CAPCO

Plan Name	Simply Blue 25-500	Signature Hybrid 1	Signature Deductible 3
Plan Type	Hybrid	Hybrid	HDHP
Plan features	**Simply Blue 25-500**	**Signature Hybrid 1**	**Signature Deductible 3**
Primary Care Physician (PCP)	Not required	Not required	Not required
Referrals	Not required	Not required	Not required
Out of network benefits	Covered at 60%, subject to the deductible	Covered at 50%, subject to the deductible	Covered at 100%, subject to the deductible
Out of area benefits	Coverage provided worldwide through the BlueCard® program	Coverage provided worldwide through the BlueCard® program	Coverage provided worldwide through the BlueCard® program
Student/Dependent coverage	Qualified dependents and students are covered to age 26	Qualified dependents and students are covered to age 26	Qualified dependents and students are covered to age 26
Domestic partner	Covered	Covered	Covered
Wellness Incentives	Blue365 - Exclusive access to information, discounts & savings	Blue365 - Exclusive access to information, discounts & savings	Blue365 - Exclusive access to information, discounts & savings
Plan cost-sharing highlights	**Simply Blue 25-500**	**Signature Hybrid 1**	**Signature Deductible 3**
Office visit copay (Primary Care Physician)	Adult: $25 copay per visit; Members to age 19: $0 copay per visit	Adult: $40 copay per visit; Members to age 19: $0 copay per visit	No copay, office visit covered at 100% in-network and 100% out-of network, subject to the deductible
Office visit copay (Specialist)	$40 copay per visit	$60 copay per visit	No copay, office visit covered at 100% in-network and 100% out-of-network, subject to the deductible
Deductible	Combined in and Out-of-Network: $500 Individual / $1500 Family	In-Network only: $1,000 Individual / $3,000 Family	In-Network only: $6,350 Individual / $12,700 Family
Coinsurance	In-Network: Covered at 80%; Out-of-Network: Covered at 60%	In-Network: Covered at 70%; Out-of-Network: Covered at 50%	In-Network: Covered at 100%; Out-of-Network: Covered at 100%
Out of pocket maximum	Combined in and Out-of-Network: $1500 Individual / $4500 Family	In-Network only: $3,000 Individual / $9,000 Family	In-Network: $6,350 Individual / $12,700 Family
Lifetime maximum	None	None	None
***Preventive Healthcare Services**	**Simply Blue 25-500**	**Signature Hybrid 1**	**Signature Deductible 3**
Well child visits	Covered in full	Covered in full	Covered in full
Adult routine physical exams	Covered in full for 1 exam per year	Covered in full for 1 exam per year	Covered in full for 1 exam per year
Adult immunizations	Covered in full	Covered in full	Covered in full
Mammography	Covered in full	Covered in full	Covered in full
Pap smear	Covered in full	Covered in full	Covered in full
Routine GYN Exam	Covered in full	Covered in full	Covered in full
Prostate cancer screening	Covered in full	Covered in full	Covered in full
Colonoscopy	Preventive screening covered in full	Preventive screening covered in full	Preventive screening covered in full
Physician Office Services	**Simply Blue 25-500**	**Signature Hybrid 1**	**Signature Deductible 3**
Diagnostic office visits	Adult: $25 copay per visit to your PCP; $40 copay per visit to a specialist Child: $0 copay per visit to your PCP; $40 copay per visit to a specialist	Adult: $40 copay per visit to your PCP; $60 copay per visit to a specialist Child: $0 copay per visit to your PCP; $60 copay per visit to a specialist	Covered at 100%, subject to the deductible
Diagnostic x-rays	$40 copay per visit	$60 copay per visit	Covered at 100%, subject to the deductible
Diagnostic laboratory and pathology	Covered in full	Covered in full	Covered at 100%, subject to the deductible
Allergy tests	Adult: $25 copay per visit to your PCP; $40 copay per visit to a specialist Child: $0 copay per visit to your PCP; $40 copay per visit to a specialist	Adult: $40 copay per visit to your PCP; $60 copay per visit to a specialist Child: $0 copay per visit to your PCP; $60 copay per visit to a specialist	Covered at 100%, subject to the deductible
Allergy injections	Adult: $25 copay per visit to your PCP; $40 copay per visit to a specialist Child: $0 copay per visit to your PCP; $40 copay per visit to a specialist	Adult: $40 copay per visit to your PCP; $60 copay per visit to a specialist Child: $0 copay per visit to your PCP; $60 copay per visit to a specialist	Covered at 100%, subject to the deductible
Chemotherapy	$25 copay per visit	$40 copay per visit	Covered at 100%, subject to the deductible
Radiation therapy	$40 copay per visit	$60 copay per visit	Covered at 100%, subject to the deductible
Routine vision	$40 copay for one routine exam every year. $60 eyewear allowance available per year	$60 copay for one routine exam every year. $60 eyewear allowance available per year	Covered at 100%, subject to the deductible for one routine exam per year
Maternity Services	**Simply Blue 25-500**	**Signature Hybrid 1**	**Signature Deductible 3**
Prenatal care	Covered in full	Covered in full	Covered in full
Hospital care for mom (including delivery)	Covered at 80%, subject to the deductible	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible
Newborn nursery care	Covered at 80%, subject to the deductible	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible
