

Millsaps College / Group Health Plan

SUMMARY OF BENEFITS	PPO Plan Blue Cross / Blue Shield Group # 43164		High Deductible Blue Cross / Blue Shield Group # 45689	
	Network	Non-Network	Network	Non-Network
Lifetime Maximum Benefit	\$5,000,000 Combined		\$5,000,000 Combined	
Annual Maximum Benefit	\$1,000,000 Combined		\$1,000,000 Combined	
Calendar Year Deductible	\$500 Combined		\$2,000 Combined	
Family Maximum Deductible	\$1,500 Combined		\$6,000 Combined	
Out-of-Pocket Maximum per Year	\$1,500	\$3,000	\$4,000	\$7,000
Family Out-of-Pocket Maximum	\$4,500	\$6,000	\$12,000	\$21,000
Physician Charges				
Office Visits	\$20 Copay	60% + ded	\$20 Copay	60% + ded
Adult Wellness	100%	60% + ded	100%	60% + ded
Pediatric Wellness	100%	60% - No Ded	100%	60% - No Ded
Second Surgical Opinion	\$20 Copay	60% + ded	\$20 Copay	60% + ded
Hospital Services				
Inpatient & Intensive Care	80%+ded	60% + ded	80%+ded	60% + ded
Emergency Room*	80%+ded	60% + ded	80%+ded	60% + ded
	100% , deductible waived for network	60% + ded	80/20, deductible waived for network	60% + ded
Out patient Surgery				
Other Services				
Preadm Test, HHC & Alt Med Care		100%		100%
Ambulance, DME & SNF		80%+ded		80%+ded
Prescription Drugs				
Mail Order - Generic		\$20 copayment		\$20 copayment
Mail Order - Preferred Name Brand		\$50 copayment		\$50 copayment
Mail Order - Non Preferred Name Brand		\$80 copayment		\$80 copayment
Retail Drug - Generic		\$10 copayment		\$10 copayment
Retail Drug - Preferred Name Brand		\$25 copayment		\$25 copayment
Retail Drug - Non Preferred Name Brand		\$40 copayment		\$40 copayment
Manipulative Therapy				
Annual Maximum		\$20 copayment 26 visits		\$20 copayment 26 visits
Mental or Nervous Disorders, Alcoholism or Drug Abuse				
Inpatient Hospital Services	80%+ded	60%+ded	80%+ded	60% + ded
Outpatient Services	60% + ded	60%+ded	60% + ded	60% + ded

Deductible applies before coinsurance, unless otherwise noted.

Prior authorization is required for all Hospital Admissions & some Surgical Procedures as listed in your booklet.

*** Medical Emergency:** *If a Member or Dependent requires treatment for a Medical Emergency & cannot reach a Preferred Provider, benefits for such treatment received will be paid as if the treatment had been provided by a Preferred Provider.*