

GENERAL PROVISIONS	National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees
Web Site Address	http://www.bluecares.com/healthtravelfinder.html
Health Plan Telephone Number	Call your BCBS Plan. The number is located on the back of your ID Card.
NCQA Accreditation Status	Not Applicable

CARS Ratings (quality report card)	National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees
Dr. Communication and Service	Not Applicable
Access and Service	Not Applicable
Staying Healthy	Not Applicable
Getting Better/Living with Illness	Not Applicable

ANNUAL OUT-OF-POCKET LIMITATION	National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees
Single Contract	In-Network: None
	Out-of-Network: \$250 <i>See Footnote #1</i>

ANNUAL OUT-OF-POCKET LIMITATION	National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees
Multiple Party Contract	In-Network: None
	Out-of-Network: \$500 <i>See Footnote #1</i>

HOSPITAL SERVICES	National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees
Semi - Private Room and Board	In-Network: 365 days, renewable after 60 days (Predetermination Required)
	Out-of-Network: Same as In-Network <i>See Footnote #2</i>
Surgery, Inpatient and Outpatient	In-Network: Covered
	Out-of-Network: Covered with a 10% member co-insurance on Maximum Payment Allowed by BCBS for these services. <i>See Footnote #3</i>
Physician Services	In-Network: Covered
	Out-of-Network: Covered with a 10% member co-insurance on Maximum Payment Allowed by BCBS for these services. <i>See Footnote #3</i>
Inpatient Physical Therapy	In-Network: Covered
	Out-of-Network: Covered with a 10% member co-insurance on Maximum Payment Allowed by BCBS for these services. <i>See Footnote #3</i>

HOSPITAL SERVICES	National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees
Functional Occupational Therapy	In-Network: Covered
	Out-of-Network: Covered with a 10% member co-insurance on Maximum Payment Allowed by BCBS for these services. <i>See Footnote #3</i>

OUTPATIENT SERVICES	National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees
Office Visits	In-Network: The member is responsible only for the Maximum Payment Allowed by BCBS for these services -- 100% member copay.
	Out-of-Network: Not Covered - Member may be responsible for the entire charge.
Physical Exams	In-Network: Not Covered
	Out-of-Network: Same as In-Network
Well-Baby Care	In-Network: Covered up to six (6) visits prior to age two (2)
	Out-of-Network: Not Covered
Immunizations	In-Network: Covered per Centers for Disease Control guidelines. Related office visit charge 100% copay
	Out-of-Network: Not Covered
Allergy Tests, Injections	In-Network: Tests and injections not covered, allergy serum covered under Prescription Drug Program
	Out-of-Network: Same as In-Network

OUTPATIENT SERVICES	
National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees	
Diagnostic Lab	In-Network: Covered
	Out-of-Network: Covered with a 10% member co-insurance on Maximum Payment Allowed by BCBS for these services. <i>See Footnote #3</i>
Outpatient Physical Therapy	In-Network: 60 Treatments per condition per calendar year.
	Out-of-Network: 60 Treatments per condition per calendar year. Covered with a 10% member co-insurance on Maximum Payment Allowed by BCBS for these services. <i>See Footnote #4</i>
X-Ray & Imaging	In-Network: Covered
	Out-of-Network: Covered with a 10% member co-insurance on Maximum Payment Allowed by BCBS for these services. <i>See Footnote #4</i>

MATERNITY CARE	
National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees	
Prenatal, Delivery and Postnatal	In-Network: Covered
	Out-of-Network: Covered with a 10% member co-insurance on Maximum Payment Allowed by BCBS for these services. <i>See Footnote #4</i>

EMERGENCY CARE	
National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees	
Emergency Care	In-Network: Covered
	Out-of-Network: Same as In-Network

AMBULANCE	
National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees	
Ambulance	In-Network: Covered
	Out-of-Network: Covered with a 10% member co-insurance on Maximum Payment Allowed by BCBS for these services. <i>See Footnote #4</i>

