

FlexPlus Contract Summary of Benefits



	Plan 250	Plans 500, 1000, 1500	Plans 2500, 5000
Eligibility	Individuals and their families	Individuals and their families	Individuals and their families
Calendar Year Deductible	\$250	\$500, \$1,000 or \$1,500	\$2,500 or \$5,000
Lifetime Maximum	\$5,000,000	\$5,000,000	\$5,000,000
Maximum Deductible per Family	Three. The deductible applies to the applicant and spouse separately and to the children combined.		
Percentage Covered after Deductible is Met	Pays 80% of eligible benefits allowance of first \$5,000 of eligible charges.	Pays 80% of the eligible benefits allowance of first \$10,000 additional eligible charges.	
Percentage Covered for Outpatient Treatment for Accidental Injury	Pays 100% of eligible charges if treatment is made within 14 days . No deductible applies. Hospital: 100% of eligible charges. Physician: 100% of the Usual, Customary and Reasonable (URC) charges		
Lifetime Maximum for Inpatient Care of Mental Health Disorders and Substance Abuse *	\$10,000	\$10,000	\$10,000
Hospital Inpatient Care	Includes semi-private room, intensive care and cardiac care units, services and supplies, and other hospital services.		
Pre-admission Certification	Required for all hospital admissions. Emergency care admissions must be certified within 48 hours. If you are hospitalized and preadmission certification has not been obtained, all charges will be denied.		
Length of Stay	Unlimited as long as medically necessary.		
Other Medical Care	Includes Usual, Customary and Reasonable (UCR) charges for professional services (physicians, clinical psychologists, optometrists, chiropractors, anesthesia services and 30 days skilled nursing facility care), legend prescription drugs, physicians' office visits, ambulance services and private duty nursing, as specified by contract, durable medical equipment, prosthetic devices, x-ray, laboratory services, and up to 20 home health care visits per calendar year.		
Hospice Care	Benefits are provided for inpatient and outpatient hospice care under certain conditions, not subject to deductible or coinsurance up to a \$3,000 lifetime maximum.		
Outpatient Surgery	Facility Charge: Pays regular contract benefits as described above; deductible must be met. Physician Charge: Pays regular contract benefits as described above; deductible must be met.		
Child Wellness Services	Up through age 5. Includes periodic health and developmental assessment, age appropriate immunizations and laboratory exams. No deductible applies.		
Maternity; Family Contracts Only <i>(Plans 2500 & 5000 do not include maternity care.)</i>	Coverage is provided the same as any other illness after 12 months of contract effective date. Subject to deductible and coinsurance. Complications of pregnancy are treated the same as any other illness.	No Coverage	
Waiting Period for Maternity Care	Conception may not occur until three (3) months after contract effective date.		
Waiting Period for Pre-Existing Conditions	Twelve (12) months after contract effective date.		
Renewability	Policy can't be cancelled except for misrepresentation on the application during the contestability period or for non-payment of premium.		

*For more information about mental health benefits, please contact your Blue Cross and Blue Shield of Georgia Representative.

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