



Health and Wellness Benefit Plan Summary

Network Medical and Prescription Drug Deductibles

This Benefit Plan has separate Medical and Prescription Drug Deductibles that must be met before Benefits are paid for covered services. Deductibles do not apply where there is a co-pay amount, except in the case of Category 2, 3, and 4 Prescription Drugs and the emergency room co-payment for non-emergency services. Network co-pay amounts do not accrue toward the Medical Deductible amount, but do accrue toward the Out-of-Pocket Maximum amount. Non-Network benefits do not accrue toward the Out-of-Pocket Maximum amount.

Blue Primary Care Home

Blue Primary Care Home is a partnership between the Member and their Blue Primary Care Network Provider or Pediatric Blue Primary Care Network Provider focused on achieving quality health outcomes through patient-centered care. Blue Primary Care benefits include an annual *Healthy You!* wellness visit, Color Me Healthy! to manage certain chronic conditions for Members age 18 and older, and the Good Health Club for Members age 0-17.

Healthy You! and Preventive Health Services

The *Healthy You!* wellness benefit is provided at no out-of-pocket cost when rendered by a Blue Primary Care Network Provider, Pediatric Blue Primary Care Network Provider or *Healthy You!* Network Provider located and practicing in Mississippi. Services must be provided in the provider's clinical setting. The *Healthy You!* benefit is not covered for Non-Network providers. Members who reside outside of Mississippi should select a Network Provider located and practicing in their state of residence. See the Healthy You! Wellness Guide located at www.bcbsms.com for details on covered screenings. Other Preventive Health Services as outlined in Medical Policy are also available when rendered by a Network Provider. Visit www.bcbsms.com to view our Medical Policy.

Specialty Services

Specialty Services include, but are not limited to, treatment related to cardiac care, spine surgery, and certain orthopedic services. All Specialty Services are subject to Medical Policy, including Medical Necessity, and a determination by the Company of the most clinically appropriate setting. Specialty Services must be rendered by a Center of Excellence Provider or a Blue Specialty Network Provider for a Member to receive the highest level of benefits. No Specialty Services Benefits will be provided without Pre-Certification or Prior Authorization. To be covered, certain Specialty Services, to include hip, knee and shoulder replacement and spine surgeries, must be provided by a Blue Specialty Network Provider.

Hospital Services

Hospital services include inpatient and outpatient hospital services. Hospital services do not include Specialty Services provided by a Center of Excellence Network Provider or Blue Specialty Network

Provider. Only certain Covered Services are covered in a Hospital setting, and Prior Authorization may be required if the Covered Services can be provided in a lower place of treatment. If Prior Authorization is not obtained, coverage shall not be provided for Covered Services provided in a place of treatment other than the lower place of treatment.

Emergency Room (ER) Services

Emergency room services are available for medical emergencies. If the Member receives non-emergency services from an emergency room, the Member will be subject to a co-pay.

Physician and Allied Provider Professional Services

Physician and Allied Provider professional services include office visits and covered services in the inpatient and outpatient setting.

Other Covered Services, Supplies or Equipment

Other covered services, supplies or equipment provided by an Allied Provider or Physician are Subject to Network and Non-Network Benefits, where applicable, and include:

- Allergy Injections/Testing Services
- Ambulance Services
- Diagnostic Services Facility*
- Dialysis Treatment*
- Durable Medical Equipment*
- Hospice Care*
- Independent Laboratory*
- Infusion Services*
- Orthotic Devices
- Outpatient Cardiac Rehabilitation*
- Pediatric Dental
- Pediatric Vision*
- Physical Medicine*
- Prosthetic Appliances
- Sleep Studies*
- Speech Therapy
- Therapy Services*

*Benefits are not available unless provided by a Network Provider.

