

## State System of Higher Education ClassicBlue Comprehensive Major Medical Benefit Summary

Under the Comprehensive benefits program, health care benefits are provided under one integrated program. These benefits include coverage for hospital services, physician services, and many other covered services. Most benefits are subject to deductible and coinsurance provisions, which require you to share a portion of the medical costs. Below are the specific benefit levels.

BENEFITS	BENEFIT LEVEL
<b>Benefit Period</b>	Calendar Year
<b>Deductible</b> <i>Per Benefit Period</i>	\$750 Individual \$2,250 Family Aggregate
<b>Payment Level</b> <i>Based on Provider's Reasonable Charge (PRC)</i>	80% PRC after deductible until out-of-pocket limit is met; then 100% PRC
<b>Out-of-Pocket Limit</b> <i>Includes Coinsurance, certain exclusions may apply</i>	\$750 Individual \$2,250 Family Aggregate
<b>Autism Spectrum Disorders Maximum (per person) ①</b>	\$36,000/benefit period
<b>Lifetime Maximum</b>	Unlimited
<b>Ambulance</b>	80% PRC after deductible
<b>Applied Behavior Analysis for Autism Spectrum Disorders ①</b>	80% PRC after deductible
<b>Assisted Fertilization Procedures</b>	Not Covered
<b>Dental Services Related to an Accidental Injury</b>	80% PRC after deductible
<b>Diabetes Treatment</b>	80% PRC after deductible
<b>Diagnostic Services (including routine and pre-admission testing)</b> <i>Advanced Imaging (MRI, CAT scan, PET scan, etc)</i>	80% PRC after deductible
<i>Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)</i>	80% PRC after deductible
<b>Durable Medical Equipment Orthotics and Prosthetics</b>	80% PRC after deductible
<b>Elective Abortion</b>	Not Covered (except in cases of rape, incest, or to avert the death of the mother)
<b>Emergency Room Services</b>	80% PRC after deductible
<b>Enteral Formulae</b>	80% PRC no deductible
<b>Home Health Care</b> <i>Excludes Respite Care</i>	80% PRC after deductible 240 days/benefit period
<b>Hospice</b> <i>Includes Respite Care</i>	80% PRC after deductible \$12,500 lifetime maximum
<b>Hospital Expenses</b> <i>Inpatient and Outpatient</i>	80% PRC after deductible
<b>Infertility Counseling, Testing and Treatment</b>	80% PRC after deductible
<b>Maternity</b> <i>Excludes Dependent Daughters</i>	80% PRC after deductible
<b>Medical Care</b> <i>Includes Inpatient Visits and Consultations</i>	80% PRC after deductible
<b>Mental Health</b> <i>Inpatient</i>	80% PRC after deductible
<b>Mental Health</b> <i>Outpatient</i>	80% PRC after deductible
<b>Office Visits</b>	80% PRC after deductible

<b>BENEFITS</b>	<b>BENEFIT LEVEL</b>
<b>Oral Surgery</b>	80% PRC after deductible
<b>Physical Medicine</b> <i>Outpatient</i>	80% PRC after deductible No visit limit
<b>Preventive Care</b> <i>Adult Preventive Care Schedule includes:</i> <i>Routine Physical Exam</i> <i>Immunizations</i> <i>Colorectal Cancer Screening, routine and medically necessary</i> <i>Routine Diagnostic Screening</i> <i>Mammography, routine and medically necessary</i> <i>Routine Gynecological Exam &amp; Pap Test</i>	100% PRC no deductible Not Covered 80% PRC after deductible Not Covered 80% PRC no deductible 80% PRC no deductible/lifetime maximum
<i>Pediatric Preventive Care Schedule includes:</i> <i>Routine Physical Exams</i> <i>Pediatric Immunizations</i> <i>Routine Diagnostic Screening</i>	Not Covered 80% PRC no deductible/lifetime maximum Not Covered
<b>Private Duty Nursing</b>	80% PRC after deductible 240 hours/benefit period
<b>Skilled Nursing Facility Care</b>	80% PRC after deductible 100 days/benefit period
<b>Speech and Occupational Therapy</b> <i>Outpatient</i>	80% PRC after deductible No visit limit
<b>Spinal Manipulations</b>	80% PRC after deductible 30 visits/benefit period
<b>Substance Abuse</b> <i>Detoxification</i>	80% PRC after deductible
<b>Substance Abuse</b> <i>Inpatient Rehabilitation</i>	80% PRC after deductible
<b>Substance Abuse</b> <i>Outpatient</i>	80% PRC after deductible
<b>Surgical Expenses</b> <i>Includes Assistant Surgery, Anesthesia, Sterilization and Reversal Procedures, Excludes Neonatal Circumcision</i>	80% PRC after deductible
<b>Therapy and Rehabilitation Services</b> <i>Chemotherapy, Radiation Therapy, Dialysis, Infusion Therapy, Respiration Therapy</i>	80% PRC after deductible
<b>Transplant Services</b>	80% PRC after deductible
<b>Preadmission Requirements for Inpatient Admissions</b> <i>No Penalty for Non-compliance</i>	Performed by Participating Provider
<b>Condition Management</b>	Case Management, Blues on Call, and Disease State Management

① Coverage for eligible members to age 21. Services will be paid according to the benefit category (e.g. speech therapy).

NSCMM C200248 C200249 C9010

*This exhibit provides only general information. More detailed information about benefits and eligibility are contained in the Benefit Booklet. If there is a difference between this summary and the Benefit Booklet, the Benefit Booklet will govern.*