

GENERAL PROVISIONS	National Catastrophic PPO Plan - General Retiree
Web Site Address	http://www.bluecares.com/healthtravel/finder.html
Health Plan Telephone Number	Call your local BCBS Plan. The number is located on the back of your ID Card.
NCQA Accreditation Status	Not Applicable

CARS Ratings (quality report card)	National Catastrophic PPO Plan - General Retiree
Dr. Communication and Service	Not Applicable
Access and Service	Not Applicable
Staying Healthy	Not Applicable
Getting Better/Living with Illness	Not Applicable

MONTHLY CONTRIBUTIONS	National Catastrophic PPO Plan - General Retiree
Single Contract	None
Multiple Party Contract	None

ANNUAL DEDUCTIBLES	National Catastrophic PPO Plan - General Retiree
Single Contract	In-Network: \$1,250 See Footnote #1
	Out-of-Network: Same as In-Network <i>See Footnote #1</i>
Multiple Party Contract	In-Network: \$2,500 See Footnote #1
	Out-of-Network: Same as In-Network <i>See Footnote #1</i>

ANNUAL OUT-OF-POCKET LIMITATION	National Catastrophic PPO Plan - General Retiree
Single Contract	In-Network: \$2,500 (deductible & in-network co-insurance applies) See Footnote #1
	Out-of-Network: \$5,000 (deductible & out-of-network co-insurance applies) <i>See Footnote #2</i>
Multiple Party Contract	In-Network: \$5,000 (deductible & in-network co-insurance applies) See Footnote #1
	Out-of-Network: \$10,000 (deductible & out-of-network co-insurance applies) <i>See Footnote #2</i>

OUTPATIENT SERVICES	National Catastrophic PPO Plan - General Retiree
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.

OUTPATIENT SERVICES	National Catastrophic PPO Plan - General Retiree
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
Diagnostic Lab	In-Network: After the deductible, 10% member co-insurance See Footnote #3
	Out-of-Network: After the deductible, covered with a 30% member co-insurance on Maximum Amount Allowed by BCBS for these services. See Footnote #4
Outpatient Physical Therapy	In-Network: 60 Treatments per condition per calendar year. See Footnote #3
	Out-of-Network: 60 Treatments per condition per calendar year. After the deductible, covered with a 30% member co-insurance on Maximum Amount Allowed by BCBS for these services. See Footnote #4
X-Ray & Imaging	In-Network: After the deductible, 10% member co-insurance See Footnote #3
	Out-of-Network: After the deductible, covered with a 30% member co-insurance on Maximum Amount Allowed by BCBS for these services. See Footnote #4

MATERNITY CARE		National Catastrophic PPO Plan - General Retiree	
Prenatal, Delivery and Postnatal	In-Network: After the deductible, 10% member co-insurance See Footnote #5		
	Out-of-Network: After the deductible, covered with a 30% member co-insurance on Maximum Amount Allowed by BCBS for these services. See Footnote #4		

EMERGENCY CARE		National Catastrophic PPO Plan - General Retiree	
Emergency Care	In-Network: \$100 waived if admitted.(The \$100 does not apply to deductible or out-of-pocket maximum.) See Footnote #6		
	Out-of-Network: Same as In-Network See Footnote #6		

AMBULANCE		National Catastrophic PPO Plan - General Retiree	
Ambulance	In-Network: After the deductible, covered for emergencies with a 10% member co-insurance See Footnote #5		
	Out-of-Network: After the deductible, covered with a 30% member co-insurance on Maximum Amount Allowed by BCBS for these services. See Footnote #4		

EXTENDED CARE FACILITIES		National Catastrophic PPO Plan - General Retiree	
Skilled Nursing Facility	In-Network: After the deductible, 10% member co-insurance; 730 days, except psychiatric care 90 days, renewable after 60 days See Footnote #5		
	Out-of-Network: Not Covered		

EXTENDED CARE FACILITIES	National Catastrophic PPO Plan - General Retiree
Home Health Care	In-Network: After the deductible, 10% member co-insurance; 3 visits for each unused day of hospital care See Footnote #5
	Out-of-Network: Not Covered
Private Duty Nursing	In-Network: Not covered
	Out-of-Network: Same as In-Network

PSYCHIATRIC CARE	National Catastrophic PPO Plan - General Retiree
Hospital Services	In-Network: Retirees: 45 days, renewable after 60 days. See Footnote #7
	Out-of-Network: Covered See Footnote #8
Outpatient Services	In-Network: Non-Medicare - 20 visit maximum per calendar year; Medicare - 40 visits maximum per calendar year. Co-insurance for Visits: 1-5 visits covered; 6-10 visits 10% member co-insurance ; Additional visits - 25% member co-insurance. See Footnote #7
	Out-of-Network: Non Medicare - Covered the same as in-network with an additional 10% member co-insurance sanction. Medicare - Covered services Medicare pays first are covered the same as in-network. See Footnote #6

