



SCHEDULE OF BENEFITS

Deductible

You are responsible for a deductible of \$500 per person, \$1,000 family each benefit period.

Coinsurance

After your deductible is met, you are responsible for a portion of allowed charges. This is called "coinsurance". Your coinsurance for this program is 20% of the maximum allowance for covered services until your share equals \$1,000 (\$2,000 family) in a benefit period. Then, eligible covered services will be paid at 100% of the maximum allowance for the remainder of the benefit period, subject to the lifetime maximum.

Covered Services

The following services (subject to the deductible and coinsurance), paid at the maximum allowable charge, include but are not limited to:

- Hospital Services
- Medical-Surgical Services

Enhanced Accidental Injury Benefit - Payment will be made at 100% of the allowable charge for covered services associated with any and all accidental injuries incurred up to a maximum of \$1,000 per Insured per benefit period.

Office Visit Copay - \$25 per office visit; Office visit copay does not apply to services associated with an accidental injury until the Enhanced Accidental Injury Benefit has been exhausted.

Immunizations and Injections - Payment at 100% of the allowable charge.

Outpatient Laboratory and Radiology Services - Services that are not associated with an accidental injury - Payable at 100% of allowable charge up to a maximum payment of \$300 per person per benefit period, after which benefits are subject to deductible and coinsurance amounts for other services; Services that are associated with an accidental injury - Payable at 100% of allowable charge up to the Enhanced Accidental Injury Benefit maximum payment of \$1,000 per person per benefit period, after which benefits are subject to deductible and coinsurance amounts for other services.

Emergency Room Services - \$100 copay unless admitted to the same hospital for the same condition within 24 hours, subject to payment provisions of the health benefits. For services associated with an accidental injury this copay shall not apply until the Enhanced Accidental Injury Benefit has been exhausted.

Maternity Benefits are available to any eligible female insured.

Unmarried Dependent Children are covered to age 23.

Benefit Period - The 12 month period beginning on October 1

Lifetime Benefit Maximum for covered services is \$5,000,000 .

Inpatient Nervous and Mental Services - Non-Biologically Based - to a maximum of 30 days each benefit period. Biologically Based - to a maximum of 45 days each benefit period, subject to payment provisions of the health benefits.

Outpatient Nervous and Mental Services - Non-Biologically Based - pays first \$100 of allowed charges in full; 80% of next \$100 of allowed charges; then pays 50% of the allowed charges for the remainder of the benefit period; Biologically Based - Limited to 45 visits per person per benefit period, subject to payment provisions of the health benefits.

Hospital and Professional Provider Care - To receive maximum Blue Choice benefits you should use Blue Choice or Blue Plan Preferred Providers. Should you receive services from Non-Blue Choice or Non-Blue Plan Preferred Providers, the allowable charge for covered services will be subject to an additional coinsurance. You will be responsible for an extra 20% of the allowable charge for covered services up to a maximum of \$2,000 per person (\$4,000 family), in addition to any deductible, coinsurance or shared payment amounts of your basic program and any non-covered services. In addition, if the provider is not a contracting provider, you may also be responsible for the difference between our allowance and the provider's charge. The allowance for a service provided by a non-contracting provider is 80% of the allowance for the same service provided by a contracting provider of Blue Cross and Blue Shield of Kansas with the same licensure or certification.

Exceptions to this limited payment:

- When service is required for a Medical Emergency or a life, limb, or function-threatening Accidental Injury.

Pre-Admission Certification - All admissions to hospitals and medical care facilities for inpatient care (including nervous and mental conditions) require pre-admission certification by Blue Cross and Blue Shield of Kansas unless the admission is for a Medical Emergency, a life-threatening condition, obstetrical care or occurs outside the 50 United States. Should it become necessary for you to be admitted to a hospital, your doctor should obtain pre-admission certification for the admission. It is important for you to inform your doctor that you are a Blue Choice insured because, if no pre-admission request is made, you may be financially responsible for any medically unnecessary services. Refer to your ID card for the numbers to call to obtain pre-certification.

Outpatient Prescription Drugs - Benefits are paid at 50% of the allowable charge after a deductible of \$100 per person (\$200 family) each benefit period. Your 50% share does not apply to the coinsurance maximums of your health care program. The benefit period for your outpatient prescription drug coverage is a 12 month period beginning yearly on October 1 .

Mail Order Prescription Drugs - Covered subject to a copay of \$90.00 .

How to File a Claim

Contracting providers should file claims for covered services directly with the Blue Cross and Blue Shield Company that services the area in which they practice. Should a provider choose not to file eligible claims for you, secure an itemized statement (including your ID number, doctor's name and diagnosis) from that provider and send it along with a claim form within 90 days to the Blue Cross and Blue Shield Company that services the area in which they practice.

If You Have a Problem

If you have any questions regarding your coverage or the processing of your claims, contact Blue Cross and Blue Shield of Kansas, 1133 Topeka Boulevard, Topeka, Kansas 66629-0001. You may also contact us by calling: Blue Cross and Blue Shield of Kansas - Toll free 1-800-432-3990; Topeka, 785-291-4180

To receive the fastest service, please have this information available: your identification number; your group number; employee's name; patient's name; date of service; type of service; doctor's name or hospital's name; and total amount of the claim.

This is a summary of the coverage available under this program. It is not a legal document. The exact provisions of the benefits and limitations are contained in the certificate.