

Summary of Benefits

BENEFITS	BLUEBASIC				BLUEADVANTAGE			
Deductibles. Once an individual deductible is met, benefits begin for that member, OR when the family sugarbowl (aggregate) deductible is met, benefits begin for the entire family. No one member can contribute more than his or her individual deductible towards the family deductible. Out-Of-Pocket (OOP) Maximums. Deductible amounts and other OOP expenses as defined by the Plan apply to OOP Max. Copayments and Mental Health Coinsurance do not apply towards OOP Max.	Deductibles	Individual Out-of-Pocket Maximum	Family Deductibles	Family Out-of-Pocket Maximum	Deductibles	Individual Out-of-Pocket Maximum	Family Deductibles	Family Out-of-Pocket Maximum
	\$250	\$3,000	\$750	\$6,000	\$250	\$2,500	\$750	\$5,000
	\$500	\$4,000	\$1,000	\$8,000	\$500	\$3,000	\$1,000	\$6,000
	\$1,000	\$5,000	\$2,000	\$10,000	\$1,000	\$3,500	\$2,000	\$7,000
	\$2,500	\$6,000	\$5,000	\$11,000	\$2,500	\$4,000	\$5,000	\$8,000
	\$5,000	\$7,000	\$10,000	\$13,000	\$5,000	\$6,500	\$10,000	\$12,000
	\$7,500	\$10,000	\$15,000	\$18,000	\$7,500	\$9,000	\$15,000	\$17,000
Coinsurance • In-Network • Out-of-Network	70% / 30% 55% / 45%				80% / 20% 60% / 40%			
Maximum Benefits	\$2 Million				\$2 Million			
PROFESSIONAL SERVICES:								
Office/Clinic and Urgent Care Center • Including Minor Surgical Procedures and Diagnostic Tests • Including Preventive Services	Low Deductible Plans After \$30 Copayment, We pay 100% of EME.		High Deductible Plans After Deductible, We pay 70% and You pay 30% of EME.		Low Deductible Plans After \$20 Copayment, We pay 100% of EME.		High Deductible Plans After Deductible, We pay 80% and You pay 20% of EME.	
Inpatient and Outpatient Professional Care • Outpatient Rehab and Chiropractic Care • Chemotherapy, Radiation and Dialysis • Major Surgical Procedures and Major Diagnostic Tests • Professional services not otherwise specified	After Deductible, We pay 70% and You pay 30% of EME.				After Deductible, We pay 80% and You pay 20% of EME.			
FACILITY SERVICES:								
Inpatient Hospital/SNF, Outpatient Hospital Care • Major Diagnostic Tests • Ambulatory Service Facility • Home Health Care • Home Infusion Therapy	After Deductible, We pay 70% and You pay 30% of EME.				After Deductible, We pay 80% and You pay 20% of EME.			
Emergency Department	After Deductible and \$100 Copayment, We pay 70% and You pay 30% of EME.				After Deductible and \$75 Copayment, We pay 80% and You pay 20% of EME.			
OTHER COVERED SERVICES:								
Mental Health Condition Services (including use/abuse of alcohol/drugs)	After Deductible, 50% to Maximum benefit of \$1,500. Coinsurance does not apply to out-of-pocket maximum.				After Deductible, 50% to Maximum benefit of \$1,500. Coinsurance does not apply to out-of-pocket maximum.			
DME and Supplies, Prosthetic and Orthotic Devices	After Deductible, We pay 70% and You pay 30% of EME.				After Deductible, We pay 80% and You pay 20% of EME.			
Maternity Care • All Covered Services	After \$5,000 Copayment, We pay 100%. (Copayment does not apply to Out-of-Pocket Maximum)				After \$5,000 Copayment, We pay 100%. (Copayment does not apply to Out-of-Pocket Maximum)			
ADDITIONAL BENEFITS:								
Supplemental Accident Benefit	N/A				\$1,000 per member per calendar year.			
Rx Card	Rx Deductibles	Rx Classes	Rx Copayments		Rx Deductibles	Rx Classes	Rx Copayments	
\$250 Medical Deductible	\$100	Generic Formulary Non-Formulary	\$10 25% 50%		N/A	Generic Formulary Non-Formulary	\$5 25% 50%	
\$500 Medical Deductible	\$200	Generic Formulary Non-Formulary	\$10 25% 50%		N/A	Generic Formulary Non-Formulary	\$5 25% 50%	
\$1,000 Medical Deductible	\$400	Generic Formulary Non-Formulary	\$10 25% 50%		N/A	Generic Formulary Non-Formulary	\$5 25% 50%	
\$2,500 Medical Deductible	Your identification card also works as a discount card at the pharmacy. Present your card at the pharmacy, pay 100% of the discounted amount, and then submit your receipt to Us. Prescription drugs will then be reimbursed at 70% after the medical plan Deductible per Calendar Year has been met. The Member's 30% Coinsurance can be applied toward the Out-of-Pocket Maximum.				Your identification card also works as a discount card at the pharmacy. Present your card at the pharmacy, pay 100% of the discounted amount, and then submit your receipt to Us. Prescription drugs will then be reimbursed at 80% after the medical plan Deductible per Calendar Year has been met. The Member's 20% Coinsurance can be applied toward the Out-of-Pocket Maximum.			
\$5,000 Medical Deductible								
\$7,500 Medical Deductible								