PRESCRIPTION DRUGS	National Catastrophic PPO Plan - General Retiree
Participating Pharmacies	In-Network: \$15 copay per generic prescription and \$35 copay per brand-name prescription. \$50 copay for ED drugs. NOTE Mandatory generic substitute applies. See Footnote #6
	Out-of-Network: 75% covered after participating pharmacy copay listed above. NOTE: Mandatory generic substitute applies. See Footnote #6
Mail Order Program	In-Network: \$30 copay per prescription, up to a 90-day supply for generic and \$70 copay per brand name prescription. \$100 copay for ED drugs. Maintenance/ Long-Term drugs available only through Home Delivery Program, following original prescription and two refills. See Footnote #6
	Out-of-Network: Not covered

HEARING CARE	National Catastrophic PPO Plan - General Retiree
Audiometric Examination	In-Network: Covered at participating providers See Footnote #6
	Out-of-Network: Not Covered
Hearing Aid	In-Network: Covered at participating providers See Footnote #6
	Out-of-Network: Not Covered
Frequency Limitation	In-Network: 36 months
	Out-of-Network: Not Covered

VISION CARE	National Catastrophic PPO Plan - General Retiree
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 See Footnote #6
	Out-of-Network: Contact SVS, Inc. <i>See Footnote #6</i>
Lenses and Frames	In-Network: Covered See Footnote #6
	Out-of-Network: Contact SVS, Inc. <i>See Footnote #6</i>
Contact Lenses	In-Network: Medically necessary: up to \$350 Not medically necessary: \$75 for lenses & \$40 for fit and follow-up See Footnote #6
	Out-of-Network: Contact SVS, Inc. <i>See Footnote #6</i>

FOOT AND ANKLE CARE	National Catastrophic PPO Plan - General Retiree
Foot and Ankle Care - Outpatient Services	In-Network: After the deductible, 10% member co-insurance See Footnote #5
	Out-of-Network: After the deductible, covered with a 30% member co-insurance on Maximum Amount Allowed by BCBS for these services. <i>See Footnote #4</i>

OTHER SERVICES	National Catastrophic PPO Plan - General Retiree
Durable Medical Equipment	In-Network: After the deductible, 10% member co-insurance See Footnote #5
	Out-of-Network: After the deductible, covered with a 30% member co-insurance on Maximum Amount Allowed by BCBS for these services. See Footnote #4
Prosthetic and Orthotic Appliances	In-Network: After the deductible, 10% member co-insurance See Footnote #5
	Out-of-Network: After the deductible, covered with a 30% member co-insurance on Maximum Amount Allowed by BCBS for these services. See Footnote #4
Health Education & Special Programs	In-Network: Contact your plan for information
	Out-of-Network: Same as In-Network

SPECIAL SITUATIONS	National Catastrophic PPO Plan - General Retiree
When Enrolled in Medicare	In-Network: Plan coordinates with Medicare
	Out-of-Network: Same as In-Network See Footnote #3
Sponsored Dependent Coverage	In-Network: Available at subscriber's expense
	Out-of-Network: Same as In-Network

HOSPITAL SERVICES	National Catastrophic PPO Plan - General Retiree
Semi - Private Room and Board	In-Network: 365 days, renewable after 60 days (Predetermination Required) After the deductible, 10% member co-insurance See Footnote #5
	Out-of-Network: 365 days, renewable after 60 days (Predetermination Required) After the deductible, covered with a 30% member co-insurance on Maximum Amount Allowed by BCBS for these services. See Footnote #3
Surgery, Inpatient and Outpatient	In-Network: After the deductible, 10% member co-insurance See Footnote #5
	Out-of-Network: After the deductible, covered with a 30% member co-insurance on Maximum Amount Allowed by BCBS for these services. See Footnote #4
Physician Services	In-Network: After the deductible, 10% member co-insurance See Footnote #5
	Out-of-Network: After the deductible, covered with a 30% member co-insurance on Maximum Amount Allowed by BCBS for these services. See Footnote #4
Inpatient Physical Therapy	In-Network: After the deductible, 10% member co-insurance See Footnote #5
	Out-of-Network: After the deductible, covered with a 30% member co-insurance on Maximum Amount Allowed by BCBS for these services. See Footnote #4
Functional Occupational Therapy	In-Network: After the deductible, 10% member co-insurance See Footnote #5
	Out-of-Network: After the deductible, covered with a 30% member co-insurance on Maximum Amount Allowed by BCBS for these services. See Footnote #4

