

All benefits are subject to the calendar year deductible, except those with in-network copayments, unless otherwise noted.

All calendar year benefit visit maximums are combined between in-network and out-of-network.

In addition to copayments, members are responsible for deductibles and any applicable coinsurance.

Members are also responsible for all costs over the plan maximums.

Some services may require pre-certification before services are covered by the Plan.

Deductibles, Coinsurance and Maximums	In-Network Benefit Level
<b>Calendar Year Deductible*</b> <ul style="list-style-type: none"> <li>▪ Individual</li> <li>▪ Family</li> </ul>	\$0 \$0
<b>Coinsurance</b>	Member pays 0% Plan pays 100%
<b>Calendar Year Out-of-Pocket Maximum*</b> (includes calendar year deductible) <ul style="list-style-type: none"> <li>▪ Individual</li> <li>▪ Family</li> </ul>	\$1,000 \$3,000
One family member may reach his or her Individual deductible and be eligible for coverage on health care expenses before other family members. Each family member's deductible amount also goes toward the Family deductible and out-of-pocket maximum. Not everyone has to meet his or her deductible and out-of-pocket maximum for the family to meet theirs. When the Family deductible is met, all family members can access coverage for health care expenses. The medical and pharmacy copayments, deductible(s), and coinsurance on this plan will apply toward the out-of-pocket maximums. The following do not apply to out-of-pocket maximums: non-covered items and plan premiums, any balance billing due to Out-of-Network services or any fourth quarter deductible amounts carried over from the previous benefit period.	

Covered Services	In-Network Benefit Level
<b>Preventive Care Services for Children and Adults</b> (preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits) <ul style="list-style-type: none"> <li>▪ Well-child care, immunizations</li> <li>▪ Periodic health examinations</li> <li>▪ Annual gynecology examinations (no PCP referral required)</li> <li>▪ Prostate screenings</li> </ul>	Member pays 0% (not subject to deductible)
<b>Physician Office Visits for Illness and Injury</b> (including labs, x-rays and diagnostic procedures) <ul style="list-style-type: none"> <li>▪ Primary Care Physician (PCP)*</li> <li>▪ OB/GYN (no referral)</li> <li>▪ Specialist Physician (PCP referral required except OB/GYN, dermatologists, ophthalmologists and optometrists for treatment of acute eye conditions)</li> </ul>	\$25 copayment  \$30 copayment
<b>Retail Health Clinic -</b> (located in some pharmacies: search for in-network providers through Find a Doctor search tool on bcbsga.com) <ul style="list-style-type: none"> <li>▪ Immunizations</li> <li>▪ Periodic health examinations</li> </ul>	\$25 copayment
<b>Maternity Physician Services</b> <ul style="list-style-type: none"> <li>▪ Global obstetrical care (prenatal, delivery and postpartum services)</li> </ul>	Member pays 0% after deductible
<b>Telemedicine Services</b>	\$25 PCP copayment or \$30 Specialist copayment
<b>Telehealth Services – Online Physician Visit</b> ( <a href="https://livehealthonline.com">https://livehealthonline.com</a> )	\$15 copayment (Copay is waived for the first 12 visits)
<b>Allergy Services</b> (office visits, testing , serum, and administration of allergy injections)	\$25 PCP copayment or \$30 Specialist copayment
<b>Office Surgery</b> (surgery and administration of general anesthesia)	\$25 PCP copayment or \$30 Specialist copayment

