

**FirstFleet, Inc.
PPO Plan 1
Effective: January 1, 2019**
PPO Benefits

Benefit Features	Network Providers	Out-of-Network Providers [1]
Annual Deductible		
Individual	\$2,250	\$4,500
Family	\$4,500	\$9,000
Annual Out-of-Pocket Maximum Amount		
Individual	\$6,750	\$13,500
Family	\$13,500	\$27,000
Lifetime Maximum		Unlimited
Dependent Age Limit		To age 26
4th Quarter Deductible Carryover Provision	Included	Included
Benefits for Covered Services	Network Benefits	Out-of-Network Benefits [1]
Practitioner Office Services		
Primary Care / Specialist Office Visits	\$45 / \$60 Copayment	60% after Deductible
Routine Diagnostic Lab, X-Ray, & Injections	No Additional Copayment	60% after Deductible
Advanced Radiological Imaging [2, 4]	80% after Deductible	60% after Deductible
Provider-Administered Specialty Drugs [7]	\$270 Copayment	60% after Deductible
Preventive Health Care Services		
Well Care Services [8]	100%	60% after Deductible
Annual Well Woman Exam	100%	60% after Deductible
Annual Mammography Screening	100%	60% after Deductible
Annual Cervical Cancer Screening	100%	60% after Deductible
Annual Prostate Cancer Screening	100%	60% after Deductible
Immunizations	100%	60% after Deductible
Services Received at a Facility (includes professional and facility charges)		
Inpatient Services [2]	80% after Deductible	60% after Deductible
Outpatient Surgery [3]	80% after Deductible	60% after Deductible
Routine Diagnostic Services-Outpatient	100%	60% after Deductible
Advanced Radiological Imaging-Outpatient [2,4]	80% after Deductible	60% after Deductible
Provider-Administered Specialty Drugs (7)	\$270 Copayment	60% after Deductible
Other Outpatient Services [5]	80% after Deductible	60% after Deductible
Emergency Care Services	80% after Deductible	80% after Deductible
Medical Equipment		
Durable Medical Equipment, Prosthetic & Orthotic Appliances	80% after Deductible	60% after Deductible
Non-Surgical Sleep Apnea Treatment	80%	60%
Therapeutic Services [6]		
Therapy (Limited to 20 - 36 visits per year per therapy type)	80% after Deductible	60% after Deductible
Skilled Nursing Facility & Rehabilitation Facility Services [2]		
Limited to 100 days combined	80% after Deductible	60% after Deductible
Home Health Services [7]		
Limited to 60 visits per year	80% after Deductible	60% after Deductible
Hospice Services	100%	60% after Deductible
Ambulance Service	80% after Deductible	80% after Deductible
Behavioral Health		
Inpatient Services [2]	80% after Deductible	60% after Deductible
Outpatient Services	\$45 Copayment	60% after Deductible
Retail Prescription Copayment (up to 30 days)		
Generic	\$15 Copayment	60% after Deductible
Preferred Brand	\$45 Copayment	60% after Deductible
Non-Preferred Brand	\$90 Copayment	60% after Deductible
Home Delivery/Plus90 Network Options		
Prescription Copayment (up to 90 days)		
Generic	\$30 Copayment	60% after Deductible
Preferred Brand	\$90 Copayment	60% after Deductible
Non-Preferred Brand	\$180 Copayment	60% after Deductible
Specialty Drug Copayment (must use Specialty Pharmacy Network)	25% (not to exceed \$270)	N/A

Notes:

1. Out-of-network benefit payment based on BCBST maximum allowable charge. You are responsible for paying any amount exceeding the maximum allowable charge.
2. Services require prior approval. Benefits will be reduced to 50% for services received from network providers outside Tennessee and all out-of-network providers when prior approval is not obtained.
3. Surgeries include invasive diagnostic procedures such as colonoscopy and sigmoidoscopy.
4. CAT scans, MRIs, nuclear medicine and other similar technologies.
5. Includes services such as chemotherapy, radiation therapy, infusions, and renal dialysis.

6. Physical, speech, manipulative, and occupational therapies are limited to 20 visits per therapy type per year. Cardiac and pulmonary rehabilitative therapies are limited to 36 visits per therapy type per year.
7. Requires prior approval.
8. Services include: annual physical, childhood immunizations, recommended adult immunizations, vision and hearing screenings performed by the physician during the preventive health exam.