

# Blue Edge Business CDHP 2:

**Exclusive Provider Organization (PCP) \$6,550/\$13,100, 0% co-insurance**

## Aggregate deductible

\$6,550 if you are on an individual plan  
\$13,100 if you are on a two-person or family plan

## Aggregate out-of-pocket limit

\$6,550 if you are on an individual plan  
\$10,150/\$13,100 if you are on a two-person or family plan

## Rx drug out-of-pocket limit

\$1,700 if you are on an individual plan  
\$3,400 if you are on a two-person or family plan

**This plan has an aggregate deductible.** If you are on a two-person or family plan, your family members' combined expenses must meet the entire \$13,100 deductible each year before we begin to pay benefits.

**This plan has an aggregate out-of-pocket limit.** If you are on a two-person or family plan, your out-of-pocket limits are \$10,150 per individual or \$13,100 aggregate family. Once you reach the out-of-pocket limit in a year, we pay 100% of the allowed amount for all covered expenses. Medical and prescription drug out-of-pocket limits are combined.

YOU MUST USE NETWORK PROVIDERS	YOU PAY	PLAN PAYS
OUTPATIENT CARE		
<b>preventive care</b> Includes well baby, adult preventive, gynecological preventive office visits; includes preventive services such as laboratory, x-ray, screening mammograms, PAP tests and colonoscopies. Excludes diagnostic services.	No cost.	100% of the allowed amount.
<b>primary care provider office visits</b>	Deductible, then no charge.	After you meet your deductible, 100% of the allowed amount.
<b>mental health and substance use disorder office visits</b> may require prior approval		
<b>specialist office visits</b> may require prior approval		
<b>chiropractic care</b> prior approval required after 12 visits per year		
<b>outpatient physical, occupational and speech therapy</b> up to 30 visits combined per calendar year (You have a separate but equal visit limit for rehabilitative services. )		
<b>diagnostic services</b> includes labs, x-ray, etc.; may require prior approval		
<b>imaging (CT/RET scans, MRI)</b> may require prior approval		
<b>outpatient surgery</b> prior approved may be required		
<b>emergency care</b>		
<b>urgent care</b> care at an urgent care center		
CARE DURING PREGNANCY		
<b>maternity office visits</b>	Deductible, then no charge.	After you meet your deductible, 100% of the allowed amount.
<b>inpatient delivery</b>		
INPATIENT CARE		
<b>inpatient care, general hospital</b> Includes mental health and substance abuse and other inpatient care	Deductible, then no charge	After you meet your deductible, 100% of the allowed amount.
HOME CARE AND REHABILITATION SERVICES		
<b>inpatient skilled nursing or rehabilitation</b> prior approval required for rehabilitation	Deductible, then no charge	After you meet your deductible, 100% of the allowed amount.
<b>home health and hospice care services</b> prior approval required		
<b>private duty nursing</b> prior approval required. Up to 14 hours per member per calendar year		
OTHER SERVICES		
<b>ambulance</b> prior approval required for non-emergency transport	Deductible, then no charge	After you meet your deductible, 100% of the allowed amount.
<b>medical equipment and supplies</b> prior approval may be required		
<b>vision exam</b> one exam per year (use Vision Service Plan providers)	\$20 co-payment.	After your co-payment, 100% of the allowed amount..
PRESCRIPTION DRUGS		
<b>prescription drugs (including home delivery)</b> prior approval may be required	Deductible, then no charge.	After your deductible, 100% of the allowed amount..
<b>wellness drugs</b> visit <a href="http://www.bcbsvt.com/wellnessrx">www.bcbsvt.com/wellnessrx</a> to find a list.	<ul style="list-style-type: none"><li>\$12 co-payment for generics</li><li>40% co-insurance for preferred brand-name drugs</li><li>60% co-insurance for non-preferred brand-name drugs.</li></ul>	After your co-payment and co-insurance, 100% of the allowed amount..



**BlueCross BlueShield**  
of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

Please note that this page contains only a summary of information.  
Your Summary Plan Description and other contract documents govern your benefits.