductible,	Not covered

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	then 20%	
Observation Services	20% after deductible	Not covered
Maternity Hospital Services	$250/Admission after deductible, then 20%	Not covered
Inpatient Professional Services (includes Maternity)	20% after deductible	Not covered

Outpatient Surgery	**In-Network**	**Out-of-Network**
Freestanding	20% after deductible	Not covered
Hospital Based	20% after deductible	Not covered
Outpatient Professional Services	20% after deductible	Not covered

Outpatient Diagnostics	**In-Network**	**Out-of-Network**
Diagnostic Medical (EKG)	20% after deductible	Not covered
Routine Radiology (X-Ray)		
Freestanding	20% after deductible	Not covered
Hospital Based	20% after deductible	Not covered
Advanced Imaging (MRI/MRA,CT/CTA Scan, PET Scan)		
Freestanding	$100 after deductible, then 20%	Not covered
Hospital Based	$100 after deductible, then 20%	Not covered

Outpatient Lab and Pathology	**In-Network**	**Out-of-Network**
Freestanding	No charge no deductible	Not covered
Hospital Based	No charge no deductible	Not covered

Other Medical Services	**In-Network**	**Out-of-Network**
Spinal Manipulations (15 visits/year)	$40 no deductible	Not covered
Acupuncture (18 visits/year)	$50 no deductible	Not covered
Standard Injectables	20% after deductible	Not covered
Allergy Injections	20% after deductible	Not covered
Biotech/Specialty Injectables		
Home/Office	20% after deductible	Not covered
Outpatient	20% after deductible	Not covered
Chemotherapy	20% after deductible	Not covered
Dialysis	20% after deductible	Not covered
Skilled Nursing Facility (120 days/year)	20% after deductible	Not covered
Home Health	20% after deductible	Not covered
Hospice	20% after deductible	Not covered
Durable Medical Equipment (DME)	No charge after deductible	Not covered
Mental Health – Outpatient (includes serious mental illness and substance abuse; Out-of-Network: 20 visits/year, 120 visits/lifetime)	$20 no deductible	50% after deductible
Mental Health – Inpatient (includes serious mental illness and substance abuse; Out-of-Network: 30 days/year, 90 days/lifetime)	100% after deductible	50% after deductible

1 Embedded deductible: Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits.

2 Embedded out-of-pocket maximum: Each covered family member only needs to satisfy his or her individual out-of-pocket maximum, not the entire family out-of-pocket maximum.

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

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

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**