

CORE 5000

These amounts show your share of costs, after deductibles

Benefit	In-Network	Out-of-Network
Annual Deductible	\$5,000 per member, inpatient or surgical procedures only (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)	
Lifetime Maximum	\$5,000,000	
Annual Out-of-Pocket Maximum¹ <i>(includes deductible)</i> Participating and non-participating provider covered services apply	\$7,500 per member, only hospital costs apply (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)	
Doctors' Office Visits	No office visit benefit until out-of-pocket maximum is met, then you pay \$0 of negotiated fee	No office visit benefit until out-of-pocket maximum is met, then you pay 50% of negotiated fee plus all excess charges
Professional Services (X-ray, lab, anesthesia, surgeon, etc.)	30% of negotiated fee for inpatient or surgical procedures only. No office visit benefits until out-of-pocket maximum is met, then you pay \$0 of negotiated fee	50% of negotiated fee, plus all excess charges for covered inpatient or surgical procedures only
Hospital Inpatient (Overnight Hospital Stays)	30% of negotiated fee ²	All charges except \$650 per day
Hospital Outpatient (If You Don't Stay Overnight)	30% of negotiated fee ²	All charges except \$380 per day
Emergency Room Services³	30% of negotiated fee	30% of customary and reasonable fees plus all excess charges
Maternity	Not covered	
Preventive Care	Routine mammogram, Pap and PSA tests ⁴ : 30% of negotiated fee (deductible waived) HealthyCheck SM Centers ⁵ : \$25/\$75 copay for basic/premium screening (deductible waived)	Routine mammogram, Pap and PSA tests ⁴ : 50% of negotiated fee plus all excess charges (deductible waived)
Ambulance	30% of negotiated fee	50% of negotiated fee plus all charges in excess of negotiated fee and in excess of the plan's \$750 maximum payment per ground trip
Physical and Occupational Therapy; Chiropractic Services	Not covered unless during inpatient admission	
Acupuncture/Acupressure	Not covered	
Generic Prescription Drugs	\$10 copay generic (<i>Drugs on Generic Rx Formulary only</i>)	

¹Excludes non-participating charges in excess of the Blue Cross negotiated fee and non-participating charges in excess of customary and reasonable fees for emergency care. Copays/coinsurance to participating and non-participating providers apply to out-of-pocket maximum except where specifically noted in the policy.

² Additional \$500 admission charge at participating hospitals (no additional charge for preferred participating) is for inpatient stays or outpatient surgery or infusion therapy. The charge is not required for ambulatory surgical centers or medical emergencies.

³ Additional \$100 copay applies for each emergency room visit. Waived if admitted as inpatient.

⁴ Tests ordered by a physician are covered, including appropriate screening for breast, cervical and ovarian cancer.

⁵ One HealthyCheck visit at a HealthyCheck Center only allowed for each 12-month period. HealthyCheck applies only to adults and children age 7 and above.