

BlueChoice® Individual Coverage Benefits & Rates Guide

Effective 2-1-11

The Benefit Period is 12 consecutive months from the effective date of coverage.

Benefit	Plan 1	Plan 2	Plan 3	Plan 4
Deductible	\$250 per member per benefit period	\$500 per member per benefit period	\$750 per member per benefit period	\$1,500 per member per benefit period
Coinsurance Maximum	\$1,500 per member per benefit period	\$2,000 per member per benefit period	\$2,500 per member per benefit period	\$5,000 per member per benefit period
Primary Care Physician Services	\$10 copayment per visit	\$15 copayment per visit	\$15 copayment per visit	\$25 copayment per visit
Routine Preventive Office Services	\$10 copayment per visit	\$15 copayment per visit	\$15 copayment per visit	\$25 copayment per visit
Specialist Visit	80% - Subject to deductible	80% - Subject to deductible	80% - Subject to deductible	70% - Subject to deductible
Inpatient Hospital Services	80% - Subject to deductible	80% - Subject to deductible	80% - Subject to deductible	70% - Subject to deductible
Outpatient Hospital Services	80% - Subject to deductible	80% - Subject to deductible	80% - Subject to deductible	70% - Subject to deductible
Urgent Care	\$35 per visit, then 100% coverage	\$35 per visit, then 100% coverage	\$35 per visit, then 100% coverage	\$50 per visit, then 100% coverage
Mental Health (office services only)	100% after \$25 copayment per visit; up to 20 visits per benefit period	100% after \$25 copayment per visit; up to 20 visits per benefit period	100% after \$25 copayment per visit; up to 20 visits per benefit period	100% after \$25 copayment per visit; up to 20 visits per benefit period
Prescription Drugs	\$7/\$15/\$30 copayment, then 100%	\$7/\$30/\$50 copayment, then 100%	\$7/\$30/\$50 copayment, then 100%	\$8/\$30/\$60 copayment, then 100%
Specialty Pharmaceuticals	100% after \$100 copayment	100% after \$100 copayment	100% after \$100 copayment	100% after \$100 copayment
Maximum for Prescription Drugs	\$1,000 per benefit period	No maximum per benefit period	\$3,000 per benefit period	\$2,000 per benefit period
Vision Care	Free annual eye exam	Free annual eye exam	Free annual eye exam	Free annual eye exam
Dental Care	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period
Durable Medical Equipment	80% - Subject to deductible \$5,000 max per benefit period	80% - Subject to deductible \$5,000 max per benefit period	80% - Subject to deductible \$5,000 max per benefit period	70% - Subject to deductible \$5,000 max per benefit period
Physical Therapy, Speech Therapy, and Occupational Therapy	80% - Subject to deductible \$5,000 max per benefit period	80% - Subject to deductible \$5,000 max per benefit period	80% - Subject to deductible \$5,000 max per benefit period	70% - Subject to deductible \$5,000 max per benefit period
Lifetime Benefit Maximum	\$2 million per member	\$2 million per member	\$2 million per member	\$2 million per member

Monthly Premiums	Plan 1		Plan 2		Plan 3		Plan 4	
	Male	Female	Male	Female	Male	Female	Male	Female
Ages 6 weeks – 4	\$191.27	\$191.27	\$180.07	\$180.07	\$163.55	\$163.55	\$131.90	\$131.90
Ages 5 – 18	\$150.11	\$150.11	\$141.43	\$141.43	\$128.54	\$128.54	\$103.62	\$103.62
Ages 19 – 24	\$172.79	\$188.47	\$162.99	\$177.55	\$148.15	\$161.31	\$119.02	\$129.94
Ages 25 – 29	\$189.59	\$230.76	\$178.95	\$217.32	\$162.71	\$197.44	\$130.50	\$159.07

Monthly Premiums with *Bank Draft	Plan 1		Plan 2		Plan 3		Plan 4	
	Male	Female	Male	Female	Male	Female	Male	Female
Ages 6 weeks – 4	\$186.49	\$186.49	\$175.57	\$175.57	\$159.46	\$159.46	\$128.60	\$128.60
Ages 5 – 18	\$146.36	\$146.36	\$137.89	\$137.89	\$125.33	\$125.33	\$101.03	\$101.03
Ages 19 – 24	\$168.47	\$183.76	\$158.92	\$173.11	\$144.45	\$157.28	\$116.04	\$126.69
Ages 25 – 29	\$184.85	\$224.99	\$174.48	\$211.89	\$158.64	\$192.50	\$127.24	\$155.09

*Rates reflect a 2.5% discount when taking advantage of the bank draft option.

