

2009 Benefit Summary for University of Tulsa



10/24/2008

Benefits	BlueLincs HMO Plan D with Rx Card								
1 <u>Selection of Physician</u>	Choose a Primary Care Physician as your personal health care coordinator. The PCP authorizes all referrals to specialists, testing and hospitalizations. To find the most current Provider Directories for all of our networks, please visit our website at www.bcbsok.com.								
2 <u>Deductible</u>	No deductible.								
3 <u>Co-Insurance</u>	No co-insurance (copayment for some services).								
4 <u>Out-of-Pocket</u>	\$1,000 maximum per individual per year. \$3,000 maximum per family per year. (Three individuals must meet). This out-of-pocket maximum does not include copayments for prescription drugs, certain inpatient mental health services, self-referral services, or alcohol and drug abuse services.								
5 <u>Office Visits</u>	\$10 copayment.								
6 <u>Office Visits (Children)</u>	No extra charge after \$10 copayment up to age 19 for routine services in PCP's office.								
7 <u>Lab/X-ray</u>	Reference Other Physician & Medical Services								
8 <u>Adult Preventive Care</u>	No extra charge after \$10 copayment for most visits.								
9 <u>Other Physician & Medical Services</u>	No extra charge after \$10 copayment for most visits. 20% copayment for diagnostic testing. 20% copayment for physical, speech, or occupational therapy. (Maximum 60 consecutive calendar days per condition). 20% copayment for durable medical equipment. (\$1,000 maximum benefit per calendar year for DME). 50% copayment for allergy treatment and infertility treatment.								
10 <u>Prescription Drugs</u>	<table border="0"> <tr> <td>Generic</td> <td>\$10 copay</td> </tr> <tr> <td>Preferred</td> <td>\$25 copay</td> </tr> <tr> <td>Non Preferred</td> <td>\$50 copay</td> </tr> <tr> <td>Specialty Drug</td> <td>\$150 copay</td> </tr> </table>	Generic	\$10 copay	Preferred	\$25 copay	Non Preferred	\$50 copay	Specialty Drug	\$150 copay
Generic	\$10 copay								
Preferred	\$25 copay								
Non Preferred	\$50 copay								
Specialty Drug	\$150 copay								
11 <u>Routine Gynecological Examination</u>	No extra charge after \$10 copayment. Annual self-referral benefit included. (At BlueLincs doctors).								
12 <u>Routine Pap Smear</u>	No extra charge after \$10 copayment. Annual self-referral benefit included. (At BlueLincs doctors).								
13 <u>Routine DRE (Digital Rectal Exam) & PSA Test</u>	No extra charge after \$10 copayment. Must meet criteria noted in member handbook. Annual screening for early detection of prostate cancer in males age 40 or older, including a prostate-specific antigen blood test and a digital rectal examination.								
14 <u>Immunizations</u>	No extra charge.								
15 <u>Mammography</u>	No extra charge.								
16 <u>Maternity</u>	\$10 copayment for initial visit only; then no charge for physician services. Maternity hospital services same as other hospital services.								
17 <u>Inpatient Care</u>	\$50 copayment per day per admission, for first 5 days then no charge.								
18 <u>Outpatient Care/Hospital Services</u>	No charge.								

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19	<u>Emergency Care</u>	Must be authorized by your Primary Care Physician within 48 hours, or must meet guidelines noted in member handbook. \$75 copayment in or out of the service area. \$50 copayment for participating Minor Emergency Care Centers.
20	<u>Psychiatric Care/ Alcoholism/Drug Abuse</u>	Mental Health Outpatient: 50%, max of 20 visits per calendar year. Inpatient: 50% up to 7 days per calendar year. Alcoholism and Drug Abuse not covered except for detoxification. Emergency room \$75 per visit. *Inpatient hospital copayment : 20% per day.
21	<u>Lifetime Maximum</u>	None.
22	<u>Age Limit for Dependent Children</u>	To the end of year reaching age 19 or to the end of month following 23rd birthday if full time student.

This benefit summary does not contain a complete list of benefits available to you nor does it contain a listing of exclusions, limitations and conditions which apply to the benefits shown. Full information can be found only in the Group Contract and Certificate of Benefits.

For groups with more than 50 employees, please see your Group Contract and/or Certificate of Benefits for information about certain state-mandated benefits.

For applicable deductible credit you must submit a recent EOB from your group's previous carrier with your application. For pre-ex credit, see your account representative.