



## HSBC BLUE CROSS BLUE SHIELD

### NATIONAL PREFERRED PROVIDER ORGANIZATION (PPO)

<b>Lifetime Comprehensive Major Medical Coverage</b>	\$5,000,000	
<b>DEDUCTIBLE: Single Coverage - Per Calendar Year</b>	\$350 High \$750 Low	\$700 High \$1500 Low
<b>DEDUCTIBLE: Employee Plus One Other Person</b>	\$700 High \$1500 Low	\$1400 High \$3000 Low
<b>DEDUCTIBLE: Family</b>	\$1050 High \$2250 Low	\$2100 High \$4500 Low
<b>PPO SERVICES</b>	<b>PPO</b>	<b>Non-PPO</b>
<b>OUT-OF-POCKET EXPENSE LIMITATION:</b> The amount of money an individual pays toward covered hospital and medical expenses during any one calendar year, <b>including the deductible</b> . PPO and non-PPO charges apply to the same out-of-pocket limit. The penalty for failing to pre-certify a hospital stay as well as non-PPO charges above the eligible allowance does not apply to any out-of-pocket limit.	\$2000 single/\$4000 employee plus one/\$6000 family - High  \$2500 single/\$5000 employee plus one/\$7500 family - Low	\$4700 single/\$9400 employee plus one/\$14,000 family - High  \$5900 single/\$11,700 employee plus one/\$17,500 family - Low
<b>INPATIENT HOSPITAL SERVICES:</b> Room allowance based on the hospital's most common semi-private room rate.	85%	65%
<b>OUTPATIENT SURGERY &amp; DIAGNOSTIC TESTS:</b> Hospital & Physician	85%	65%
<b>EMERGENCY:</b> (Hospital & Physician) Emergency Medical and Emergency Accident - Initial treatment in hospital of accidental injuries or sudden and unexpected medical conditions with severe life-threatening symptoms. If an inpatient admission occurs thereafter, the MSA must be contacted within two business days.	85%	85%
<b>OUTPATIENT HOSPITAL SERVICES:</b> Including radiation and chemotherapy.	85%	65%
<b>INPATIENT CHEMICAL DEPENDENCY</b> Benefits limited to 30 days annually.	85%	65%
<b>INPATIENT PSYCHIATRIC:</b> Benefits limited to 30 days annually.	85%	65%
<b>OUTPATIENT CHEMICAL DEPENDENCY:</b> Benefits limited to 30 visits annually.	85%	65%
<b>OUTPATIENT PSYCHIATRIC:</b> Benefits limited to 30 visits annually.	85%	65%
<b>OFFICE VISITS AND MEDICAL/SURGICAL CARE:</b> Includes medical and surgical care, office visits, consultation, anesthetics, etc; chiropractic care limited to 25 visits annually.	85%	65%
<b>ADDITIONAL SURGICAL OPINION</b>	85%	65%
<b>WELL ADULT CARE:</b> Covered services are: Cholesterol test, hemocult test, ovarian (CA-125) test, prostate (PSA) test, colon/breast (CEA) test, pap smear, mammogram, and immunizations. <b>Office visit charge covered at 85% in network and after deductible and 65% out of network, after deductible as long as one of the above procedures has been performed.</b>	100%*	65%*
<b>WELL CHILD CARE :</b> Includes all well child benefits; office visits, physicals, immunizations, routine x-ray and lab. Covered to age 19. Immunizations covered at 100% without a deductible regardless of PPO status.	100%*	65%*
<b>OTHER COVERED SERVICES:</b> Blood and blood components; leg, arm, and neck braces; ambulance services; surgical dressings, casts and splints; durable medical equipment; prosthetic devices. TMJ covered up to a \$2500 lifetime maximum when medically necessary. Payments are calculated based on eligible allowances.	Benefits payable at 85% PPO; 85% if provider type is not solicited as PPO or non-PPO; 65% if non-PPO	
<b>PRESCRIPTION DRUGS:</b> Covered through CareMark @ 1-866-623-1435	Administered by CareMark	
<b>MEDICAL SERVICES ADVISORY (MSA):</b> You are required to call MSA, the Blue Cross and Blue Shield unit for pre-certification, one business day prior to hospitalization, receiving Home Health Care services, Private Duty Nursing, or admission to a Skilled Nursing Facility and within two business days of an admission for emergency care or maternity. If employee elects not to notify the MSA or follow the advice given, hospital benefits will be reduced by \$100. No penalty for Home Health Care or Skilled Nursing Facility. Phone number is 1-800-286-8834.		
<b>DEPENDENT ELIGIBILITY:</b> To age 19, 25 if a full-time student.		
<b>COORDINATION OF BENEFITS:</b> This program coordinates benefits with other group plans.		
* Deductible does not apply.		
Note: This sheet only highlights the general program. If there are any discrepancies between this highlight sheet and the Plan Document, the Plan Document will control. If you do not live in a PPO area, your non-PPO benefit level will be 85% rather than 65%. Members may be "balance billed" from non-PPO providers. Payment is based on the eligible charge which may be less than the billed charge.		
If you have any questions specific to your benefit plan you can contact customer service at 1-888-979-2057.		
Log on to <a href="http://www.bcbsil.com">www.bcbsil.com</a> to find our more about Blue Cross and Blue Shield.		

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