Capital BLUE

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Benefit Highlights
PPO 100 Plan
Lehigh University

THIS IS NOT A CONTRACT. This information highlights *some* of the benefits available through this program and is NOT intended to be a complete list or description of available services. Benefits are subject to the exclusions and limitations contained in your Certificate of Coverage (COC). Refer to your COC for benefit details.

SUMMARY OF COST-SHARING	Amounts *Members* Are Responsible For:	
	Participating Providers	***Non-Participating Providers***
Deductible (per benefit period)	Not Applicable	$500 per member
Copayments		
• **Office Visits** (*performed by a Family Practitioner, General Practitioner, Internist, Pediatrician, Preventive Medicine specialist, or participating Retail Clinic*)	$20 copayment per visit	Coinsurance applies
• **Specialist Office Visit**	$20 copayment per visit	Coinsurance applies
• **Emergency Room**	$35 copayment per visit, waived if admitted	
• **Urgent Care**	$20 copayment per visit	Coinsurance applies
• **Inpatient** (Per Admission)	Covered in full	Coinsurance applies
• **Outpatient Surgery Copayment** (facility)	Covered in full	Coinsurance applies
Coinsurance	Not Applicable	20% coinsurance
Out-of-Pocket Maximum *(includes Deductible, Copayments and Coinsurance for Medical (including ER,* for Participating Providers only).	$4,000 per member $8,000 per family	Unlimited

SUMMARY OF BENEFITS	Limits and Maximums	Amounts *Members* Are Responsible For:	
		Participating Providers	***Non-Participating Providers***
PREVENTIVE CARE: *Administered in accordance with Preventive Health Guidelines and PA state mandates*			
Preventive Care Services			
• Pediatric Preventive Care		Covered in full	Not covered
• Adult Preventive Care		Covered in full	Not covered
Immunizations		Covered in full	20% coinsurance, waive deductible
Mammograms			
• Screening Mammogram	One per benefit period	Covered in full	20% coinsurance, waive deductible
• Diagnostic Mammogram		Covered in full	20% coinsurance after deductible
Gynecological Services			
• Screening Gynecological Exam & Pap Smear	One per benefit period	Covered in full, waive deductible	20% coinsurance, waive deductible
BENEFITS LISTED BELOW APPLY ONLY AFTER BENEFIT PERIOD DEDUCTIBLE IS MET			
Acute Care Hospital Room & Board		Covered in full	20% coinsurance
Acute Inpatient Rehabilitation	60 days/benefit period	Covered in full	20% coinsurance
Skilled Nursing Facility	100 days/benefit period	Covered in full	20% coinsurance
Surgery			
• Surgical Procedure & Anesthesia		Covered in full	20% coinsurance
Maternity Services and Newborn Care		Covered in full	20% coinsurance
Diagnostic Services			
• Radiology		Covered in full	20% coinsurance
• Laboratory		Covered in full	20% coinsurance
• Medical tests		Covered in full	20% coinsurance
Outpatient Surgery		Covered in full	20% coinsurance
Outpatient Therapy Services			
• Physical Medicine	30 visits/benefit period/condition	Covered in full	20% coinsurance
• Occupational Therapy	30 visits/benefit period	Covered in full	20% coinsurance
• Speech Therapy	30 visits/benefit period	Covered in full	20% coinsurance
• Respiratory Therapy		Covered in full	20% coinsurance
• Manipulation Therapy		Covered in full	20% coinsurance
Emergency Services		Covered in full, waive deductible Emergency room copayment applies, waived if admitted inpatient	
Mental Health Care Services • Inpatient Services		COVERAGE PROVIDED UNDER A SEPARATE BEHAVORIAL HEALTH PROGRAM OFFERED BY LEHIGH UNIVERSITY	
• Outpatient Services		COVERAGE PROVIDED UNDER A SEPARATE BEHAVORIAL HEALTH PROGRAM OFFERED BY LEHIGH UNIVERSITY	
Substance Abuse Services • Rehabilitation – Inpatient		COVERAGE PROVIDED UNDER A SEPARATE BEHAVORIAL HEALTH PROGRAM OFFERED BY LEHIGH UNIVERSITY	
• Rehabilitation – Outpatient		COVERAGE PROVIDED UNDER A SEPARATE BEHAVORIAL HEALTH PROGRAM OFFERED BY LEHIGH UNIVERSITY	
Home Health Care Services	50 visits/benefit period	Covered in full	20% coinsurance
Durable Medical Equipment (DME)		Covered in full	20% coinsurance
Prosthetic Appliances		Covered in full	20% coinsurance
Orthotic Devices		Covered in full	20% coinsurance

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