

BlueChoice® Individual Coverage Benefits & Rates Guide

Effective 5-1-09

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	\$170.75	\$170.75	\$160.75	\$160.75	\$146.00	\$146.00	\$117.75	\$117.75
Ages 5 – 18	\$134.00	\$134.00	\$126.25	\$126.25	\$114.75	\$114.75	\$92.50	\$92.50
Ages 19 – 24	\$154.25	\$168.25	\$145.50	\$158.50	\$132.25	\$144.00	\$106.25	\$116.00
Ages 25 – 29	\$169.25	\$206.00	\$159.75	\$194.00	\$145.25	\$176.25	\$116.50	\$142.00

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

See other side for Plans 5, 6 and 7

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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 - HDHP		Plan 7 - HDHP	
	Male	Female	Male	Female	Male	Female
Ages 6 weeks – 4	\$102.75	\$102.75	\$104.75	\$104.75	\$80.50	\$80.50
Ages 5 – 18	\$80.75	\$80.75	\$82.25	\$82.25	\$63.25	\$63.25
Ages 19 – 24	\$92.75	\$101.00	\$94.50	\$103.00	\$72.75	\$79.25
Ages 25 – 29	\$101.75	\$123.75	\$103.75	\$126.00	\$79.75	\$97.00

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

