

Effective 10 / 1 / 2010

Comparison Chart

Covered Benefits	■ Blue Max		■ BlueSaver		■ Blue Select		■ Blue Value	
	Single	Family	Single	Family	Single	Family	Single	Family
Benefit Period Deductible Options	\$500	\$1,500	\$1,200	\$2,400	\$500	\$1,500	\$500	\$1,500
	\$750	\$2,250	\$1,900	\$3,800	\$750	\$2,250	\$750	\$2,250
	\$1,000	\$3,000	\$2,800	\$5,600	\$1,000	\$3,000	\$1,000	\$3,000
	\$2,500	\$7,500	\$3,300	\$6,600	\$2,500	\$7,500	\$2,500	\$7,500
	\$5,000	\$15,000	\$5,500	\$10,000	\$5,000	\$15,000	\$5,000	\$15,000
Out-of-Pocket Maximums	\$2,000 per member		\$3,400 \$4,100 \$5,000 \$5,500	\$6,800 \$8,200 \$10,000 \$11,000	\$1,000 per member		\$1,000 per member	
Physician Office Visits	\$20 Copay with \$500 deductible plan \$50 CoPay with \$750-\$2,500 deductible plans Coinsurance with \$5,000 deductible plan.		Deductible then Coinsurance		Not Covered		Not Covered	
Coinsurance	Network 80/20% 70/30%	Non-Net 60/40% 50/50%	Network 100/0% 80/20%	Non-Net 80/20% 60/40%	Network 80/20%	Non-Net 60/40%	Network 80/20%	Non-Net 60/40%
Preventive & Wellness Services	Covered 100%	Deductible then Coinsurance	Covered 100%	Coinsurance	Covered 100%	Coinsurance	Covered 100%	Deductible then Coinsurance
Emergency Room Coverage	Deductible then Coinsurance		Deductible then Coinsurance		Available only for accidental injuries or if visit results in inpatient stay (after deductible)		Available only for accidental injuries or if visit results in inpatient stay (after deductible)	
Inpatient Hospital Admission	Deductible then Coinsurance		Deductible then Coinsurance		Deductible then Coinsurance		Deductible then Coinsurance	
Ambulatory Surgical Center	Deductible then Coinsurance		Deductible then Coinsurance		Deductible then Coinsurance		Deductible then Coinsurance	
Pregnancy Care Option	Coverage is same as any other condition		Coverage is same as any other condition		Not Available		Not Available	
Prescription Drugs	Five Copayment Levels \$7 \$25 \$45 \$60 \$50		Generic: 100/0% OR 80/20% Brand Name: 80/20% OR 60/40% (after deductible is met)		Generic: 80/20% Brand Name: 50/50% After \$1,000 drug out-of-pocket maximum 100% coverage for brand and generic		Not Covered unless administered in hospital or outpatient facility for covered services.	
Prescription Deductible	Separate pharmacy deductible on Plans with \$1,000 deductible or higher.		No separate pharmacy deductible		\$2,500		Not Available	

This is only an outline. All benefits are subject to the terms and conditions of the Contract. In the case of a discrepancy, the Contract will prevail.

■ POS Plan 1	■ POS Plan 2	■ POS Plan 3	■ POS Plan 4	■ POS Plan 5	POS Plan 1-5	POS Dependent <i>Out of State</i>
Network	Network	Network	Network	Network	Non-Network	
None	None	None	None	Single \$1,000 Family \$3,000	Single \$2,000 Family \$6,000	Single \$500 Family \$1,500
Single \$1,500 Family \$3,000	Single \$1,500 Family \$3,000	Single \$1,500 Family \$3,000	Single \$2,000 Family \$4,000	Single \$2,000 Family \$4,000	N/A	Single \$3,500 Family \$7,000
\$20 PCP Copay \$40 Specialist Copay	\$25 PCP Copay \$45 Specialist Copay	\$30 PCP Copay \$50 Specialist Copay	\$35 PCP Copay \$50 Specialist Copay	\$35 PCP Copay \$55 Specialist Copay	Deductible then Coinsurance	Deductible then Coinsurance
Not Available	Not Available	Not Available	Not Available	Not Available	60/40%	80/20%
Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Deductible then Coinsurance	100%
\$100 Copay (Waived if admitted)	\$100 Copay (Waived if admitted)	\$100 Copay (Waived if admitted)	\$100 Copay (Waived if admitted)	\$100 Copay (Waived if admitted)	Deductible then Coinsurance	Deductible then Coinsurance
\$200 copay per day (3 max)	\$250 copay per day (3 max)	\$250 copay per day (3 max)	\$300 copay per day (3 max)	Plan pays 100% after deductible	Deductible then Coinsurance	Deductible then Coinsurance
\$200 copay per day (3 max)	\$250 copay per day (3 max)	\$250 copay per day (3 max)	\$300 copay per day (3 max)	Plan pays 100% after deductible	Deductible then Coinsurance	Deductible then Coinsurance
Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Copayment Levels \$7 \$25 \$45 \$60 \$50	Copayment Levels \$7 \$25 \$45 \$60 \$50	Copayment Levels \$7 \$25 \$45 \$60 \$50	Copayment Levels \$7 \$25 \$45 \$60 \$50	Copayment Levels \$7 \$25 \$45 \$60 \$50	Copayment Levels \$7 \$25 \$45 \$60 \$50	Copayment Levels \$7 \$25 \$45 \$60 \$50
Not Available	Not Available	Not Available	\$500	\$500	Not Available	Not Available