



Corpsmember Health Care Insurance Plan

October 1, 2014 – September 30, 2015

Underwritten by Premera Blue Cross – Group Number 4002446

	Premera Heritage In-Network	Heritage Out-of-Network
Deductible	\$100 per plan year	\$200 per plan year
Out-of-Pocket Maximum	\$1,500 (including deductible)	Not Applicable
Benefit Maximum	Unlimited	
Hospital	Prior Authorization Required on planned admission	
Room & Board	80%	60%
Other Hospital Services	80%	60%
Emergency Room	\$150 Copay; then 80%	\$150 Copay; then 80%
Professional Services		
Office	80%	60%
Surgery	80%	60%
Diagnostic Lab & X-ray	80%	60%
Allergy Injections	80%	60%
Preventive Care		
Routine Care (including preventive screenings)	100% (<i>deductible waived</i>)	60%
Mammogram/Pap Smear	100% (<i>deductible waived</i>)	60%
Outpatient Rehabilitation (Includes Physical, Occupational Speech and Massage Therapy, Cardiac and Pulmonary Rehab and Chronic Pain)	45 visits per plan year	
	80%	60%
Mental Health		
Inpatient	80%	60%
Outpatient	80%	60%
Chemical Dependency		
Detoxification	80%	60%
Inpatient	80%	60%
Outpatient	80%	60%
Ambulance	80%	80%
Prescription Drugs <i>(including oral contraceptives)</i>	Prior Authorization Required for Some Prescriptions Co-insurance is paid at the pharmacy	
	80%	60%
Durable Medical Equipment	80%	60%
Rate per Corpsmember per Month	\$153.35	

All benefits are subject to deductible and coinsurance maximum unless otherwise specified.

Premera requires prior authorization for planned admission into inpatient hospitals or skilled nursing facilities, some planned outpatient procedures and certain prescription drugs.

(This is not a complete list. Your doctor has the most current list and medical information needed to request a prior authorization on your behalf.)



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