

# PICPA

## T R A D I T I O N A L B E N E F I T S U M M A R Y

COVERAGE	YOU PAY	PLAN PAYS
HOSPITALIZATION	\$0 deductible per inpatient admission \$0 deductible for outpatient care	100%
MEDICAL/SURGICAL	\$200 Individual \$400 Family	100% of the Usual, Customary and Reasonable charge for eligible expenses
MAJOR MEDICAL	\$500 individual deductible, then 20% of the next \$5,000 of eligible expenses; \$1,000 family deductible per calendar year.	80% up to \$5,000 of eligible expenses, then 100% for the remainder of the calendar year for most services

*The benefit summary is specifically designed for services rendered by IBC and PBS participating providers.*

HIGHLIGHTS OF YOUR BENEFITS	
<b>BLUE CROSS®</b> Hospitalization Charges	<ul style="list-style-type: none"> <li>✓ Inpatient Room and Board</li> <li>✓ Emergency Care</li> <li>✓ Maternity Care</li> <li>✓ Home Health Care</li> <li>✓ Diagnostic X-ray and Laboratory</li> <li>✓ Chemotherapy</li> <li>✓ Physical Therapy</li> <li>✓ Inpatient Non-Serious Mental Illness Care</li> <li>✓ Inpatient Serious Mental Illness Care</li> </ul>
<b>BLUE SHIELD®</b> Medical/Surgical Physician Charges	<ul style="list-style-type: none"> <li>✓ Inpatient Medical Care</li> <li>✓ Surgery and Anesthesia</li> <li>✓ Emergency Care</li> <li>✓ Maternity, Pre- and Post-natal Care</li> <li>✓ Second Opinions and Consultations</li> <li>✓ Physical, Radiation and Chemotherapy</li> <li>✓ Allergy Testing</li> <li>✓ Diagnostic Services</li> <li>✓ Inpatient Non-Serious Mental Illness Care</li> <li>✓ Inpatient Serious Mental Illness Care</li> </ul>
<b>MAJOR MEDICAL SERVICES</b> (\$1,000,000 lifetime maximum)	<ul style="list-style-type: none"> <li>✓ Diagnostic Home and Office Visits</li> <li>✓ Ambulance Services</li> <li>✓ Durable Medical Equipment</li> <li>✓ Outpatient Physical Therapy</li> <li>✓ Prescription Drugs</li> <li>✓ Outpatient Non-Serious Mental Illness Care</li> <li>✓ Outpatient Serious Mental Illness Care</li> </ul>

This is a brief description of benefits available to you through Independence Blue Cross and Pennsylvania Blue Shield. Please refer to your benefits booklet for details on all benefits, limitations and exclusions.