

BlueCross & BlueShield Traditional Health Plan

The BlueCross BlueShield (BCBS) Traditional Plan is widely recognized as one of, if not *the* best, health insurance plan available.

With the BCBS Traditional Plan you have peace of mind knowing your health plan provides excellent benefits with access to care when and where you need it.

- BlueCross BlueShield (BCBS) is the most recognized health care brand in the world.
- Over 85% of all doctors and hospitals in the U.S. participate with BCBS Association plans including over 660,000 providers and 6,100 hospitals.
- Outside the U.S., BCBS is accepted by doctors and hospitals in more than 200 countries.

BCBS Traditional is an indemnity plan that is easy to use and provides you with the most freedom of choice.

- There is no need to select a primary care physician and referrals are not required.
- You can seek care from any provider; however, benefits are maximized when BCBS participating providers are used.

The BCBS Traditional Plan is not inexpensive, but that does not mean that it does not represent a value when it is carefully compared to the total cost of other high quality health insurance plans.

- The BCBS Traditional Plan deductible is lower than the 2007 national averages for health plans covering most workers in the U.S.
- Many hospital and medical services that typically require additional copayments (e.g. facility inpatient, diagnostic x-rays, MRI, emergency room) are “covered in full” under the Traditional Plan.
- Unlike most other plans, Traditional Plan does not have additional copayments for various services and prescription drugs. Once the annual deductible of \$500 (\$1,000 / family) is satisfied, the member pays 20% coinsurance up to an out-of-pocket maximum of \$500 (\$1,000 / family). After that, the plan pays 100% – including the cost of all prescription drugs. And when a BCBS provider is used, there is never any exposure to balance billing.



Benefit Summary for Group:
 Worldwide Travel Staffing, Limited
 Effective Date: 10/1/2015

	TB 901 Hosp/Med/MM with Drug (No Drug Rider)
Medical Services	
Office visits	Covered after deductible & coinsurance
Annual Routine physicals	Covered in full
Well child visits and immunizations (up to age 19)	Covered in full
Diagnostic x-rays	Covered in full
Ambulatory Care	Covered in full up to \$100, then covered under Major Medical
Laboratory Testing	Covered in full up to \$100, then deductible & coinsurance applies
Chiropractic care	Covered after deductible & coinsurance
MRI (Pre-authorization required)	Covered in full
Emergency Medical Care	Covered after deductible & coinsurance
Women's Services	
Women's Preventive	With Prescription
Maternity care (prenatal and post-natal care)	Covered In Full
Annual Gynecological office visits (Routine)	Covered in full
Mammograms (Routine)	Covered in full
Annual pap smears	Covered in full
Hospital Care	
Inpatient stay	\$0 Deductible each Confinement (r)
Outpatient surgery facility	Covered in full
Chemotherapy, radiation therapy	Administration covered in full
Cardiac rehabilitation (24 visits within 12 week period)	Covered after deductible & coinsurance
Occupational, speech, physical therapy	Covered after deductible & coinsurance
Emergency room visit	Covered in full
Emergency ambulance (medically necessary)	Covered in full (r)
Elective Abortions	Covered in full
Mental Health Care	
Mental health (inpatient hospital or facility stay) - copay amount	\$0 Deductible each Confinement (r)
Mental health (inpatient hospital or facility stay) - coverage limitation	Unlimited days
Outpatient Mental Health	Unlimited visits; Covered in full



Benefit Summary for Group:
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Substance Abuse Treatment

Alcohol & substance abuse (inpatient detox) - copay amount	\$0 Deductible each Confinement (r)
Alcohol & substance abuse (inpatient detox) - coverage limitation	Unlimited days
Alcohol & substance abuse (inpatient rehab)	Unlimited days (Inpatient copay)
Outpatient Substance Abuse	Unlimited visits; Covered in full

Other Services

Diabetic supplies and equipment	Covered after deductible & coinsurance
Durable medical equipment	Covered after deductible & coinsurance
Home health care and IV Therapy (365 visits)	Covered in full
Hospice	Covered in full
Prosthetic devices	Covered after deductible & coinsurance
Skilled nursing facility (non custodial) - copay amount	Covered after deductible & coinsurance
Skilled nursing facility (non custodial) - coverage limitations	Unlimited days
Prescription drugs (up to a 30 day supply)	Covered after deductible & coinsurance
Mail Order (if prescription drug is purchased)	N/A
Voluntary Sterilization	Covered in full
Licensed Professional Nurses Services Rider	No
Mental Care in Certain Hospitals Rider	N/A
Cosmetic surgery	Not Covered
Dependent/Student coverage to age	26/26
Domestic Partner	Covered with Children
Deductible	\$500/\$1000 (r)
Coinsurance	80%/20%
Out-of-pocket maximum	\$500/\$1,000
Lifetime maximum	Unlimited

Benefit Administration

Benefit administration	Plan year
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This is a summary of covered benefits and is not intended as an actual contract.
 Triple RX options with coinsurance on the 3rd tier will require at least the 2nd tier copay.