

**Attachment C - Schedule of Benefits
HealthyTNBabies
Group III**

To receive benefits from this Plan, make sure the Provider is a member of the Provider Network shown on the membership ID card. If You receive services from an Out-of-Network Provider, You will be responsible for the full payment of the Out-of-Network Provider's charge. **No Benefits are payable for services received from Out-of-Network Providers.**

Covered Services	Copayment required for Covered Services received from Network Providers
Services Received at the Practitioner's office	
Office Services for Pre and Post-natal care (including complications) The Copayment applies only to the initial visit for the Physician managing the pregnancy and delivery. The Copayment will apply to all other non-routine maternity related visits.	
Office Visits by a Primary Care Physician	\$15 Copayment
Office Visits by a Specialist	\$20 Copayment
Routine Diagnostic Services	No Copayment
Services Received at a Facility	
Inpatient Hospital Stays Prior Authorization is required for non-delivery admissions. Benefits will be denied for Network Providers outside Tennessee (BlueCard PPO Providers) when Prior Authorization is not obtained. Network Providers in Tennessee are responsible for obtaining Prior Authorization. Member is not responsible for penalty when Tennessee Network Providers do not obtain Prior Authorization.	
Facility Charges Copayment waived if readmitted within 48 hours of initial visit for same episode.	\$100 Copayment per admission
Practitioner Charges (including Midwives)	No Copayment
Hospital Emergency Care services In the event of a true Emergency, benefits are available from Network and Out-of-Network Providers.	
Facility Charges (Copayment waived if admitted.):	
Emergency Condition	\$50 Copayment per visit
Non-emergency Condition	\$50 Copayment per visit
Practitioner charges	No Copayment

Covered Services	Copayment required for Covered Services received from Network Providers	
Urgent Care services		
Facility Charges: Emergency Room	\$50 Copayment per visit	
Walk-in Clinic	\$15 Copayment per visit	
Practitioner charges	No Copayment	
Outpatient Facility Services and Outpatient Surgery		
Facility Charges	\$20 Copayment	
Practitioner charges	No Copayment	
Outpatient Diagnostic Services		
Routine and Non-Routine Diagnostic Services	No Copayment	
Other Services		
Ambulance	No Copayment	
Services Received at the Pharmacy		
Prescription Drugs Retail up to 30 day supply. Up to 90 day supply for one copayment through home delivery and certain retail pharmacies. If You choose a Brand Name Drug (Preferred or Non-preferred) when a Generic Drug equivalent is available, You will be financially responsible for the amount by which the cost of the Brand Name Drug exceeds the Generic Drug cost plus the required Generic Drug Copayment. Some Specialty Pharmacy Products require Prior Authorization. Please refer to the Specialty Pharmacy Drug Listing for a list of Specialty Pharmacy products requiring Prior Authorization.		
Generic	\$5 Copayment	
Preferred Brand	\$20 Copayment	
Non-Preferred Brand	\$40 Copayment	
Specialty Pharmacy Drugs	Copayment required when purchased at Specialty Pharmacy	Copayment required when purchased at Network Pharmacy
Generic	\$5 Copayment	\$10 Copayment
Preferred Brand	\$20 Copayment	\$40 Copayment
Non-Preferred Brand	\$40 Copayment	\$80 Copayment