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The Benefit Period is 12 consecutive months from the effective date of coverage.

Benefit	Plan 5	Plan 6 - HDHP	Plan 7 - HDHP
Deductible	\$2,500 per member per benefit period	\$3,000 per member per benefit period	\$5,000 per member per benefit period
Coinsurance Maximum	\$5,000 per member per benefit period	N/A	N/A
Primary Care Physician Services	\$35 copayment per visit	100% - Subject to deductible	100%- Subject to deductible
Routine Preventive Office Services	\$35 copayment per visit	\$35 copayment per visit	\$35 copayment per visit
Specialist Visit	70% - Subject to deductible	100% -Subject to deductible	100% - Subject to deductible
Inpatient Hospital Services	70% - Subject to deductible	100% -Subject to deductible	100% - Subject to deductible
Outpatient Hospital Services	70% - Subject to deductible	100% -Subject to deductible	100% - Subject to deductible
Urgent Care	\$50 per visit, then 100% coverage	100% -Subject to deductible	100% -Subject to deductible
Mental Health (office services only)	100% after \$25 copayment per visit; up to 20 visits per benefit period	100% -Subject to deductible	100% -Subject to deductible
Prescription Drugs	\$8/\$30/\$60 copayment, then 100%	100% - Subject to deductible	100% -Subject to deductible
Specialty Pharmaceuticals	100% after \$100 copayment	100% -Subject to deductible	100% -Subject to deductible
Maximum for Prescription Drugs	\$2,000 per benefit period	No maximum per benefit period	No maximum per benefit period
Vision Care	Free annual eye exam	Free annual eye exam	Free annual eye exam
Dental Care	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period	Up to \$20 for one exam and \$30 for one cleaning per benefit period
Durable Medical Equipment	70% - Subject to deductible \$5,000 Max per benefit period	100% - Subject to deductible \$5,000 Max per benefit period	100% - Subject to deductible \$5,000 Max per benefit period
Physical Therapy, Speech Therapy, and Occupational Therapy	70% - Subject to deductible \$5,000 Max per benefit period	100% - Subject to deductible \$5,000 Max per benefit period	100% - Subject to deductible \$5,000 Max per benefit period
Lifetime Benefit Maximum	\$2 million per member	\$2 million per member	\$2 million per member

Monthly Premiums	Plan 5		Plan 6		Plan 7	
	Male	Female	Male	Female	Male	Female
Ages 6 weeks – 4	\$115.10	\$115.10	\$117.34	\$117.34	\$90.18	\$90.18
Ages 5 – 18	\$90.46	\$90.46	\$92.14	\$92.14	\$70.85	\$70.85
Ages 19 – 24	\$103.90	\$113.14	\$105.86	\$115.38	\$81.49	\$88.78
Ages 25 – 29	\$113.98	\$138.63	\$116.22	\$141.15	\$89.34	\$108.66

Monthly Premiums with *Bank Draft	Plan 5		Plan 6		Plan 7	
	Male	Female	Male	Female	Male	Female
Ages 6 weeks – 4	\$112.22	\$112.22	\$114.41	\$114.41	\$87.93	\$87.93
Ages 5 – 18	\$88.20	\$88.20	\$89.84	\$89.84	\$69.08	\$69.08
Ages 19 – 24	\$101.30	\$110.31	\$103.21	\$112.50	\$79.45	\$86.56
Ages 25 – 29	\$111.13	\$135.16	\$113.31	\$137.62	\$87.11	\$105.94

*Rates reflect a 2.5% discount when taking advantage of the bank draft option.