DEPAUL UNIVERSITY
OFFICE OF HUMAN RESOURCES

# Blue Cross Blue Shield PPO – Schedule of Benefits

| **LIFETIME COMPREHENSIVE MAJOR MEDICAL COVERAGE:** Total lifetime maximum for all benefits received | **Unlimited** | |
|---|---|---|
| | **In-Network** | **Out-of-Network** |
| **DEDUCTIBLE:** Per individual, per calendar year. In-Network and Out-of-Network deductibles cross feed each other. (*i.e.,* in-network charges apply to the out-of-network deductible and vice versa). | $500 | $1,000 |
| **FAMILY DEDUCTIBLE:** (Aggregate) | $1,000 | $2,000 |
| **OUT-OF-POCKET EXPENSE LIMITATION:** The amount of money an individual pays toward covered hospital and medical expenses during any one calendar year, including the deductible. In-Network and Out-of-Network charges cross feed each other. Charges exceeding the Schedule of Maximum Allowances (SMA) do not apply to any out-of-pocket limit. Out-of-Network payments are based on SMA, members can be balance billed. | $2,500 single<br><br>$5,000 family (aggregate) | $5,000 single<br><br>$10,000 family (aggregate) |
| **WELLNESS CARE:** Includes all wellness benefits; physicals, immunizations, routine sigmoidoscopy, colonoscopy, routine x-ray and lab; routine mammograms, pap smears, prostate exams, digital rectal exams, and colorectal cancer screenings. No benefit maximum. | 100%, deductible does not apply | 60% |
| **INPATIENT SERVICES**<br>• **HOSPITAL:** Room allowance based on hospital's semi-private room rate. Includes pre-admission testing, home care, hospice, skilled nursing (limited to 100 days).<br>• **INPATIENT MENTAL HEALTH/CHEMICAL DEPENDENCY:** Paid the same as any other inpatient service. | 80% | 60% |
| **OUTPATIENT SERVICES** (includes on-site and tele-health visits, if appropriate)<br>• **HOSPITAL:** Including radiation and chemotherapy, nuclear scans (MRI, CAT, PET).<br>• **OUTPATIENT SURGERY & DIAGNOSTIC TESTS:** Hospital & Physician.<br>• **OUTPATIENT REHABILITATION:** Includes Cardiac/Pulmonary (limit of 36 visits), physical therapy, occupational therapy, speech therapy, and chiropractic services (chiropractic limited to 20 sessions). Limit of 60 sessions combined for physical, occupational, speech and chiropractic therapies).<br>• **OUTPATIENT MENTAL HEALTH/CHEMICAL DEPENDENCY:** Paid the same as any other outpatient service. | 80% | 60% |
| **PROFESSIONAL OFFICE VISITS:** Includes primary care, specialist care and mental health and chemical dependency therapy visits in an office setting as well as via tele-health. | $30 Co-pay for primary care<br><br>$50 Co-pay for specialist & therapy | 60% |
| **MD LIVE**: Virtual Visit Program. Covers medical services and behavioral health services. | $25 Co-pay | N/A |
| **PHYSICIAN MEDICAL/SURGICAL CARE:** Payments are based on the Eligible Charge. Includes medical and surgical care, anesthetics, durable medical equipment, etc. | 80% | 60% |
| **INFERTILITY:** No lifetime maximum on or after January 1, 2011. | 80% | 60% |
| **EMERGENCY:** (Hospital) Emergency Medical and Emergency Accident - Initial treatment in hospital of accidental injuries or sudden and unexpected medical conditions following the standard emergency criteria (the most liberal definition). If an inpatient admission occurs thereafter, the MSA must be contacted within two business days. | 80% | 80% |
| **OTHER COVERED SERVICES:** Blood and blood components; leg, arm, and neck braces; private duty nursing; Temporomandibular Joint Dysfunction (No LTM limit on or after January 1, 2011); ambulance services; surgical dressings, casts and splints; prosthetic devices. Some states do not solicit certain provider types, if no PPO network exists claims will be payable at 80%. | 80% | 80% |
| **PRESCRIPTION DRUGS:** Not subject to deductible. Benefits are available for drugs purchased from a participating pharmacy or professional provider (retail) or through the home delivery program. Benefits for retail drugs are provided for up to a maximum of a 34 consecutive day supply. Mail order provides up to a 90 day supply of maintenance drugs. The member pays the coinsurance or co-pay plus the difference when a brand name drug is selected and a generic option is available. If physician indicates dispense as written, the member does not pay difference between brand and generic. | Retail:<br>generic: 80%<br>($10 min, $100 max)<br>formulary: 70%<br>($10 min, $125 max)<br>non-formulary: 65%<br>($10 min, $150 max);<br><br>Mail Order Co-Pay:<br>$25 generic<br>$60 formulary<br>$100 non-formulary | Retail:<br>generic: 80%<br>($10 min, $100 max)<br>formulary: 70%<br>($10 min, $125 max)<br>non-formulary: 65%<br>($10 min, $150 max);<br><br>Mail Order: N/A |
| **TRANSPLANT COVERAGE:** Heart, heart/lung, lung, pancreas, pancreas/kidney, liver transplants in approved facilities paid with prior MSA approval. | | |
| **MEDICAL SERVICES ADVISORY (MSA):** Notification required prior to all elective admissions. Emergency and obstetric admission notification required within two working days of admittance. Pre-certification is required for Inpatient Admission, Skilled Nursing Facilities, Private Duty Nursing, and Home Health Care. **If employee elects not to notify MSA Advisor or follow advice given, hospital benefits reduced by $500. Benefits will then be paid per plan provisions.** | | |