

Customer name: Carleton College

Name of plan: Aware PPO

Network: Blue Cross Aware

Effective date: January 1, 2010



Covered services		In-network benefits	Out-of-network benefits
Deductible	Individual	\$500	\$1,000
	Family	\$1,000	\$2,000
Out-of-pocket maximum	Individual	\$2,000	\$4,000
	Family	\$4,000	\$8,000
Lifetime maximum		\$5 million	\$5 million
Coinsurance		80%	60%
Preventive care			
	Routine physical exams	100%	60% after deductible
	Routine cancer screening	100%	60% after deductible
	Routine hearing exams	100%	60% after deductible
	Lab and x-ray services	100%	60% after deductible
	Immunizations	100%	60% after deductible
	Routine vision exams	100%	60% after deductible
	Well-child care (up to age 6)	100%	60% after deductible
	Immunizations (up to age 18)	100%	60% after deductible
Services received	Inpatient care		
	• Facility services	80% after deductible	60% after deductible
	• Professional services	80% after deductible	60% after deductible
	Outpatient care		
	• Facility services	80% after deductible	60% after deductible
	• Professional services	80% after deductible	60% after deductible
	• Lab and x-ray services	100%	60% after deductible
	Physician's office		
	• Office visits for illness	100% after \$35 copay	60% after deductible
	• In-office surgery	80% after deductible	60% after deductible
	• Allergy-related services	100%	60% after deductible
	• Urgent care	100% after \$35 copay	60% after deductible
	• Lab and x-ray services	100%	60% after deductible
	Emergency room care		
	• Emergency room	100% after \$75 copay	100% after \$75 copay
	• Physician services	100%	100%
	Ambulance services		80% after deductible

Covered services		In-network	Out-of-network
Maternity care	• Prenatal care	100%	60% after deductible
	• Facility services for delivery	80% after deductible	60% after deductible
	• Professional services for delivery	80% after deductible	60% after deductible
Prescription drugs Generic Feature: If a brand name is selected when a generic is available, the member will pay the higher copay plus the difference between the cost of the brand and the generic. The difference amount does not accumulate toward the OOPM. Step Therapy Classes: Antidepressants, Cholesterol Lowering, Diabetic Monitors & Strips, Proton Pump Inhibitors.	• Retail pharmacy (31-day supply)	\$15 Generic Drugs \$35 Brand Name Formulary Drugs \$55 Brand Name Non-formulary Drugs Prescription Drug Out of pocket maximum: \$500 Per Person	\$15 Generic Drugs \$35 Brand Name Formulary Drugs \$55 Brand Name Non-formulary Drugs Prescription Drug Out of pocket maximum: \$500 Per Person
	• 90dayRx (retail or mail)	\$30 Generic Drugs \$70 Brand Name Formulary Drugs \$110 Brand Name Non-formulary Drugs Prescription Drug Out of pocket maximum: \$500 Per Person	\$30 Generic Drugs \$70 Brand Name Formulary Drugs \$110 Brand Name Non-formulary Drugs Prescription Drug Out of pocket maximum: \$500 Per Person
Medical equipment and supplies		80% after deductible	80% after deductible
Behavioral health (mental health and chemical dependency)	• Inpatient	80% after deductible	60% after deductible
	• Outpatient	80% after deductible	60% after deductible
	• Physician services	100% after \$35 copay for office visits. All other services 80% after deductible.	60% after deductible
Rehabilitative care (physical, occupational, speech therapy)		100% after \$35 copay for office visits. All other services 80% after deductible.	60% after deductible (\$500 maximum for out-of-network PT/OT/ST providers combined)
Chiropractic care		100% after \$35 copay for office visits. All other services 80% after deductible.	60% after deductible (\$500 maximum for out-of-network Chiropractic providers)

For additional information about your benefits, call customer service at 651-662-5004.

This is only an outline of plan benefits. The contract and certificate include complete details of what is and isn't covered. Services not covered include items primarily used for non-medical purposes, over-the-counter drugs/nutritional supplements, services that are complementary, experimental, not medically necessary, or covered by workers' compensation or no-fault auto insurance. Pre-existing conditions may not be covered for a limited period of time. This limit is reduced by prior continuous coverage and doesn't apply to pregnancy, newborns, adopted children or handicapped dependents. We feature a large network of health care providers. Each provider is an independent contractor and is not our agent. Nonparticipating providers do not have contracts with Blue Cross and Blue Shield of Minnesota. Blue Cross and Blue Shield of Minnesota is an independent licensee of the Blue Cross and Blue Shield Association.