SUBSTANCE ABUSE	National Catastrophic PPO Plan - General Retiree
Hospital Services	In-Network: 45 days, renewable after 60 days. See Footnote #6
	Out-of-Network: Not covered
Outpatient Services	In-Network: 35 visits per plan year to 140 visits lifetime maximum. See Footnote #6
	Out-of-Network: Not covered

#1: The annual deductibles (\$1,250 single party and \$2,500 multiple party), plus co-insurance (\$1,250 single party and \$2,500 multiple party) shall count toward the annual out-of-pocket maximum (single party: \$2,500 in-network and \$5,000 out-of-network; multiple party: \$5,000 in-network and \$10,000 out-of-network.) The maximum amount any single party can contribute toward the multiple party deductible is \$1,250 and any in-network co-insurance does not apply to the annual out-of-network out-of-pocket maximum. The following do not apply toward the deductible and out-of-pocket maximum: co-insurance or cost sharing for Prescription Drugs, Office Visits, Emergency Care, Mental Health, Substance Abuse, Dental, Vision, and Hearing. Additionally, your monthly contributions and any out-of-network sanction or exclusion amounts shall not count toward the deductible or out-of-pocket annual maximum.

#2: The annual deductibles (\$1,250 single party and \$2,500 multiple party), plus co-insurance (\$1,250 single party and \$2,500 multiple party) shall count toward the annual out-of-pocket maximum (single party: \$2,500 in-network and \$5,000 out-of-network; multiple party: \$5,000 in-network and \$10,000 out-of-network.) The maximum amount any single party can contribute toward the multiple party deductible is \$1,250 and any in-network co-insurance does not apply to the annual out-of-network out-of-pocket maximum. The following do not apply toward the deductible and out-of-pocket maximum: co-insurance or cost sharing for Prescription Drugs, Office Visits, Emergency Care, Mental Health, Substance Abuse, Dental, Vision, and Hearing. Additionally, your monthly contributions and any out-of-network sanction or exclusion amounts shall not count toward the deductible or out-of-pocket annual maximum. After the deductible (\$1,250 single party and \$2,500 multiple party) has been met - Non-Network PPO Provider - Non-Medicare - covered services will require a 30% co-insurance sanction up to the annual out-of-pocket out-of-network maximum (\$5,000 single party and \$10,000 multiple party). Then the plan pays 100% of the Maximum Amount Allowed. You will be responsible for any charges above the Maximum Amount Allowed. Covered services Medicare pays first are paid the same as in-network.

#3: After the deductible (\$1,250 single party and \$2,500 multiple party) has been met - Non-Network PPO Provider - Non-Medicare - covered services will require a 30% co-insurance sanction up to the annual out-of-pocket out-of-network maximum (\$5,000 single party and \$10,000 multiple party). Then the plan pays 100% of the Maximum Amount Allowed. You will be responsible for any charges above the Maximum Amount Allowed. Covered services Medicare pays first are paid the same as in-network.

#4: 1) First you pay for covered services until the annual deductible (\$1,250 single party and \$2,500 multiple party) is met (The maximum amount any one single party can contribute toward the multiple party deductible is \$1,250); 2) Then you pay 30% (up to \$3,750 single party or \$7,500 multiple party) until covered services reach the annual out-of-network out-of-pocket maximum (\$5,000 for single party or \$10,000 for multiple party coverage); 3) Then the plan pays 100% to the end of the calendar year. All payments (including co-insurance) are based on the BCBS Maximum Amount Allowed.

#5: 1) First you pay for covered services until the annual deductible (\$1,250 single party and \$2,500 multiple party) is met. (The maximum amount any one single party can contribute toward the multiple party deductible is \$1,250); 2) Then you pay 10% (up to \$1,250 single party and \$2,500 multiple party) until the in-network covered services reach the annual in-network out-of-pocket maximum (\$2,500 single party or \$5,000 multiple party coverage); 3) Then the plan pays 100% to end of the calendar year. All payments (including co-insurance) are based on the BCBS Maximum Amount Allowed.

#6: These services are covered under a separate program which has its own plan design and is not subject to the National Catastrophic PPO Plan's deductibles, co-insurance and out-of-pocket maximums.

#7: These services are covered under a separate program which has its own plan design and is not subject to the National Catastrophic PPO Plan's deductibles, co-insurance and out-of-pocket maximums

#8: Services at Non-Panel, Participating Hospital - Non-Medicare are covered with a 10% member co-insurance on the Maximum Amount Allowed by BCBS. Covered services Medicare pays first are paid the same as in network. Services at a Non-Panel, Non-Participating Hospital - Non-Medicare are covered with a 10% member co-insurance sanction on the Maximum Amount Allowed by BCBS (\$250 per day). Covered services Medicare pays first are paid the same as in-network. These services are covered under a separate program which has its own plan design and is not subject to the National Catastrophic PPO Plan's deductibles, co-insurance and out-of-pocket maximums.