EXTENDED CARE FACILITIES	
National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees	
Skilled Nursing Facility	In-Network: 730 days, except psychiatric care 90 days, renewable after 60 days
	Out-of-Network: Not Covered
Home Health Care	In-Network: 3 visits for each unused day of hospital care
	Out-of-Network: Not Covered
Private Duty Nursing	In-Network: Not covered
	Out-of-Network: Same as In-Network

PSYCHIATRIC CARE	
National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees	
Hospital Services	In-Network: Active Employees: subject to the conditions of the Managed Care Program - 45 days, renewable after 60 days. Retirees:
	Out-of-Network: Active Employees: subject to the conditions of the Managed Care Program. Retirees: <i>See Footnote #2</i>

PSYCHIATRIC CARE	National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees
Outpatient Services	In-Network: Active Employees: subject to the conditions of the Managed Care Program 35 visits per plan year; Visits 1-20 covered; Visits 21-35 have a 25% copay. Retirees: Non-Medicare
	Out-of-Network: Active Employees: subject to the conditions of the Managed Care Program. Retirees: <i>See Footnote #5</i>

SUBSTANCE ABUSE	National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees
Hospital Services	In-Network: Active Employees: subject to the conditions of the Managed Care Program - 45 days, renewable after 60 days. Retirees: 45 days, renewable after 60 days.
	Out-of-Network: Active Employees: subject to the conditions of the Managed Care Program. Retirees: Not covered
Outpatient Services	In-Network: Active Employees: subject to the conditions of the Managed Care Program
	Out-of-Network: Active Employees: subject to the conditions of the Managed Care Program. Retirees: Not covered

PRESCRIPTION DRUGS - HOURLY ACTIVE EMPLOYEES	National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees
Participating Pharmacies	In-Network: \$5 copay per generic prescription and \$10 per brand-name prescription. \$15 copay for ED drugs. NOTE: Mandatory generic substitute applies.
	Out-of-Network: 75% covered after participating pharmacy copay. NOTE: Mandatory generic substitute applies.

PRESCRIPTION DRUGS - HOURLY ACTIVE EMPLOYEES	National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees
Mail Order Program	In-Network: \$7 copay per prescription, up to a 90-day supply; \$12 copay per brand drug, \$19 copay for ED drugs. NOTE:
	Out-of-Network: Not Covered

PRESCRIPTION DRUGS - ALL RETIREES WHO RETIRED PRIOR TO 1/1/04	National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees
Participating Pharmacies	In-Network: \$5 copay, per prescription. NOTE: Mandatory generic substitute applies.
	Out-of-Network: 75% covered after participating pharmacy copay listed above. NOTE: Mandatory generic substitute applies.
Mail Order Program	In-Network: \$2 copay per prescription, up to a 90-day supply; NOTE: Maintenance/ Long-Term drugs available only through Home Delivery Program, following original prescription and two refills.
	Out-of-Network: Not Covered

PRESCRIPTION DRUGS - ALL RETIREES WHO RETIRED ON OR AFTER 1/1/04	National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees
Participating Pharmacies	In-Network: \$5 copay per generic prescription and \$10 per brand-name prescription. NOTE: Mandatory generic substitute applies
	Out-of-Network: 75% covered after participating pharmacy copay listed above. NOTE: Mandatory generic substitute applies.
Mail Order Program	In-Network: \$2 copay per prescription, up to a 90-day supply; NOTE: Maintenance/ Long-Term drugs available only through Home Delivery Program, following original prescription and two refills.
	Out-of-Network: Not Covered

HEARING CARE	National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees
Audiometric Examination	In-Network: Covered at participating providers
	Out-of-Network: Not Covered
Hearing Aid	In-Network: Covered at participating providers
	Out-of-Network: Not Covered
Frequency Limitation	In-Network: 36 months
	Out-of-Network: Not Covered

VISION CARE	
National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees	
Vision Care Contact Information	In-Network: SVS, Inc. 800-225-3095, http:// www. svsvision.com
	Out-of-Network: Same as In-Network
Examination	In-Network: Covered
	Out-of-Network: Contact SVS, Inc.
Lenses and Frames	In-Network: Covered
	Out-of-Network: Contact SVS, Inc.
Contact Lenses	In-Network: Medically necessary: up to \$350 Not medically necessary: \$75 for lenses & \$40 for fit and follow-up
	Out-of-Network: Contact SVS, Inc.

