

Cost Summary for BCBS Plans

Plan Year 2007 - 2008



	Premium PPO		Healthcare Essentials PPO		BlueChoice Solutions (Texas only)		BlueEdge with HCA	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
PCP Office Visits	100% after \$20 copay	40% after deductible	100% after \$20 copay	40% after deductible	100% after \$20 copay	50% after deductible	20% after deductible	50% after deductible
Specialist Office Visit	100% after \$40 copay	40% after deductible	100% after \$40 copay	40% after deductible	100% after \$40 copay	50% after deductible	20% after deductible	50% after deductible

BENEFIT PLAN YEAR DEDUCTIBLES

Individual	\$200	\$400	\$500	\$800	\$500	\$800	\$1,500**	\$3,000**
Family	\$400	\$800	\$1,000	\$1,600	\$1,000	\$1,600	\$3,000	\$6,000
HCA	Not Applicable		Not Applicable		Not Applicable		\$500 individual / \$1,000 family	
Co-insurance	10%	40%	10%	40%	20%	50%	20%	50%

**Individual deductible & out-of-pocket maximum does NOT apply if there are 2 or more members in a family.

BENEFIT PLAN YEAR OUT-OF-POCKET MAXIMUM (includes benefit plan year deductible)

Individual	\$1,200	\$4,400	\$3,000	\$5,000	\$4,000	\$8,000	\$5,000**	\$10,000**
Family	\$2,400	\$8,800	\$6,000	\$10,000	\$8,000	\$16,000	\$10,000	\$20,000

(Includes Rx)

LIFETIME MAXIMUM: \$5 million per person; includes all medical care, prescription drugs, and mental health & substance abuse treatments

WELLNESS

Wellness Physicals Adults & children over age 5	100% after \$20 copay	40% after deductible	100% after \$20 copay	40% after deductible	100% after \$20 copay	50% after deductible	100%, no deductible	50% after deductible
	Up to \$500 per year		Up to \$500 per year		Up to \$500 per year		Up to \$500 per year	

ACUTE AND EMERGENCY CARE

Emergency Room	10% after \$50 copay	40% after \$50 copay	10% after \$50 copay	40% after \$50 copay	20% after \$50 copay	50% after \$50 copay	No copay; applied to deductible	No copay; applied to deductible
Hospital - Inpatient	10% of charges after deductible	After deductible, 40% of URC charges	10% of charges after deductible	After deductible, 40% of URC charges	20% of charges after deductible	After deductible, 50% of URC charges	20% of charges after deductible	After deductible, 50% of URC charges
Ambulance	10% of charges after deductible	After deductible, 40% of URC charges	10% of charges after deductible	After deductible, 40% of URC charges	20% of charges after deductible	After deductible, 50% of URC charges	20% of charges after deductible	After deductible, 50% of URC charges

PRESCRIPTION DRUGS THROUGH PARTICIPATING PHARMACIES

Pharmacy Benefits	Caremark	Caremark	Caremark	BCBS – after annual deductible
	Retail: Generic – 25%; Brand – 35% Retail min/max (\$10/\$50) Mail: Generic – 25%; Brand – 35% *Mail min/max (\$20/\$100)	Retail: Generic – 25%; Brand – 35% Retail min/max (\$10/\$50) Mail: Generic – 25%; Brand – 35% *Mail min/max (\$20/\$100)	Retail: Gen – \$7; Pref. Brand - 25% Non-Formulary - 45% Retail min/max (\$15/\$75) Mail: 2X retail *Mail min/max (\$30/\$150)	Retail: Gen – \$7; Pref. Brand - 25% Non-Formulary - 45% Retail min/max (\$15/\$75) Mail: 2X retail *Mail min/max (\$30/\$150)

* Cost for Mail Order is based on a 2-month supply, 3rd month free

	Premium PPO		Healthcare Essentials PPO		BlueChoice Solutions		BlueEdge with HCA	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Skilled Nursing Facility** 60-day maximum per condition	10% of charges after deductible	After deductible, 40% of URC charges	10% of charges after deductible	After deductible, 40% of URC charges	20% of charges after deductible	After deductible, 50% of URC charges	20% of charges after deductible	After deductible, 50% of URC charges
Home Health Care*	10% of charges after deductible	After deductible, 40% of URC charges	10% of charges after deductible	After deductible, 40% of URC charges	20% of charges after deductible	After deductible, 50% of URC charges	20% of charges after deductible	After deductible, 50% of URC charges
Private Duty Nursing** Monthly max benefit: \$1,000 per person	10% of charges after deductible	After deductible, 40% of URC charges	10% of charges after deductible	After deductible, 40% of URC charges	20% of charges after deductible	After deductible, 50% of URC charges	20% of charges after deductible	After deductible, 50% of URC charges
Hospice Care**	10% of charges after deductible	After deductible, 40% of URC charges	10% of charges after deductible	After deductible, 40% of URC charges	20% of charges after deductible	After deductible, 50% of URC charges	20% of charges after deductible	After deductible, 50% of URC charges
Chiropractic Care Benefit Plan Year max: \$1,000/person; limit doesn't apply to X-rays	\$20 copay; all other services 10% of charges after deductible	After deductible, 40% of URC charges	\$20 copay; all other services 10% of charges after deductible	After deductible, 40% of URC charges	\$20 copay; all other services 20% of charges after deductible	After deductible, 50% of URC charges	20% of charges after deductible	After deductible, 50% of URC charges
Podiatry	\$40 copay; all other services 10% of charges after deductible	After deductible, 40% of URC charges	\$40 copay; all other services 10% of charges after deductible	After deductible, 40% of URC charges	\$40 copay; all other services 20% of charges after deductible	After deductible, 50% of URC charges	20% of charges after deductible	After deductible, 50% of URC charges
Allergy Serum	10% of charges after deductible	After deductible, 40% of URC charges	10% of charges after deductible	After deductible, 40% of URC charges	20% of charges after deductible	After deductible, 50% of URC charges	20% of charges after deductible	After deductible, 50% of URC charges
Durable Medical Equipment & Supplies	10% of charges after deductible	After deductible, 40% of URC charges	10% of charges after deductible	After deductible, 40% of URC charges	20% of charges after deductible	After deductible, 50% of URC charges	20% of charges after deductible	After deductible, 50% of URC charges

*precertification required **precertification & case management required [URC=usual, reasonable & customary]

VISION
100%, up to \$250 per person per benefit plan year (no deductible). Includes 1 exam, 1 pair of frames & 2 pair of lenses, including contact lenses or up to 1-year supply of disposables.

HEARING
100%, up to \$500 per ear per benefit plan year (no deductible). Includes 1 hearing exam per benefit plan year, hearing aid repair, & 1 hearing aid per ear every 3 benefit plan years.

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

	ValueOptions Network	Out of Network
Precertification Required	Yes	Yes
Inpatient & Outpatient	20% of ValueOptions rates, up to 60 days/visits per benefit plan year	50% of URC charges, up to 30 days/visits per benefit plan year (60 days in- and out-of-network combined)
Residential Day Treatment	20% of ValueOptions rates for up to 60 inpatient days or 120 outpatient visits each benefit plan year (each inpatient day equals 2 outpatient visits in a benefit plan year)	50% of URC charges, up to 30 days per benefit plan year (60 days in- and out-of-network combined)

Lifetime Maximum: Up to 2 rehabilitation admissions for substance abuse treatment, combined for in- and out-of-network
If no in-network provider is available when you call ValueOptions for pre-approval, you will be referred to an out-of-network provider and receive in-network benefits.