

**Louisiana Blue Health Plans
ARCHDIOCESE OF NEW ORLEANS 7/08**

POS \$20 PCP CO-PAY PLAN #57			
	NETWORK	OUT-OF-NETWORK	DEPENDENT OUT-OF-AREA
<i>Calendar Year Deductible</i>	None	\$1,000 Individual / \$3,000 Family Aggregate	\$250 Individual / \$750 Family Aggregate
<i>Out-of-Pocket Calendar Year Maximum</i>	\$3,000 Individual / \$6,000 Family Aggregate	\$5,000 Individual / \$10,000 Family Aggregate (Excludes Deductible)	\$1,000 Individual / \$3,000 Family Aggregate (Excludes Deductible)
<i>Lifetime Maximum</i>	\$5 Million		
OFFICE VISITS AND PREVENTIVE CARE			
<i>Office Visits</i>	\$20 Co-pay Per Visit	70/30 Coinsurance*	80/20 Coinsurance*
<i>Specialist Office Visits</i>	\$35 Co-pay Per Visit	70/30 Coinsurance*	80/20 Coinsurance*
<i>Wellness Visits</i>	\$20 Co-pay Per Visit rendered by PCP \$35 Co-pay Per Visit rendered by Specialist	70/30 Coinsurance*	100% for Eligible Physical Exams
<i>Vision Care</i>	\$35 Co-pay (1 Every 24 Mos.)	\$35 Co-pay (1 Every 24 Mos.)	\$35 Co-pay (1 Every 24 Mos.)
OUTPATIENT SERVICES			
<i>Rehabilitative Speech Therapy (up to \$2,500 per Cal Yr.)</i>	\$20 Co-pay	70/30 Coinsurance*	80/20 Coinsurance*
<i>Physical and Occupational Therapy (up to \$2,500 combined per year)</i>	\$20 Co-pay Per Visit	70/30 Coinsurance*	80/20 Coinsurance*
<i>X-ray & Lab</i>	No Co-pay, 100%	70/30 Coinsurance*	80/20 Coinsurance*
<i>Surgery Facility Charge</i>	\$200 Co-pay Per Surgery*	70/30 Coinsurance*	80/20 Coinsurance*
<i>Surgery Professional Charge</i>	No Co-pay; 90/10 Coinsurance*	70/30 Coinsurance*	80/20 Coinsurance*
INPATIENT SERVICES			
<i>Hospital</i>	\$200 Co-pay Per Day for 3 Days*	70/30 Coinsurance*	80/20 Coinsurance*
<i>Professional Services</i>	No Co-pay; 90/10 Coinsurance*	70/30 Coinsurance*	80/20 Coinsurance*
MENTAL HEALTH and SUBSTANCE ABUSE SERVICES			
<i>Mental Health</i> – Inpatient 45 days per Cal Yr – Outpatient 52 visits per Cal Yr	\$200 Co-pay Per Day for 3 days* \$35 Co-pay Per Visit	70/30 Coinsurance*	80/20 Coinsurance*
<i>Substance Abuse</i> – Inpatient 7 days per Cal Yr – Outpatient 20 visits per Cal Yr	\$200 Co-pay Per day for 3 Days \$35 Co-pay Per Visit	70/30 Coinsurance	80/20 Coinsurance
BENEFITS THAT REQUIRE AUTHORIZATION (does not include list of outpatient services or drugs requiring authorization)			
<i>Organ and Tissue Transplants</i>	Covered as any other illness	Not Available	80/20 Coinsurance.; \$250,000 Lifetime
<i>Skilled Nursing Facility (90 day Maximum Per Calendar Year)</i>	No Co-pay, 90/10 Coinsurance*	70/30 Coinsurance*	80/20 Coinsurance*
<i>Home Health Care (60 Visit Maximum Per Calendar Year)</i>	No Co-pay, 90/10 Coinsurance*	70/30 Coinsurance*	80/20 Coinsurance*
<i>Hospice (180 Day Max)</i>	No Co-pay, 90/10 Coinsurance*	70/30 Coinsurance*	80/20 Coinsurance*
OTHER COVERED SERVICES			
<i>Prescription Drug Copayments</i> <i>Refer to the contract for applicable supply limitations</i>	Generic / Preferred Brand / Non-Preferred Brand / Multi-Source / Injectables -Contraceptives Excluded -		
<i>Prescription Drug Deductible</i>	\$100 per Calendar Year with \$200 per family maximum. The deductible applies only to Brand products (excludes generic) on both Retail and Mail Order benefits.		
<i>Retail – up to 30 day supply</i> <i>Mail Order – up to 90 day supply</i>	\$5 / \$25 / \$45 / \$55 / \$50 \$15 / \$75 / \$135 / \$165 / \$150		
<i>Prenatal Visits and Delivery</i>	\$35 Co-pay Per Pregnancy in addition to the Inpatient Hospital Co-pay for any related hospitalization	70/30 Coinsurance*	80/20 Coinsurance*
<i>Emergency Room</i>	\$100 Co-pay/Visit Waived if Admitted	70/30 Coinsurance*	80/20 Coinsurance*
<i>Urgent Care Center</i>	\$50 Co-pay Per Visit	70/30 Coinsurance*	80/20 Coinsurance*
<i>Ambulance</i>	\$50 Co-pay Per Trip	70/30 Coinsurance*	80/20 Coinsurance*
<i>Durable Medical Equipment (25,000 cal yr max)</i>	80/20 Coinsurance*	70/30 Coinsurance*	80/20 Coinsurance*

All benefits based on allowable charges. *Accrues to the Out-of-Pocket Maximum

01100 00101 0108R This is only an outline. All benefits are subject to the terms and conditions of the contract. This summary of benefits is presented for general information only. It is not a contract, nor intended to be a contract. If there is any discrepancy between this document and the Contract, the provisions of the Contract will govern.