Prescription Drugs

- No Benefits will be provided for Prescription Drugs not included in the Company's Prescription Drug Formulary, Maintenance Drug Formulary, Medical Prescription Drug Formulary or Disease Specific Drug Formulary. Members can identify covered Prescription Drugs using the search feature on the Your Rx tab of our *myBlue* Member portal available at www.bcbsms.com.
- All Prescription Drug Benefits are subject to Care Management to include Prior Authorization which may be required prior to Benefits being provided, Medical Necessity and appropriateness of care. Benefits for Prescription Drugs are subject to quantity limits and/or day limits and Medical Policy. Certain prescription drugs are subject to clinically-appropriate duration of use restrictions based upon the usual course of treatment.

Generic Drugs

If a generic equivalent Prescription Drug, Interchangeable Biological Product or Biosimilar Product is available, but the Member purchases a brand name or Reference Biologic Medication, the Member will be responsible for the entire cost of the drug.

Generic First

Certain Prescription Drugs that have a generic alternative, Interchangeable Biological Product or Biosimilar Product may be subject to a trial usage of a generic alternative drug, Interchangeable Biological Product or Biosimilar Product for a specific period of time before Benefits will be available for the Prescription Drugs.

Subject to Prior Authorization, Benefits may be available for Category 4 Prescription Drugs where a lower cost alternative is available. If Benefits are provided, the Benefits will be no greater than the Benefit for the lowest cost alternative.

Maintenance Drugs

Members can receive a 90-day supply of certain Prescription Drugs from a Community PLUS Maintenance Pharmacy.

Disease Specific Drugs

Disease Specific Drugs must be provided by a Network Disease Specific Pharmacy or a Member's Non-Pharmacy Network Provider, be authorized in advance by the Company and listed in the Disease Specific Drug Formulary. Benefits are provided after a Member coinsurance of 10% of the Allowable up to a \$200 co-pay with a minimum \$100 co-pay.

Medical Prescription Drugs

Medical Prescription Drugs are available through a Hospital, Physician, Allied Provider or in other healthcare settings, are not considered retail Prescription Drugs, are subject to Medical Policy and must be listed in the Medical Prescription Drug Formulary.

Blue Health Management

Our Health and Wellness Team works with Network Providers to ensure covered services are rendered in the most clinically-appropriate, cost-effective setting, to include Centers of Excellence and Blue Specialty Network Providers. Eligible Members age 18 and older, based on their health risks, may also enroll in enhanced benefits, such as Color Me Healthy!. Eligible Members age 0-17 may qualify for one of our enhanced health management programs which support kids and their parents in managing asthma or diabetes, for example.

Mental Health and Substance Use Disorder Benefits

- Inpatient Care
- Partial Hospitalization
- Outpatient Hospital Visits
- Other Outpatient Physician and Allied Provider Services
- Network Physician and Allied Provider Office Visits (subject to the co-pay amount)

Organ and Tissue Transplant Benefits

Prior Authorization and Care Management are required for renal transplants, other solid organ transplants (liver, heart, lung), tissue transplants (bone marrow transplants) and donor benefits. Benefits are only available when provided by a Network Provider approved and designated for the particular transplant service.

Pediatric Vision

Pediatric vision Benefits are available for Members up to age 19. Benefits include an annual comprehensive routine eye exam and eyeglasses.

Pediatric Dental

Pediatric dental Benefits are available for Members up to age 19. Benefits include preventative and diagnostic dental care as well as certain surgical dental services. This Benefit will pay primary to any other dental coverage provided by the Company.

This summary of the Health and Wellness Benefit Plan is designed for the purpose of presenting general information about the Health and Wellness Benefit Plan and is not intended as a guarantee of benefits. All services covered in the Health and Wellness Benefit Plan are subject to Medical Policy and Medical Necessity review to determine if the services are covered under the Health and Wellness Benefit Plan. This is not a Summary Plan Description and in the event of a conflict between this document and the actual Health and Wellness Benefit Plan, the terms of the Health and Wellness Benefit Plan will prevail.