

Blue Cross and Blue Shield of Texas*
Summary of Benefits Prepared for
Air Liquide

PPO

TYPE OF SERVICE	NETWORK	OUT-OF-NETWORK
GENERAL PROVISIONS		
Calendar Year Deductible (Applies to In-Patient Facility and Medical/Surgical Services)	\$0 Indiv/\$0 Family	\$500 Indiv/\$1,000 Family
4 th Quarter Carryover Applies	No	No
Deductible Credit from Prior Carrier	N/A	No
Out-of-Pocket Maximum (Coshare Stoploss Maximum)	\$0 Indiv/\$0 Family per cal. yr.	\$3,500 Indiv/\$7,000 Family per cal. yr.
Lifetime Maximum per Participant *	\$2,000,000	
INPATIENT HOSPITAL SERVICES (must be preauthorized)	100% after \$100/day copay; \$500 max/adm.	70% after cal. yr. deductible (up to 70 days per cal. yr.)
Per Admission Deductible	None	None
Penalty for Failure to Preauthorize	None	\$250
OUTPATIENT SURGERY FACILITY	100% after \$100 copay	70% after cal. yr. deductible
EMERGENCY ROOM/TREATMENT ROOM		
Accident & Medical Emergency Situation within 48 Hours		
Facility Charges	100% after \$40 copay, waived if admitted	
Physician Charges	100%	
Non-Emergency Situations		
Facility Charges	100% after \$40 copay, waived if admitted	70% after cal. yr. deductible
Physician Charges	100%	70% after cal. yr. deductible
MEDICAL-SURGICAL SERVICES		
Services Performed in Primary Care Physician Office (non-surgical), including Lab & X-ray	100% after \$15 copay per visit	70% after cal. yr. deductible
Services Performed in Specialist Office (non-surgical), including Lab & X-ray	100% after \$25 copay	70% after cal. yr. deductible
Immunizations (birth to the day of the 6th birthdate)	100%	70%, no deductible
Physician Surgical Services in any Setting	100% after \$15/\$25 copay	70% after cal. yr. deductible
Lab & X-Ray in Other Outpatient Facilities (excluding Certain Diagnostic Procedures):	100%	70% after cal. yr. deductible
• Certain Diagnostic Procedures: Bone Scan, Cardiac Stress Test, CT Scan (with or without contrast), Ultrasound, MRI, Myelogram, PET Scan	100%	70% after cal. yr. deductible
Home Infusion Therapy (must be preauthorized)	100%	70% after cal. yr. deductible
Chiropractic Care – Office Services	100% after \$25 copay	70% after cal. yr. deductible
Physical, Speech, Hearing & Respiratory Therapy	100% after \$15 copay	70% after cal. yr. deductible

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PREVENTIVE CARE Routine Physicals, Well Baby Care, Hearing Exams Immunizations (birth to 21st birthdate) Immunizations (after 21 st birthdate)	100% after \$15 copay per visit 100% 100% after \$15 copay per visit	70% after cal. yr. deductible deductible
EXTENDED CARE SERVICES (must be preauthorized) Home Health Care Skilled Nursing Facility Hospice Care	100%	70% after cal. yr. deductible deductible

* Lifetime Maximum per participant applies to all Air Liquide plans.

Mental Health Benefits: Contact United Behavioral Health (UBH) @

www.unitedbehavioralhealth.com or 1-800-622-7276.

Pharmacy Benefits: Contact Caremark @ www.caremark.com or 1-800-516-1885

EMPLOYEE INFORMATION

- This is a general Summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.
- The following benefits apply to dependent coverage:
 - Dependent children are covered to age 19, or age 25 if a full-time student.
 - Automatic coverage for newborns for the first 31 days following birth. Infants not enrolled for coverage within the first 60 days after birth will not be eligible for coverage until the following open enrollment period or special enrollment event.
- Provider charges are paid according to BCBSTX determined Allowable Amount and negotiated prices.
- Preexisting conditions are defined in the benefit booklet and are excluded for 12 months. Appropriate credit will be given for time served under another health benefit plan as defined under the law.
- Replacement of Medical Coverage: In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the following provisions apply to each eligible participant who has health coverage under the employer's plan immediately prior to the effective date of the health contract between the employer and BCBSTX (the contract date):
 - Benefits for eligible expenses incurred for any service or supplies prior to the contract date, are not covered under the contract.
 - Eligible expenses for services or supplies incurred on or after the effective date will be considered for benefits subject to all applicable contract provisions.