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## Matthew Thornton Blue<sup>SM</sup> Cost Sharing Schedule

*This Cost Sharing Schedule is an important part of Your Subscriber Certificate and is an outline of Your coverage. Do not rely on this outline alone. Keep this schedule with Your Certificate because it contains important information about coverage and limitations. Please read Your Subscriber Certificate carefully as important terms and limitations apply.*

Cost Sharing Summary	YOUR COST
<b>Visit Copayment</b> Applies each time You visit Your Primary Care Provider (PCP) or Network obstetrical/gynecological specialist.	\$5 per visit
<b>Specialty Visit Copayment</b> Applies each time You visit a specialist. This Copayment also applies each time You visit a Network Provider at a Network Walk-In Center for diagnosis, care and treatment of an illness or injury.	\$5 per visit
<b>Emergency Room Copayment</b>	\$25 per visit
<b>Urgent Care Facility Copayment</b> Applies each time You visit a licensed hospital's Network urgent care facility for diagnosis, care and treatment of illness or injury.	\$25 per visit
<b>Standard Deductible</b>	not applicable
<b>Standard Coinsurance</b>	
<b>Coinsurance Maximum</b>	
<b>Durable Medical Equipment, Medical Supplies and Prosthetics</b>  <b>Deductible</b> <b>Coinsurance</b>	not applicable 20%

Please note that throughout this schedule any reference to year means calendar year.

## Coverage Outline

## YOUR COST

### Medical/Surgical Care

#### I. Inpatient Services

<b>In a Short Term General Hospital</b> (Facility charges for medical, surgical and maternity admissions)	You pay \$0
<b>In a Skilled Nursing Facility</b> (Facility charges) up to 100 Inpatient days per Member, per year	You pay \$0
<b>In a Physical Rehabilitation Facility</b> (Facility charges) up to 100 Inpatient days per Member, per year	You pay \$0
<b>Inpatient physician and professional services</b> (Such as physician visits, consultations, surgery, anesthesia, delivery of a baby, therapy, laboratory and x-ray tests) For Skilled Nursing or Physical Rehabilitation Facility admissions: limited to the number of Inpatient days stated above.	You pay \$0

#### II. Outpatient Services

<b>Preventive Care</b>	
Immunizations for babies, children and adults (including travel and rabies immunizations) Mammograms, pap smears, lead screening, prostatic specific antigen (PSA) screening	You pay \$0
Routine physical exams for babies, children and adults (including one annual gynecological exam )  Family planning visits  Nutrition counseling  Routine vision exams - One exam each year for Members 18 years old and younger; one exam every two years for Members 19 years old and older.  Routine hearing exams - One exam each year for Members 18 years old and younger.	You pay \$0
Diabetes management program	You pay \$0
<b>Medical/Surgical Care in a Physician's Office or Walk-In Center or furnished by an Independent Ambulatory Surgical Center, Independent Infusion Therapy Provider, Independent Laboratory Provider, or Independent Radiology Provider</b>	
Medical exams, consultations, anesthesia, medical treatments, and Network Provider services at a Network Walk-In Center	Visit Copayment or Specialty Visit Copayment
Injections (including allergy injections)	You pay \$0
Office surgery	You pay \$0
Laboratory tests (including allergy testing)	You pay \$0
X-ray tests (including ultrasound)	You pay \$0
MRA, MRI, PET, SPECT, CT Scan, CTA, Chemotherapy, medical supplies and drugs	You pay \$0
Maternity care (prenatal and postpartum visits) Please see Your Subscriber Certificate for information about total maternity care.	You pay no Visit Copayment for prenatal or postpartum office visits. Your share of the cost for delivery of a baby is the same as shown for "Inpatient Services" (above) and "Outpatient Facility Care" (below).

