



**BluePrint<sup>®</sup> - 2017 Quality PPO Plan (\$500/\$1000 PPO Deductible Plan)**

Benefit	In-Network		Out-of-Network
<b>Lifetime Benefit Maximum</b> Per individual.	Unlimited		
<b>Deductible</b> The amount an individual or family must pay each calendar year before payments begin for services.	\$500 per individual \$1,000 per family		\$1,500 per individual \$3,000 per family
<b>Out-of-Pocket Expense Limit</b> The maximum amount of money that any individual or family will have to pay towards covered health expenses during any one calendar year.	\$4,000 per individual \$8,000 per family		\$6,000 per individual \$12,000 per family
<b>Plan Coinsurance</b>	90%		70%
<b>Adult Preventive Care</b>	100%		Deductible; 70%
<b>Routine Mammograms</b> Maximum of 1 baseline mammogram between age 35-39 and one mammogram per calendar year age 40 +.	100%		Deductible; 70%
<b>Routine Well Child Care</b>	100%		Deductible; 70%
<b>Routine Newborn Care</b>	Deductible; 90%		Deductible; 70%
<b>Physician's Office Visits</b> One co-payment per physician per day.	<b>PCP:</b> \$35 copayment	<b>Specialist:</b> \$45 copayment	Deductible; 70%
<b>Outpatient Diagnostic Lab and X-Ray</b>	Deductible; 90%		Deductible; 70%
<b>Allergy Testing</b>	\$45 copayment		Deductible; 70%
<b>Chiropractic Care</b> 12 visits per member per calendar year maximum.	\$45 copayment		Deductible; 70%
<b>Emergency Room</b> Copayment waived if admitted.	\$200 copayment		\$200 copayment
<b>Outpatient Physical Therapy/Occupational Therapy &amp; Speech Therapy</b> 60 visits combined per member per calendar year maximum.	\$45 copayment		Deductible; 70%

Benefit	In-Network	Out-of-Network
<b>Durable Medical Equipment</b>	Deductible; 90%	Deductible; 70%
<b>Routine Vision Exams</b> Once per covered person every 24 months.	\$35 copayment	\$35 copayment
<b>Convalescent Hospital/Extended Care Facility/Skilled Nursing Facility</b> Maximum of 100 days per covered person per calendar year.	Deductible; 90%	Deductible; 70%
<b>Early Intervention Services</b>	\$45 copayment	Deductible; 70%
<b>Home Health Care</b>	Deductible; 90%	Deductible; 70%
<b>Outpatient Cardiac Rehabilitation</b>	\$45 copayment	Deductible; 70%
<b>Radiation Therapy and Chemotherapy</b>	Deductible; 90%	Deductible; 70%
<b>Outpatient High Tech Radiology Services</b> MRI, PET Scans, CAT Scans.	Deductible; \$150 copayment	Deductible; 70%
<b>Inpatient Hospital Services</b>	Deductible; 90%	Deductible; 70%
<b>Outpatient Surgery</b>	Deductible; 90%	Deductible; 70%
<b>Ambulance Services</b> Emergency Services.	Deductible; 90%	In-Network Deductible; 90%
<b>Ambulance Services</b> Non Emergency Services.	Deductible; 90%	Deductible; 70%
<b>Infertility Services (Outpatient)</b> Maximum of six attempts per lifetime.	\$45 copayment	Not Covered

# National DCP, LLC

## Schedule of Benefits

### Quality Plan

Benefit	In-Network	Out-of-Network
<b>Mental Health/Substance Abuse - Inpatient Services</b>	Deductible; 90%	Deductible; 70%
<b>Mental Health/Substance Abuse - Outpatient Services</b>	\$35 copayment	Deductible; 70%
<b>Pre-Admission Certification (Inpatient Hospital Admissions and specified Outpatient Services)</b>	\$250 non-compliance penalty	\$250 non-compliance penalty
<b>Prescription Drug Benefit</b>		
<b>Prescription Drug Benefit (Retail - 34 Day Supply)</b> Generic Drug Preferred Name Drug Non-Preferred Name Drug	\$15 \$45 \$60	None
<b>Prescription Drug Benefit (Mail Order - 90 Day Supply)</b> Generic Drug Preferred Name Drug Non-Preferred Name Drug	\$30 \$90 \$120	None
<p>* These pages summarize the benefits of your health care plan. Your Summary Plan Description defines the full terms and conditions in greater detail. Should any questions arise concerning benefits, the Summary Plan Description shall govern.</p>		

<sup>1</sup> The CBA Blue Quality PPO Plan utilizes the National BlueCard® PPO Network.

<sup>2</sup> The CBA Blue Quality PPO Plan utilizes a Step Therapy Program. The program moves you along a well-planned path with your doctor approving your medications. Generic or OTC drugs are usually the first step – these drugs have the lowest member copayment. Brand names drugs are usually the second step. Your health plan will require that you have tried a first-step drug, before approving second level drugs.

The plan requires that all non-emergency hospital admissions and certain outpatient procedures (Infertility, Radiation and Chemotherapy, Cardiac Rehabilitation Therapy, Ambulance Services for non-emergency services, Home Infusion Therapy, Home Health Care, Private Duty Nursing and Durable Medical Equipment items in excess of \$1500.00) be pre-certified and authorized by the Contract Administrator. Please contact CBA Blue's Utilization Department at **1-888-222-9206 Option 6** prior to receiving services.

#### Questions:

Please Call CBA Blue at 1-888-222-9206. To locate a participating BlueCard® PPO Network provider, or to learn more about CBA Blue, please visit [www.cbabluevt.com](http://www.cbabluevt.com).