

The information on this document applies to January 1, 2009 – December 31, 2009

Plan Provisions	CHIP II: Comprehensive coverage
Care Providers/Network	Any provider Blue Cross/Blue Shield traditional providers could result in lower out-of-pocket costs. When using non-Blue Cross providers, the individual pays for costs exceeding the maximum allowable charge.
Deductible: Single/Family	\$1,200/individual; \$3,600 maximum/family
Out-of-Pocket Maximum (OPM): Single/Family	\$4,200 single/\$8,400
Co-Insurance	10% - applies toward OPM
Co-Payment	none
OUTPATIENT/AMBULATORY SERVICES	
Office Visits (includes medical, mental health and substance abuse visits)	10% co-insurance after \$1,200 deductible
Routine Physicals	10% co-insurance after \$1,200 deductible
Well-Child Care	10% co-insurance No deductible required until child reaches age 7
Immunizations/Vaccinations (includes childhood, adult and travel)	0% co-insurance
Radiology and Laboratory	10% co-insurance after \$1,200 deductible
Rehabilitation Therapies: Physical Therapy, Occupational Therapy, Speech Therapy (Speech therapy requires prior authorization)	10% co-insurance after \$1,200 deductible
Respiratory Therapy	10% co-insurance after \$1,200 deductible
Home Health Care (requires prior authorization)	10% co-insurance after \$1,200 deductible
Hospice Care (requires prior authorization)	10% co-insurance after \$1,200 deductible
Ambulance	10% co-insurance after \$1,200 deductible
Allergy Treatments	10% co-insurance after \$1,200 deductible
Routine Eye Exam Does not include contact lens exam/fitting	10% co-insurance after \$1,200 deductible
Eyeglasses	Not covered
Routine Hearing Exam	10% co-insurance after \$1,200 deductible
Hearing Aid	20% co-insurance after \$1,200 deductible Maximum benefit of \$2,000 every 5 yrs.
Chiropractor	10% co-insurance after \$1,200 deductible Requires a medical treatment plan after the initial visit
Podiatry	10% co-insurance after \$1,200 deductible
Durable Medical Equipment (prior authorization needed for purchases over \$1500)	20% co-insurance after \$1,200 deductible
Dental Accident Care (services must be within 6 months of injury)	10% co-insurance after \$1,200 deductible
Infertility Treatment Lifetime maximum of \$25,000 (does not apply to OPM)	10% co-insurance after \$1,200 deductible
INPATIENT/HOSPITAL SERVICES	
Emergency Room Care	10% co-insurance after \$1,200 deductible and \$50 co-payment
Inpatient Hospital Room and Board for Medical and Mental Health care	10% co-insurance after \$1,200 deductible
Inpatient Physician Services	10% co-insurance after \$1,200 deductible
Inpatient and Outpatient Surgery	10% co-insurance after \$1,200 deductible
Inpatient Supplies, Drugs, Medicines, etc	10% co-insurance after \$1,200 deductible
Skilled Nursing Facility	10% co-insurance after \$1,200 deductible
Chemical Dependency Residential Care	10% co-insurance after \$1,200 deductible
PRESCRIPTIONS	

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Prescription Drugs and Contraceptives Note: Separate Prescription OPM \$1,100 single/\$2,200 family	10% co-insurance after \$1,200 deductible You will be fully reimbursed for generic medications after the claim is submitted to Wellmark; deductibles do not apply to generic medications
Injectable Drugs Applied to the Medical OPM	10% co-insurance after \$1,200 deductible