

BlueLincs HMO 2010 Benefit Summary for University of Tulsa



Benefits

BlueLincs HMO Plan H with Rx Card

1 Selection of Physician	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 Deductible	No deductible.
3 Co-Insurance	No co-insurance (copayment for some services listed throughout the plan document.)
4 Out-of-Pocket	\$2,000 maximum per individual per year. \$6,000 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 Office Visits	\$20 copayment.
6 Office Visits (Children)	No extra charge after \$20 copayment up to age 19 for routine services in PCP's office.
7 Lab/X-ray	Reference Other Physician & Medical Services
8 Adult Preventive Care	No extra charge after \$20 copayment for most visits.
9 Other Physician & Medical Services	No extra charge after \$20 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 Prescription Drugs	Generic Drug: 30% of the allowable charge with a minimum copay of \$12.

Preferred Drug: \$25 copay
Non Preferred: Other Drug: 30% of the allowable charge with a minimum copay of \$25.
Specialty Copayment: \$200
(See BCBSOK Preferred Drug List.)

11 Routine Gynecological Examination	No extra charge after \$20 copayment. Annual self-referral benefit included. (At Bluecross doctors).
12 Routine Pap Smear	20% copayment. Annual Self-referral benefit included. (At Bluecross doctors)
13 Routine DRE (Digital Rectal Exam) & PSA Test	No extra charge after \$20 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 Immunizations	No extra charge.
15 Mammography	Copayment will be waived up to a \$115 benefit per year for one baseline routine mammogram between the ages of 35 - 39 and one routine mammogram per year at age 40 and above. Diagnostic mammograms are subject to 20% copayment.
16 Maternity	\$20 copayment for initial visit only; then no charge for physician services (20% copayment for some diagnostic services). Maternity hospital services same as other hospital services.
17 Inpatient Care	\$100 copayment per day per admission, for first 5 days then no charge.
18 Outpatient Care/Hospital Services	20% copayment.
19 Emergency Care	Must be authorized by your Primary Care Physician within 48 hours, or must meet guidelines noted in member handbook. \$100 copayment in or out of the service area. \$50 copayment for participating Minor Emergency Care Centers.