	<b>YOUR COST</b>
<b>Outpatient Facility Care in the Outpatient Department of a Hospital, a Short Term General Hospital's Ambulatory Surgical Center, a Hemodialysis Center or Birthing Center</b>	
Medical exams and consultations by a physician	Visit Copayment or Specialty Visit Copayment
Services of a surgeon, operating room for surgery and anesthesia	You pay \$0
Physician and professional services for the delivery of a baby or management of therapy.  Hemodialysis, chemotherapy, radiation therapy, infusion therapy, MRA, MRI, PET, SPECT, CT Scan, CTA	You pay \$0
Fees for use of a facility, medical supplies, drugs, other ancillaries, observation	
Laboratory and x-ray tests (including ultrasounds)	You pay \$0
<b>Emergency Room Visits and Urgent Care Facility Visits</b>	
Use of the emergency room (The Copayment is waived if you are admitted)	Emergency Room Copayment
Use of a licensed hospital's urgent care facility in the Network	Urgent Care Facility Copayment
Physician's fee, surgery, MRA, MRI, PET, SPECT, CT Scan, CTA, medical supplies and drugs	You pay \$0
Laboratory and x-ray tests	You pay \$0
<b>Ambulance Services</b> Transport by ambulance must be Medically Necessary	You pay \$0
<b>III. Outpatient Physical Rehabilitation Services</b>	
<b>Physical Therapy and Occupational Therapy and Speech Therapy</b> Up to a combined maximum of 60 visits per Member, per year	Visit Copayment or Specialty Visit Copayment
<b>Cardiac Rehabilitation Visits</b>	Visit Copayment or Specialty Visit Copayment
<b>Chiropractic Care</b> • Office visits - up to 12 visits per Member, per year • Laboratory and x-ray tests furnished by a chiropractor	Visit Copayment or Specialty Visit Copayment  You pay \$0
<b>Early Intervention Services</b> Available from birth to a covered child's third birthday. Limited to \$3,200 per Member per year and \$9,600 by the child's third birthday.	Visit Copayment or Specialty Visit Copayment
<b>IV. Home Care</b>	
<b>Physician services</b> Medical exams, injections, medical treatments, surgery and anesthesia	Visit Copayment or Specialty Visit Copayment
<b>Home Health Agency services</b>	You pay \$0
<b>Hospice</b>	You pay \$0
<b>Infusion Therapy</b>	You pay \$0
<b>Durable Medical Equipment, Medical Supplies and Prosthetics</b>	Subject to the DME Coinsurance

<b>YOUR COST</b>	
<b>V. Behavioral Health Care (Mental Health and Substance Abuse Care)</b>	
<b>Outpatient/Office Visits, Partial Hospitalization, and Intensive Outpatient Treatment Programs</b>	
<b>Mental Health visits</b> - Unlimited Medically Necessary visits	Visit Copayment or Specialty Visit Copayment
<b>Substance Abuse visits</b> - Unlimited Medically Necessary visits (including detoxification and substance abuse rehabilitation services)	Visit Copayment or Specialty Visit Copayment
<b>Partial Hospitalization and Intensive Outpatient Treatment Programs</b>	
<b>Mental Disorders:</b> Unlimited Medically Necessary care	You pay \$0
<b>Substance Abuse Conditions:</b> Unlimited Medically Necessary care for rehabilitation and detoxification	You pay \$0
<b>Inpatient Care</b>	
<b>Mental Disorders:</b> Unlimited Medically Necessary Inpatient days	You pay \$0
<b>Substance Abuse Conditions:</b> <ul style="list-style-type: none"> <li>• Medical detoxification days – Unlimited Medically Necessary Inpatient days</li> <li>• Substance abuse rehabilitation – Unlimited Medically Necessary Inpatient days</li> </ul>	You pay \$0
<b>Scheduled Ambulance Transport</b> Limited to Medically Necessary transport from one facility to another	You pay \$0
<b>VI. Prescription Eyewear</b>	
Benefits are limited to a maximum of <b>\$40</b> per Member, per year. Please refer to your Prescription Eyewear Rider for more information.	