BlueCare PPO

Group Name: Wilkes University
Effective Date: 6/1/2014
Renewal Date: 6/1/2015

Benefits

- Benefit period
- Deductible (3 separate per family)
- Copayment (3 separate per family)
- Out of Pocket Maximum (2 separate per family)
- Credit (initial benefit period only)
- Co-insurance penalty (facility)

Preventive Services (not subject to deductible)

- Childhood Immunizations
- Routine gynecological exam and pap smear
- Routine mammography
- Routine colorectal cancer and prostate cancer screening

Emergency Services

- Ambulance; emergency transport (not subject to deductible)
- Outpatient emergency room visit (not subject to deductible; copay waived if admitted to hospital)
- Retail clinic care (Preferred not subject to deductible)
- Urgent care (Preferred not subject to deductible)

Inpatient Services

- Inpatient hospital services (unlimited days per benefit period)
- Skilled nursing care (60 days per benefit period)

Outpatient Services

- Chemotherapy, dialysis or radiation
- High-tech imaging (MRI, MRA, CT scans, pet scans, nuclear cardiology)
- Diagnostic testing (lab tests, x-rays, etc)
- Physical (20 visits per benefit period), speech (12 visits per benefit period), or occupational therapy (12 visits per benefit period)
- Cardiac rehabilitation (36 visits/benefit period)
- Pulmonary/Respiratory therapy (18 visits per therapy per benefit period)

Other Services

- Chiropractic manipulative benefit (12 visits per benefit period ages 13 and up)
- Durable medical equipment/orthotics/prosthetics (unlimited maximum)
- Home health services/Home infusion (nurse visits)
- Hospice care (180-day lifetime maximum)
- Surgery
- Maternity services (physician office visits) (preferred not subject to deductible)
- Primary Care Physician office visits (preferred not subject to deductible; unlimited)
- Specialty Care Physician office visits (preferred not subject to deductible; unlimited)

Mental Health and Substance Abuse Services

- Outpatient mental health services (unlimited)
- Inpatient mental health services (unlimited days)
- Outpatient substance abuse services (unlimited)
- Detoxification (unlimited days)
- Inpatient non-hospital residential substance abuse treatment (unlimited days)

Prescription Drugs

- Deductible (per benefit period)
- Retail, 30-day supply
- Mail order program, up to a 90-day supply
- Contraceptives

The deductible applies to all services unless otherwise noted above.

Insured Responsibility

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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</thead>
<tbody>
<tr>
<td>Calendar Year</td>
<td>$300</td>
</tr>
<tr>
<td>None</td>
<td>20% of allowable charge</td>
</tr>
<tr>
<td>$6,350</td>
<td>None</td>
</tr>
<tr>
<td>None</td>
<td>No charge after deductible</td>
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<td>None</td>
<td>No charge after deductible</td>
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<td>None</td>
<td>No charge after deductible</td>
</tr>
</tbody>
</table>

Emergency ambulance services: When utilizing non-preferred providers, the Insured will be responsible for amounts in excess of allowable charge.

Special Circumstances

- Retained 30-day supply
- Mail order program, up to a 90-day supply
- Contraceptives

Family out-of-pocket: No individual will pay more than the individual out-of-pocket maximum amount. The family out-of-pocket maximum can be met by any combination of family members.

The allowable charge is established by a provider agreement or is the billed amount, whichever is less, and will be accepted by the preferred provider as payment in full for covered services less any deductibles, coinsurance, copayments, and amounts exceeding any benefit maximums. For a non-preferred provider, the allowable charge is the same amount First Priority Life would pay to a preferred provider.

This is an abridged overview of the benefits covered by BlueCare PPO. This highlights general features and is not intended to be a substitute for the terms, provisions, limitations and conditions imposed by the controlling policies. Since benefits are reviewed annually and are often modified, if there is a condition that you are treated for on a regular basis, be sure to inquire about your specific coverage needs.