FOOT AND ANKLE CARE	
National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees	
Foot and Ankle Care - Outpatient Services	In-Network: Contact your plan for details on covered services
	Out-of-Network: Same as In-Network

OTHER SERVICES	
National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees	
Durable Medical Equipment	In-Network: Covered through the SUPPORT Program (800-831-0999)
	Out-of-Network: Covered with a 20% member co-insurance on Maximum Payment Allowed. <i>See Footnote #6</i>

OTHER SERVICES	National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees
Prosthetic and Orthotic Appliances	In-Network: Covered through the SUPPORT Program (800-831-0999)
	Out-of-Network: Covered with a 20% member co-insurance on Maximum Payment Allowed. <i>See Footnote #6</i>
Health Education & Special Programs	In-Network: Contact your plan for information
	Out-of-Network: Same as In-Network

SPECIAL SITUATIONS	National PPO Plan (BCBS) Multi-State - Active Employee, Non-UAW & Protected UAW Retirees
When Enrolled in Medicare	In-Network: Plan coordinates with Medicare
	Out-of-Network: Same as In-Network <i>See Footnote #3</i>
Sponsored Dependent Coverage	In-Network: Available at subscriber's expense
	Out-of-Network: Same as In-Network

#1: For Non-Medicare claims, if you receive covered health care services from a non-panel PPO provider (an out-of-network provider), you will be required to pay an additional 10% co-insurance for those covered services- up to \$250 per single party or \$500 per multiple party each calendar year. In addition, you will be responsible for any charges above the BCBS maximum allowed amount for these services. For covered services that Medicare pays first, these services are not subject to the 10% member co-insurance for out-of-network services and will be processed the same as in-network.

#2: Services at non-panel, participating hospital are covered with a 10% member co-insurance on the Maximum Amount Allowed by BCBS for these services. The Maximum Payment is \$250 per day at a non-panel, non-participating hospital.

#3: For Non-Medicare claims, if you receive covered health care services from a non-panel PPO provider (an out-of-network provider), you will be required to pay an additional 10% co-insurance for those covered services- up to \$250 per single party or \$500 per multiple party each

calendar year. In addition, you will be responsible for any charges above the BCBS maximum allowed amount for these services. For covered services that Medicare pays first, these services are not subject to the 10% member co-insurance for out-of-network services and will be processed the same as in-network.

#4: Out-of-Network - For Non-Medicare claims, if you receive covered health care services from a non-panel PPO provider (an out-of-network provider), you will be required to pay an additional 10% co-insurance for those covered services- up to \$250 per person or \$500 per family each plan year. In addition, you will be responsible for any charges above the BCBS maximum allowable payment amount for these services. For covered services that Medicare pays first, these services are not subject to the 10% member co-insurance for out-of-network services and will be processed the same as under the present Traditional Medical Plan.

#5: For Non-Medicare claims, if you receive covered health care services from a non-panel PPO provider (an out-of-network provider), you will be required to pay an additional 10% co-insurance for those covered services- up to \$250 per single party or \$500 per multiple each plan year. In addition, you will be responsible for any charges above the BCBS maximum allowable amount for these services. For covered services that Medicare pays first, these services are not subject to the 10% member co-insurance for out-of-network services and will be processed the same as under the present Traditional Medical Plan.

#6: You will be responsible for the remaining 20% of the Maximum Payment up to the annual \$500 out-of-pocket maximum applicable to the SUPPORT Program. This 20% does not apply to the \$250 single party or \$500 multiple party annual out-of-pocket maximum applicable to the National PPO Plan (BCBS). In addition, you will be responsible for any additional charges above the BCBS Maximum Amount Allowed.