

## Summary of PPO Blue Benefits

On the chart below, you'll see what your plan pays for specific services. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

### Bricklayers and Allied Craft Workers Welfare Fund of Western PA

#### Buy Up Plan E

Group numbers 104916-10,11,80

Benefit	Network	Out-of-Network
<b>General Provisions</b>		
<b>Benefit Period</b> (1)	Calendar Year	
<b>Deductible</b> (per benefit period)		
Individual	\$1,500	\$6,750
Family	\$3,000	\$11,250
<b>Plan Pays</b> – payment based on the plan allowance	100% after deductible	50% after deductible
<b>Out-of-Pocket Maximums</b> (Includes deductible and coinsurance. Once met, plan pays 100% coinsurance for the rest of the benefit period.)		
Individual	N/A	\$10,000
Family		\$20,000
<b>Total Maximum Out of Pocket</b> (Includes deductible, coinsurance, copays and other qualified medical expenses, Network only)(8) Once met, plan pays 100% of covered services for the rest of the benefit period.		
Individual	\$10,150	Not applicable
Family	\$20,300	
<b>Autism Spectrum Disorders (ASD) Maximum</b> (per person)(2)	100% after deductible	50% after deductible
<b>Office/Clinic/Urgent Care Visits</b>		
<b>Retail Clinic Visits</b>	100% after \$10 copayment	50% after deductible
<b>Primary Care Provider Office Visits</b>	100% after \$10 copayment	50% after deductible
<b>Specialist Office Visits</b>	100% after \$20 copayment	50% after deductible
<b>Urgent Care Center Visits</b>	100% after \$20 copayment	50% after deductible
<b>Telemedicine</b> (7)	100% after \$5 copayment	Not covered
<b>Preventive Care</b> (3)		
<b>Routine Adult</b>		
Physical exams	100% (deductible does not apply)	50% after deductible
Adult immunizations	100% (deductible does not apply)	50% after deductible
Colorectal cancer screening	100% (deductible does not apply)	50% after deductible
Routine gynecological exams, including a Pap Test	100% (deductible does not apply)	50% (deductible does not apply)
Mammograms, annual routine and medically necessary	Routine: 100% (deductible does not apply) Medically Necessary: 100% after deductible	50% after deductible
Diagnostic services and procedures	100% (deductible does not apply)	50% after deductible
<b>Routine Pediatric</b>		
Physical exams	100% (deductible does not apply)	50% after deductible
Pediatric immunizations	100% (deductible does not apply)	50% (deductible does not apply)
Diagnostic services and procedures	100% (deductible does not apply)	50% after deductible
<b>Hospital and Medical/Surgical Expenses (including maternity)</b>		
<b>Hospital Inpatient</b>		
<b>Hospital Outpatient</b>		
<b>Maternity</b> (non-preventive facility & professional services)	100% after deductible	50% after deductible
<b>Medical/Surgical</b> (except office visits)		
<b>Emergency Services</b>		
<b>Emergency Room Services</b>	100% after \$125 copayment (waived if admitted)	
<b>Ambulance</b> (9)	100% after deductible	
<b>Therapy and Rehabilitation Services</b>		
<b>Physical Medicine</b>	100% after \$15 copayment	50% after deductible
	Limit: 30 visits per calendar year	
<b>Respiratory Therapy</b>	100% after deductible	
<b>Speech &amp; Occupational Therapy</b>	100% after \$15 copayment	50% after deductible
	Limit: 30 visits per calendar year	



drug. Your payment is the price difference between the brand name drug and generic drug in addition to the brand name drug copayment or coinsurance amounts, which may apply.

- (7) Services are provided for acute care for minor illnesses. Services must be performed by a Highmark approved telemedicine provider. Virtual Behavioral Health visits provided by a Highmark approved telemedicine provider are eligible under Outpatient Mental Health benefit.
- (8) Effective with plan years beginning on or after January 1, 2014, the Network Total Maximum Out-of-Pocket as mandated by the federal government must include deductible, coinsurance, copays, and any qualified medical expenses.
- (9) Medically necessary Air Ambulance services rendered by out-of-network providers will be covered at the highest network tier level of benefits