Covered Services	In-Network Benefit Level
<b>Office Therapy Services</b> <ul style="list-style-type: none"> <li>▪ Physical Therapy and Occupational Therapy: 20-visit benefit period maximum combined</li> <li>▪ Speech Therapy: 20-visit benefit period maximum</li> <li>▪ Chiropractic Care/Manipulation Therapy: 20-visit benefit period maximum</li> </ul>	\$25 copayment
<b>Other Therapy Services</b> (chemotherapy, cardiac rehabilitation [There is no Cardiac Rehabilitation visit max on this plan; EHB benchmark plan indicates zero max; authorization required] and respiratory/pulmonary therapy) <ul style="list-style-type: none"> <li>▪ Office setting</li> <li>▪ Facility setting</li> </ul>	\$25 PCP copayment or \$30 Specialist copayment  Member pays 0%
<b>Other Therapy Services</b> (radiation therapy) <ul style="list-style-type: none"> <li>▪ Office setting</li> <li>▪ Facility setting</li> </ul>	Member pays 0%  Member pays 0%
<b>Advanced Diagnostic Imaging</b> (MRI, MRA, CT Scan and PET Scan) <ul style="list-style-type: none"> <li>▪ Office setting</li> <li>▪ Facility setting</li> </ul>	\$25 PCP copayment or \$30 Specialist copayment  Member pays 0% after deductible
<b>Urgent Care Center</b>	\$60 copayment
<b>Emergency Room Services</b> <ul style="list-style-type: none"> <li>▪ Life-threatening illness or serious accidental injury only</li> <li>▪ The ER copayment will be waived if admitted to the hospital</li> </ul>	\$75 copayment; then member pays 0%
<b>Outpatient Facility Services</b> <ul style="list-style-type: none"> <li>▪ Surgery facility/hospital charges</li> <li>▪ Diagnostic x-ray and lab services</li> <li>▪ Physician services (anesthesiologist, radiologist, pathologist)</li> </ul>	\$100 copayment Member pays 0% Member pays 0%
<b>Inpatient Facility Services</b> <ul style="list-style-type: none"> <li>▪ Daily room, board and general nursing care at semi-private room rate, ICU/CCU charges; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care</li> <li>▪ Physician services (anesthesiologist, radiologist, pathologist)</li> </ul>	Member pays 0% after deductible
<b>Skilled Nursing Facility</b> <ul style="list-style-type: none"> <li>▪ 60-day benefit period maximum</li> </ul>	Member pays 0% after deductible
<b>Mental Health/Substance Abuse Services</b> (*services must be authorized by calling 1-800-292-2879) <ul style="list-style-type: none"> <li>▪ Inpatient mental health and substance abuse services* (facility and physician fee)</li> <li>▪ Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP)* (facility and physician fee)</li> <li>▪ Office mental health and substance abuse services (physician fee)</li> <li>▪ Outpatient mental health and substance abuse services (physician fee)</li> </ul>	Member pays 0% after deductible  Member pays 0% after deductible  \$25 copayment Member pays 0% after deductible
<b>Home Health Care Services</b> <ul style="list-style-type: none"> <li>▪ 120-visit benefit period maximum</li> </ul>	\$25 copayment
<b>Hospice Care Services</b> <ul style="list-style-type: none"> <li>▪ Inpatient and outpatient services covered under the hospice treatment program</li> </ul>	Member pays 0% (not subject to deductible)
<b>Durable Medical Equipment (DME)</b>	Member pays 0% after deductible
<b>Ambulance Services</b> <ul style="list-style-type: none"> <li>▪ Covered when medically necessary</li> </ul>	Member pays 0% after deductible

**Plan Wellness Incentives** Tools and resources to help you and your family stay healthy. Incentives apply to eligible employees and spouses.

▪ Future Moms Program

**Mothers-to-be can earn up to \$200 toward gift cards to national retailers for participating and get personalized support and guidance.** You can call to speak to a nurse coach at 866-347-8360 for answers to your pregnancy questions — any time, any day. Or call 24/7 NurseLine at 888-724-2583.

▪ 24/7 NurseLine **888-724-2583**

Access to Registered nurses any time of the day or night. Call 24/7 NurseLine at **888-724-2583**.

## Summary of Limitations and Exclusions

Your *Certificate Booklet* will provide you with complete benefit coverage information. Some key limitations and exclusions, however, are listed below:

- Routine physical examinations necessitated by employment, foreign travel or participation in school athletic programs
- Non-emergency use of the emergency room
- Removal/extraction of impacted teeth
- Private duty nursing
- Care or treatment that is not medically necessary
- Cosmetic surgery, except to restore function altered by disease or trauma
- Dental care and oral surgery; except for accidental injury to natural teeth, treatment of TMJ and radiation for head and neck cancer
- Occupational related illness or injury
- Treatment, drugs or supplies considered experimental or investigational

## See Certificate Booklet for Complete Details

It is important to keep in mind that this material is a brief outline of benefits and covered services and is not a contract. Please refer to your *Certificate Booklet Form# HMO-LG, 01012017* (the contract) for a complete explanation of covered services, limitations and exclusions.



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Berry College- (NS)- Effective 05/01/2018- (NGF)- GKH5 500/0 A- Last Updated: 03/22/2018  
02619GAMENBGA – eff 5/1/18

## Language Access Services:

### Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (855) 333-5731.

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

**(Arabic)** (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (855) 333-5731

**Armenian (հայերեն).** Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (855) 333-5731

#### Chinese

**(中文):** 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電 (855) 333-5731

**(Farsi)** (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه‌ای به زبان مادری‌تان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (855) 333-5731 تماس بگیرید.

**French (Français):** Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (855) 333-5731.

**Haitian Creole (Kreyòl Ayisyen):** Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (855) 333-5731.

**Italian (Italiano):** In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (855) 333-5731

## Language Access Services:

### **(Japanese) (日本語):**

この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(855) 333-5731 にお電話ください。

**Korean (한국어):** 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (855) 333-5731 로 문의하십시오.

**(Navajo) (Din4):** D77 naaltsoos bikl'7g77 [ahgo b7na'7d7[kidgo n1 boh0n4edz3 d00 bee ah00t'i' t'11 ni nizaad k'ehj7 bee ni[ hodoonih t'1adoo b33h 717n7g00. Ata' halne'7g77 [a' bich'8' hadeesdzih n7n7zingo koj8' hod77lnih (855) 333-5731.

**Polish (polski):** W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (855) 333-5731.

**(Punjabi) (ਪੰਜਾਬੀ):** ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਇੱਕ ਦੁਬਾਸੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (855) 333-5731 ਤੇ ਕਾਲ ਕਰੋ।

**(Russian) (Русский):** если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (855) 333-5731.

**Spanish (Español):** Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (855) 333-5731.

**Tagalog (Tagalog):** Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (855) 333-5731.

**Vietnamese (Tiếng Việt):** Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (855) 333-5731.

### **It's important we treat you fairly**

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.