



A SUMMARY OF BLUE CLASSICSM BENEFITS FOR WILMINGTON UNIVERSITY

SERVICE	BLUE CLASSIC SM (COMPREHENSIVE 100)
PREVENTIVE MEDICAL SERVICES	
<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>Not covered</p> <p>Not covered</p> <p>100% covered</p> <p>Not covered</p> <p>100% covered</p> <p>Not covered</p> <p>100% covered (for children only)</p> <p>Not covered</p> <p>Not covered</p> <p>100% covered</p> <p>100% covered</p>
TREATMENT OF ILLNESS OR INJURY	
<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>80% covered*</p> <p>80% covered*</p> <p>100% covered</p> <p>80% covered*</p> <p>100% covered</p> <p>100% covered</p> <p>100% covered for up to 30 combined visits per calendar year</p> <p>100% covered for up to 30 visits per calendar year</p> <p>100% covered</p> <p><i>Home:</i> 80% covered;*</p> <p><i>Nursing Home:</i> 100% Covered</p> <p>80% covered* for up to 30 visits per calendar year</p>
IN THE HOSPITAL^{1,2}	
<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}</p> <p>100% covered^{1,2}</p> <p>100% covered^{1,2}</p>

**A SUMMARY OF BLUE CLASSICSM BENEFITS
FOR WILMINGTON UNIVERSITY (CONTINUED)**

SERVICE	BLUE CLASSICSM (COMPREHENSIVE 100)
SURGERY ^{1, 2}	
■ Outpatient	100% covered ^{1, 2}
MATERNITY	
■ Prenatal & Postnatal Care	100% covered
■ Delivery: Hospital	100% covered
■ Delivery: Physician	100% covered
■ Birthing Center	100% covered
EMERGENCY SERVICES	
■ Physician's Office	80% covered*
■ Hospital	100% covered
■ Outpatient Emergency Facilities	100% covered
AMBULANCE	80% covered
OTHER SERVICES	
■ Inpatient Private Duty Nursing	80% covered for up to 240 hours per 12-month period
■ Prosthetic Devices and Durable Medical Equipment	80% covered*
■ Skilled Nursing Facility	100% covered for up to 120 days per confinement
■ Home Health Care	100% covered for up to 100 visits per calendar year
ALCOHOL AND DRUG ABUSE TREATMENT	Authorized: Same as Other Medical Care Non-Authorized: 80% covered
SERIOUS MENTAL HEALTH CARE	
■ Inpatient and Partial Hospitalization	Same as Other Medical Care
■ Outpatient	Same as Other Medical Care
OTHER MENTAL HEALTH CARE	
■ Inpatient and Partial Hospitalization	Authorized: Same as Other Medical Care Non-Authorized: 80% covered
OTHER MENTAL HEALTH CARE (Continued)	
■ Outpatient	80% covered

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PRESCRIPTION DRUGS (per prescription or refill)	80% covered*
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* Subject to a \$100 deductible per calendar year; maximum of two individual deductibles per family per year.

¹ 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.

² 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.

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.