



**Blueprint<sup>®</sup> - 2017 Value PPO Plan (\$2000/\$4000 PPO Deductible Plan)**

Benefit	In-Network	Out-of-Network
<b>Lifetime Benefit Maximum</b> Per individual.	Unlimited	
<b>Deductible (Combined Medical and Prescription)</b> The amount an individual or family must pay each calendar year before payments begin for services. For two-person or family coverage, expenses incurred by each person accumulates and is credited toward the one family deductible. The Plan will not pay benefits until the family deductible amount has been completely satisfied by any combination of covered participants included under two-person or family coverage.	\$2,000 per individual \$4,000 per family	\$4,000 per individual \$8,000 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. An individual under two-person or family coverage will not be required to satisfy more than the \$4,000 individual out-of-pocket amount.	\$4,000 per individual \$8,000 per family	\$6,000 per individual \$12,000 per family
<b>Plan Coinsurance</b>	80%	60%
<b>Adult Preventive Care</b>	100%	Deductible; 60%
<b>Routine Mammograms</b> Maximum of 1 baseline mammogram between age 35-39 and one mammogram per calendar year age 40 +.	100%	Deductible; 60%
<b>Routine Well Child Care</b>	100%	Deductible; 60%
<b>Routine Newborn Care</b>	Deductible; 80%	Deductible; 60%
<b>Physician's Office Visits (Primary and Specialist)</b> One co-payment per physician per day.	Deductible; \$25 copayment	Deductible; 60%
<b>Outpatient Diagnostic Lab and X-Ray</b>	Deductible; 80%	Deductible; 60%
<b>Allergy Testing</b>	Deductible; 80%	Deductible; 60%
<b>Chiropractic Care</b> 12 visits per member per calendar year maximum.	Deductible; \$25 copayment	Deductible; 60%
<b>Emergency Room</b> Copayment waived if admitted.	Deductible; \$250 copayment	In-Network Deductible then \$250 copayment
<b>Outpatient Physical Therapy/Occupational Therapy &amp; Speech Therapy</b> 60 visits combined per member per calendar year maximum.	Deductible; \$25 copayment	Deductible; 60%

Benefit	In-Network	Out-of-Network
<b>Durable Medical Equipment</b>	Deductible; 80%	Deductible; 60%
<b>Routine Vision Exams</b> Once per covered person every 24 months.	\$25 copayment	\$25 copayment
<b>Convalescent Hospital/Extended Care Facility/Skilled Nursing Facility</b> Maximum of 100 days per covered person per calendar year.	Deductible; 80%	Deductible; 60%
<b>Early Intervention Services</b>	Deductible; \$25 copayment	Deductible; 60%
<b>Home Health Care</b>	Deductible; 80%	Deductible; 60%
<b>Outpatient Cardiac Rehabilitation</b>	Deductible; 80%	Deductible; 60%
<b>Radiation Therapy and Chemotherapy</b>	Deductible; 80%	Deductible; 60%
<b>Outpatient High Tech Radiology Services</b> MRI, PET Scans, CAT Scans.	Deductible; 80%	Deductible; 60%
<b>Inpatient Hospital Services</b>	Deductible; 80%	Deductible; 60%
<b>Outpatient Surgery</b>	Deductible; 80%	Deductible; 60%
<b>Ambulance Services</b> Emergency Services.	Deductible; 80%	In-Network Deductible; 80%
<b>Ambulance Services</b> Non Emergency Services.	Deductible; 80%	Deductible; 60%
<b>Infertility Services (Outpatient)</b> Maximum of six attempts per lifetime.	Deductible; \$25 copayment	Not Covered

Benefit	In-Network	Out-of-Network
<b>Mental Health/Substance Abuse - Inpatient Services</b>	Deductible; 80%	Deductible; 60%
<b>Mental Health/Substance Abuse - Outpatient Services</b>	Deductible; \$25 copayment	Deductible; 60%
<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	Deductible; then \$15 \$45 \$60	None
<b>Prescription Drug Benefit (Mail Order - 90 Day Supply)</b> Generic Drug Preferred Name Drug Non-Preferred Name Drug	Deductible; then \$30 \$90 \$120	None

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

<sup>2</sup> The CBA Blue Value 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).