



2016 Medical Summary

Blue Advantage True Blue PPO (In state) and Traditional BlueCard (out of state)

[BlueAdvantage](#) | [Value Formulary](#) |

Out-of-state services covered under the [Traditional BlueCard](#) are paid as out-of-network benefits unless the care is received in your state of residence or is an emergency. In unique cases when services are not available in network, out-of-network services may be considered in network. In addition, some providers in states contingent to Arkansas participate in the Arkansas BlueAdvantage network and will be paid as in-network benefits. Please contact BlueAdvantage at 1-800-299-4124 for more information about the Traditional BlueCard. Medical benefits include access to 24 hour nurse at 1- 800-318-2384.

	In Network	Out of Network
Deductible	\$600 (\$1,200 family aggregate)	\$850 (\$1,700 family aggregate)
Coinsurance	20%	30%
Out-of-Pocket Maximum	\$2,500 per individual \$5,000 per family (includes deductible, coinsurance, copays and RX copays)	\$3,050 per individual \$6,100 per family (Includes deductible and coinsurance)
Physician Services <ul style="list-style-type: none"> • Primary Care Physicians • Mental Health Outpatient • Specialist Services 	\$35 copay \$35 copay \$50 copay	Covered 70% after deductible Covered 70% after deductible Covered 70% after deductible
Urgent Care <ul style="list-style-type: none"> • Primary Care Physicians • Emergency Room (for non-emergency services) • 24 Hour Nurse Line 1-800-3314-2384 	\$35 copay Covered 80% after deductible, plus \$60 copay	Covered 70% after deductible Covered 70% after deductible, plus \$60 copay
Hospital Services	Covered 80% after deductible	Covered 70% after deductible
Preventative Care <ul style="list-style-type: none"> • Annual GYN Exam • Well Child Care • Wellness 	\$0 copay \$0 copay \$0 copay	Available in-network only
Pregnancy* <ul style="list-style-type: none"> • Prenatal Care • Delivery 	Covered 100% no deductible Covered 80% after deductible	Covered 70% after deductible Covered 70% after deductible
Mental Health/ Substance Abuse	Covered 80% after deductible	Covered 70% after deductible
Chiropractic Services	Calendar year limit of 20 visits. Covered 50%, no deductible.	Available in-network only
Prescription Drugs (participating pharmacy)	\$12 generic / \$35 preferred brand names / \$60 non-preferred brand (Participating pharmacy)	\$12 generic / \$35 preferred brand names / \$60 non-preferred brand (participating pharmacy)

*Must enroll in special delivery program by week 14 to receive maximum benefit and avoid \$100 penalty.

Please refer to the ASU Summary Plan Description (SPD) for plan coverage, limitations and restrictions.

Revised by ASU System Office 10/28/2015