

Benefit Period April 1, 2010 – March 31, 2011

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	PPO 70 Blue Choice	PPO 70 Blue Options	PPO Risk/Reward Blue Choice	PPO Risk/Reward Blue Options
Deductible	\$500/\$1,500	\$500/\$1,500	\$1,500/\$4,500	\$1,500/\$4,500
Coinsurance (after Ded)	70/30%	70/30%	80/20%	80/20%
Out-of-Pocket Limits	\$3,000/\$6,000	\$3,000/\$6,000	\$3,500/\$7,000	\$3,500/\$7,000
Primary Physician Services	\$20 copay – No Ded	\$20 copay – No Ded	80/20% - No Ded	80/20% - No Ded
Routine Wellness Exams	\$20 or \$30 copay-No Ded	\$20 or \$30 copay-No Ded	80/20% - No Ded	80/20% - No Ded
Specialist Physician	\$30 copay – No Ded	\$30 copay – No Ded	80/20% - No Ded	80/20% - No Ded
Outpatient Surgery in Drs	\$20 or \$30 copay-No Ded	\$20 or \$30 copay-No Ded	80/20%- No Ded	80/20%- No Ded
Outpatient Surgery in Outpatient Facility	\$100 copay, Ded, 70/30%	\$100 copay, Ded, 70/30%	Ded, 80/20%	Ded, 80/20%
Outpatient Pre-Admission	Ded, 70/30%	Ded, 70/30%	Ded, 80/20%	Ded, 80/20%
MRI, MRA, CAT, PET	\$100 copay, Ded, 70/30%	\$100 copay, Ded, 70/30%	Ded, 80/20%	Ded, 80/20%
Chiro	\$30 copay per day-No Ded 60 visits	\$30 copay per day-No Ded 60 visits	80/20% - No Ded 60 visits	80/20% - No Ded 60 visits

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	PPO 70 Blue Choice	PPO 70 Blue Options	PPO Risk/Reward Blue Choice	PPO Risk/Reward Blue Options
Physical, Speech and Occupational Therapy	\$30 copay per day- No Ded 30 visits each	\$30 copay per day-No Ded 30 visits each	80/20% - No Ded 30 visits each	80/20% - No Ded 30 visits each
Inpatient Hospital Services	\$250 copay, Ded, 70/30%	\$250 copay, Ded, 70/30%	Ded, 80/20%	Ded, 80/20%
Emergency Room	\$100 copay – No Ded	\$100 copay – No Ded	\$100 copay – No Ded	\$100 copay – No Ded
Urgent Care	\$30 copay – No Ded	\$30 copay – No Ded	80/20% - No Ded	80/20% - No Ded
Maternity Care	\$30 initial – No Ded	\$30 initial – No Ded	80/20% - No Ded	80/20% - No Ded
Inpatient	\$250 copay, Ded, 70/30%	\$250 copay, Ded, 70/30%	Ded, 80/20%	Ded, 80/20%
Mental Health & Substance Abuse Inpatient	\$250 copay, Ded, 70/30%	\$250 copay, Ded, 70/30%	Ded, 80/20%	Ded, 80/20%
Mental Health & Substance Abuse Outpatient	\$30 copay – No Ded	\$30 copay – No Ded	80/20%- No Ded	80/20%- No Ded