Prescription Drug	**Simply Blue 25-500**	**Signature Hybrid 1**	**Signature Deductible 3**
Short-term and maintenance drugs	$5/$35/$70; $0 copay for generics for members to age 19	$7 copay for generics only, $0 copay for generics for members to age 19	Covered in Full Integrated Rx with $5/$35/$70 Preventive Rx, subject to the deductible

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Inpatient Hospital Benefits	Simply Blue 25-500	Signature Hybrid 1	Signature Deductible 3
Hospital benefits	Covered at 80%, subject to the deductible	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible
Physician visits in the hospital	Covered at 80%, subject to the deductible	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible
Inpatient physical rehabilitation	Covered at 80%, subject to the deductible for up to 60 days per year	Covered at 70%, subject to the deductible for up to 60 days per year	Covered at 100%, subject to the deductible for up to 60 days per year
Surgery	Covered at 80%, subject to the deductible	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible
Anesthesia	Covered at 80%, subject to the deductible	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible
Emergency Care	**Simply Blue 25-500**	**Signature Hybrid 1**	**Signature Deductible 3**
Emergency room care	$250 copay per visit, unless admitted within 24 hours	$300 copay per visit, unless admitted within 24 hours	Covered at 100%, subject to the deductible
Freestanding urgent care center	$40 copay per visit	$75 copay per visit	Covered at 100%, subject to the deductible
Ambulance	$250 copay	$300 copay	Covered at 100%, subject to the deductible
Outpatient Hospital Benefits	**Simply Blue 25-500**	**Signature Hybrid 1**	**Signature Deductible 3**
Diagnostic x-rays	$40 copay per visit	$60 copay per visit	Covered at 100%, subject to the deductible
Diagnostic laboratory and pathology	Covered in full	Covered in full	Covered at 100%, subject to the deductible
Surgical care	Covered at 80%, subject to the deductible	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible
Chemotherapy	$25 copay per visit	$40 copay per visit	Covered at 100%, subject to the deductible
Radiation Therapy	$40 copay per visit	$60 copay per visit	Covered at 100%, subject to the deductible
Mental Health and Chemical Dependence	**Simply Blue 25-500**	**Signature Hybrid 1**	**Signature Deductible 3**
Inpatient mental health care	Covered at 80%, subject to the deductible	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible
Outpatient mental health care	$40 copay. Services can be provided in an outpatient facility or in a provider office	$60 copay. Services can be provided in an outpatient facility or in a provider office	Covered at 100%, subject to the deductible Services can be provided in an outpatient facility or in a provider's office
Inpatient chemical dependence	Covered at 80%, subject to the deductible	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible
Outpatient chemical dependence	$40 copay per visit	$60 copay per visit	Covered at 100%, subject to the deductible
Other Services	**Simply Blue 25-500**	**Signature Hybrid 1**	**Signature Deductible 3**
Diabetic insulin and supplies	$25 copay for up to a 30 day supply	$40 copay for up to a 30 day supply	Covered at 100%, subject to the deductible for up to a 30 day supply
Skilled nursing facility	Covered at 80%, subject to the deductible for up to 45 days per year	Covered at 70%, subject to the deductible for up to 45 days per year	Covered at 100%, subject to the deductible for up to 45 days per year
Home care	Covered in full for up to 40 visits per year	Covered in full for up to 40 visits per year	Covered at 100%, subject to the deductible for up to 40 visits per year
Hospice	Covered in full for unlimited days	Covered in full for unlimited days	Covered at 100%, subject to the deductible for unlimited visits per year
Outpatient therapy	$40 copay for up to a combined total of 45 visits per year for physical, speech and occupational therapy	$60 copay for up to a combined total of 45 visits per year for physical, speech and occupational therapy	Covered at 100%, subject to the deductible for a combined total of 45 visits per year for physical, speech and occupational therapy
Durable medical equipment	Covered at 80% subject to the deductible	Covered at 70% subject to the deductible	Covered at 100%, subject to the deductible
External prosthetics	Covered at 80%, subject to the deductible	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible
Chiropractic	$40 copay per visit	$40 copay per visit	Covered at 100%, subject to the deductible
Acupuncture	$40 copay for up to 10 visits per year	$60 copay for up to 10 visits per year	Covered at 100%, subject to the deductible, for up to 10 visits per year
Dental	$40 copay per visit for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	$60 copay per visit for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	Covered at 100%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly
Hearing	$40 copay for one routine hearing exam per year.	$60 copay for one routine hearing exam per year. Adult Hearing Aids Not Covered	Covered at 100%, subject to the deductible, for one routine hearing exam per year. Hearing aid(s) covered once every three years.