



**A SUMMARY OF SIMPLY BLUE[®] BENEFITS
FOR WILMINGTON UNIVERSITY WILMINGTON UNIVERSITY**

SERVICE	SIMPLY BLUE[®] - EPO (EPO 100)
<p>PREVENTIVE MEDICAL SERVICES</p> <ul style="list-style-type: none"> ■ Periodic Physical Exams ■ Routine Annual GYN Exam ■ Routine Mammogram ■ Routine Sigmoidoscopy & Colonoscopy ■ Routine Pap Smear (<i>Lab charges</i>) ■ Routine Well-Child Care ■ Immunizations ■ Periodic Vision Exams ■ Periodic Hearing Exams ■ Prostate Screening Antigen Test (<i>Lab charges</i>) ■ Lead Poisoning Screening Test (<i>Lab charges</i>) 	<p>\$15.00 per visit \$15.00 per visit 100% covered 100% covered 100% covered \$15.00 per visit. \$15.00 per visit \$15.00 per visit to PCP 100% covered 100% covered</p>
<p>TREATMENT OF ILLNESS OR INJURY</p> <ul style="list-style-type: none"> ■ Doctor's Office Visit for Diagnosis & Treatment ■ Specialist/Referral Care ■ Allergy Testing ■ Allergy Treatment ■ Laboratory Services ■ Imaging & Machine Testing Services ■ Physical & Occupational Therapy ■ Speech Therapy ■ Radiation Therapy & Chemotherapy ■ Home/Nursing Home Visits ■ Chiropractic 	<p>\$15.00 per visit \$15.00 per visit \$15.00 per visit \$15.00 per visit 100% covered.¹ 100% covered.¹ 100% covered¹ for up to 30 combined visits per calendar year 100% covered¹ for up to 30 visits per calendar year 100% covered¹ \$30.00 per visit 100% covered¹ for up to 30 visits per calendar year</p>
<p>IN THE HOSPITAL^{1, 2, 3}</p> <ul style="list-style-type: none"> ■ Semiprivate Room & Board (including intensive care, if medically appropriate) ■ Physician's & Surgeon's Services ■ Other Medical Professional Services 	<p>100% covered^{1, 2, 3} 100% covered^{1, 2, 3} 100% covered^{1, 2, 3}</p>

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SERVICE	SIMPLY BLUE[®] - EPO (EPO 100)
SURGERY ^{1, 2, 3} ■ Outpatient	100% covered ^{1, 2, 3}
MATERNITY ■ Prenatal & Postnatal Care ■ Delivery: Hospital ■ Delivery: Physician ■ Birthing Center	100% covered ¹ 100% covered ¹ 100% covered ¹ 100% covered ¹
EMERGENCY SERVICES ■ Physician's Office ■ Hospital ■ Outpatient Emergency Facilities	\$15.00 per visit \$100.00 per visit (waived if admitted) \$100.00 per visit (waived if admitted)
AMBULANCE	\$50.00 per occurrence
OTHER SERVICES ■ Inpatient Private Duty Nursing ■ Prosthetic Devices and Durable Medical Equipment ■ Skilled Nursing Facility ■ Home Health Care	100% covered ¹ for up to 240 hours per 12-month period 100% covered ¹ 100% covered ¹ for up to 120 days per confinement 100% covered ¹ for up to 100 visits per calendar year
ALCOHOL AND DRUG ABUSE TREATMENT	Authorized: Same as Other Medical Care Non-Authorized: Not covered
SERIOUS MENTAL HEALTH CARE ■ Inpatient and Partial Hospitalization ■ Outpatient	Authorized: Same as Other Medical Care Non-Authorized: Not covered Authorized: Same as Other Medical Care Non-Authorized: Not covered
OTHER MENTAL HEALTH CARE ■ Inpatient and Partial Hospitalization ■ Outpatient	Authorized: Same as Other Medical Care Non-Authorized: Not covered \$15.00 copay

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SERVICE	SIMPLY BLUE [®] - EPO (EPO 100)
PRESCRIPTION DRUGS⁴ (Per Prescription or Refill)	
<ul style="list-style-type: none"> ■ Retail, for 34-Day Supply <ul style="list-style-type: none"> ▪ Generic ▪ Preferred Brand ▪ Non-Preferred Brand ■ Mail Order, for 90-Day Supply <ul style="list-style-type: none"> ▪ Generic ▪ Preferred Brand ▪ Non-Preferred Brand 	<ul style="list-style-type: none"> \$ 10.00 Copayment⁴ \$ 25.00 Copayment⁴ \$ 50.00 Copayment⁴ \$ 20.00 Copayment⁴ \$ 50.00 Copayment⁴ \$100.00 Copayment⁴

- ¹ Benefits are subject to a calendar year deductible of \$500 per person (\$1,500 per family). Three individuals must meet the deductible in order for the family deductible to be met.
- ² Facility charges and professional services for transplants performed at Blue Distinction Centers for Transplants[®] (BDCT) facilities are covered at the in-network facility benefit level. For transplants performed at participating but non-BDCT facilities, charges are covered at a 20 percentage point reduction off the BDCT level. In the absence of a plan year coinsurance expense limit, member coinsurance associated with the benefit reduction is capped at \$10,000 per transplant. Transplants performed at non-participating facilities are not covered. Other limits apply.
- ³ Facility charges and professional services for bariatric surgeries are subject to any in-network copay or deductible, then are covered at 50%. Coinsurance does not apply to any coinsurance expense limit. Member must meet eligibility criteria to qualify for surgery.
- ⁴ If an individual chooses a Preferred or Non-Preferred Brand drug when a Generic drug is available, he or she will have to pay the difference between the charge for the Preferred or Non-Preferred Brand drug and the Generic drug, plus the copay for the Generic Drug.

There are no Out-of-Network benefits. EPO members can access In-Network PPO providers anywhere in the Nation. If you are enrolling in the EPO Plan, you can take advantage of additional resources. The Blue Cross and Blue Shield Associations's website, bluecares.com, provides online access to the most current listing of providers, whether you need covered medical care close to home, across the country or around the world. On the bluecares.com home page, EPO enrollees should click on *Blue Card[®] Doctor and Hospital Finder*, provide the information requested, and choose the *PPO Network* option. Once you submit your information, you'll instantly receive an online list of network providers in the zip code requested – as well

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as driving directions to their offices or facilities. If you prefer personal help by phone, you can find network providers by calling a BlueCard customer service representative at **1.800.810.BLUE (2583)**.

Delaware law defines serious mental illness as including nine diagnostic classes. Benefits for serious mental illness and substance abuse treatment are covered at the same levels as other medical care. Patients or family members must call Behavior Health Care for a referral to an approved provider and treatment plan for all mental health and substance abuse services.

All percentages listed above apply to Blue Cross Blue Shield of Delaware's maximum allowable charge.

When calculating deductible or coinsurance expenses, only the allowable charges are considered.

This is not a contract. This benefits comparison is intended to provide you with a general overview of these Blue Cross Blue Shield of Delaware health benefit programs.

Blue Cross Blue Shield of Delaware is an independent licensee of the Blue Cross and Blue Shield Association.