

2008 Blue Medicare PPO Product Portfolio

| | Value Plan | | Advantage Plan | | Premier Plan | |
|---|---|---|---|---|--|--|
| | In Network | Out Of Network | In Network | Out Of Network | In Network | Out Of Network |
| Premium | \$0 | | \$36.90 | | \$69.30 | |
| Deductible | \$0 | \$500 | \$0 | \$500 | \$0 | \$500 |
| Out-of-Pocket Maximum | \$2,700 | \$5,000 | \$2,700 | \$5,000 | \$2,700 | \$5,000 |
| Inpt. Hospital and Inpt. Physician | \$275 Day, Days 1 - 5 | 30% | \$275 per admission | \$550 per admission | \$100 per admission | \$200 per admission |
| Inpt. Psych | \$275 Day, Days 1 - 5 | 30% | \$100/day – First 7 | \$200/day – First 7 | \$100/day – First 7 | \$200/day – First 7 |
| SNF | \$50/day | 30% | \$20/day | 20% | \$20/day | 20% |
| Home Health Care | \$40/visit | 30% | \$10/visit | \$20/visit | \$10/visit | \$20/visit |
| Office Visits - PCP | \$10/ Visit | 30% | \$10/ Visit | \$20/visit | \$0/Visit | \$20/visit |
| Office Visits - Specialists | \$40/ Visit | 30% | \$30/ Visit | \$60/ Visit | \$20/ Visit | \$40/Visit |
| Chiropractic | \$40 /visit | 30% | \$30 /visit | 20% | \$30 /visit | 20% |
| Podiatry | \$40 /visit | 30% | \$30 /visit | 20% | \$30 /visit | 20% |
| Outpt. Psych / Outpt. Substance Abuse | \$40 / visit - Physician \$100 / visit - Facility | 30% | \$30 / visit - Physician \$50 / visit - Facility | Physician \$100 / visit - Facility | \$20 / visit - Physician \$50 / visit - Facility | Physician \$100 / visit - Facility |
| Outpt. Hospital Services | \$100 / visit | 30% | \$50 / visit | 20% | \$50 / visit | 20% |
| Ambulance | \$150 / service | \$150 / service | \$100 / service | \$100 | \$100 / service | \$100 |
| Emergency Care | \$50 / visit | \$50 / visit | \$50 / visit | \$50 / visit | \$50 / visit | \$50 / visit |
| Foreign Emergency Care | Not Covered | Not Covered | Not Covered | Not Covered | N/A | \$50 / Visit |
| Urgent Care | \$30 / visit | \$30 / visit | \$30 / visit | \$30 / visit | \$20 / visit | \$20 / visit |
| | \$40 / visit - Physician | | \$30 / visit - Physician | | \$20 / visit - Physician | |
| Outpt. Rehab | \$100 / visit - Facility | 30% | \$50 / visit - Facility | 20% | \$50 / visit - Facility | 20% |
| Durable Medical | 20% | 30% | 10% | 20% | 10% | 20% |
| Prosthetics | 20% | 30% | 10% | 20% | 10% | 20% |
| Diagnostic Tests, Lab and Xray | \$0 - Lab 20% - Radiation and Xray*** | 30% | \$0 - Lab 10% - Radiation and Xray*** | 20% *** | \$0 - Lab 10% - Radiation and Xray*** | 20% *** |
| Diabetes Supplies and Self-Monitoring Training | 20% | 20% | 10% | 10% | 10% | 10% |
| Bone Mass Measurement | \$0 | 30% | \$0 | 20% | \$0 | 20% |
| Colorectal Screening | \$0 | 30% | \$0 | 20% | \$0 | 20% |
| Immunizations (Flu, Hep B for at-risk, pneumonia) | \$0 | 30% | \$0 | 20% | \$0 | 20% |
| Mammograms (Annual Screening 40+) | \$0 | 30% | \$0 | 20% | \$0 | 20% |
| Pap Smears and Pelvic Exams | \$0 | 30% | \$0 | 20% | \$0 | 20% |
| Prostate Cancer Screening | \$0 | 30% | \$0 | 20% | \$0 | 20% |
| Prescription Drugs: | \$60 Deductible \$10 generic \$45 preferred brand \$80 brand 30% specialty drugs No Gap Coverage | \$60 Deductible \$10 generic \$45 preferred brand \$80 brand 30% specialty drugs No Gap Coverage | \$60 Deductible \$10 generic \$45 preferred brand \$80 brand 30% specialty drugs No Gap Coverage | \$60 Deductible \$10 generic \$45 preferred brand \$80 brand 30% specialty drugs No Gap Coverage | \$0 Deductible \$5 generic \$38 preferred brand \$60 brand 30% specialty drugs Generic in the gap | \$0 Deductible \$5 generic \$38 preferred brand \$60 brand 30% specialty drugs Generic in the gap |
| Hearing | \$40 / exam (No hearing aid coverage) | \$50 / exam (No hearing aid coverage) | \$30 / exam (Hearing aids - \$500 max every 3 years) | \$50 / exam (Hearing aids - \$500 max every 3 years) | \$20 / exam (Hearing aids - \$500 max every 3 years) | \$50 / exam (Hearing aids - \$500 max every 3 years) |
| Vision | \$40 / exam (No Eyewear coverage) | \$50 / exam (No Eyewear coverage) | \$30 / exam (Eyewear - \$100 max every 2 years) | \$50 / exam (Eyewear - \$100 max every 2 years) | \$20 / exam (Eyewear - \$100 max every 2 years) | \$50 / exam (Eyewear - \$100 max every 2 years) |
| Routine Physical Exam (one per year) | \$10 – Primary Care Physician \$40 - Specialist | 30% | \$10 – Primary Care Physician \$30 - Specialist | \$20 – Primary Care Physician \$60 - Specialist | \$0 – Primary Care Physician \$20 - Specialist | \$20 – Primary Care Physician \$40 - Specialist |