

Benefit Comparisons Between Products

(For Agent Use Only: This reference chart is for agent use only and does not represent the entire outline of benefits for each product.)

Plan Design	PPO Select Saver (In-Network)	PPO Select Choice (In-Network)	Select Blue Advantage (In-Network)
Deductible Ranges	\$500-\$5,000	\$250-\$5,000	\$250-\$5,000
Office Visit Copays	None	\$25 Consultation only	\$30-\$45 (Includes same day lab/X-ray)
Emergency Room Copay	None	None	\$75 (facility charges only)*/85% of allowable
Out-of-Pocket Maximum**	\$3,000 Ind/\$9,000 Fam	\$3,000 Ind/\$6,000 Fam	\$2,000-\$5,000 Ind*** \$4,000-\$10,000 Fam***
Coinsurance	75/25% of allowable amount	80/20% of allowable amount	85/15% of allowable amount
Prescription Drug Program Deductible	\$100, \$200, \$300	\$100, \$200, \$300	No Deductible
Prescription Drug Program Copays	\$10/\$50/\$65	\$15/\$25/\$40	\$12-\$50***
Prescription Drug Calendar Year Maximum	\$1,500 per Participant	\$1,500 per Participant	\$1,500 per Participant
Adult Preventive Care	Mandated benefits only, subject to deductible and coinsurance	Mandated benefits only, subject to deductible and coinsurance	100% of allowable amount, subject to office visit copay and \$300 calendar year maximum per participant
Well Child Care (through age 7)	Routine physical exams and developmental assessment, subject to deductible and coinsurance. Immunizations through age 7, paid at 100%.	Routine physical exams and developmental assessment, subject to deductible and coinsurance. Immunizations through age 7, paid at 100%.	Routine physical exams and developmental assessment, covered at 100% of allowable, subject to office visit copay and \$300 calendar year maximum per participant. Immunizations through age 7, paid at 100%.
Lifetime Maximum	\$2 Million per person	\$2 Million per person	\$2 Million per person

* Waived if admitted to hospital immediately following the visit.

** Deductible not included.

*** Based on health plan selection