

2010 BlueAdvantage Benefits

| Benefit | PPO as of 7/15/09 | | | | | |
|--|--|--|--|--|---|----------------------|
| | Ruby | | Diamond | | Sapphire | |
| | IN Network | OON | In-Network | OON | In-Network | OON |
| Premium | NE - \$45 SE - \$77 | M - \$93 W - \$99 | NE - \$85 SE - \$117 | M - \$133 W - \$139 | NE - \$0 SE - \$30 | M - \$35 W - \$42 |
| OOP Maximum | \$3,400 | \$3,400 | \$2,500 | \$2,500 | \$4,000 | \$4,000 |
| Inpatient Hospital Care | \$100 for days 1 - 7 Unlimited days | \$200 for days 1 - 7 Unlimited days | \$100 for days 1 - 3 Unlimited days | \$200 for days 1 - 3 Unlimited days | \$1000 Inpatient Deductible Unlimited days | |
| 4 - Inpatient Mental Health Care | \$100 for days 1 - 7 190 day lifetime max | \$200 for days 1 - 7 190 day lifetime max | \$100 for days 1 - 3 190 day lifetime max | \$200 for days 1 - 3 190 day lifetime max | \$1000 Inpatient Deductible 190 day lifetime max | |
| 5 - Skilled Nursing Facility | \$150 for days 21 - 100 | \$200 days 21 - 100 | \$0 for days 1 - 100 | \$125 days 21 - 100 | \$125 for days 21 - 100 | \$175 days 21 - 100 |
| 6 - Home Health Care | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 7 - Hospice | n/a | | n/a | | n/a | |
| 8 - Doctor Office Visits | Routine \$20 Specialist \$35 | \$30 \$45 | \$10 \$25 | \$25 \$35 | \$20 \$35 | \$35 \$45 |
| 9 - Chiropractic Services | \$35 | \$45 | \$25 | \$35 | \$30 | \$45 |
| 10 - Podiatry Services | \$35 | \$45 | \$25 | \$35 | \$30 | \$45 |
| 11 - Outpatient Mental Health Care | \$20 | \$35 | \$10 | \$25 | \$30 | \$45 |
| 12 - Outpatient Substance Abuse | \$20 | \$35 | \$10 | \$25 | \$30 | \$45 |
| 13 - Outpatient Services/Surgery | \$200 | \$400 | \$100 | \$400 | \$300 | \$400 |
| 14 - Ambulance Services | \$100 | \$100 | \$100 | \$100 | \$200 | \$200 |
| Emergency | \$50 \$50 \$50 \$50 \$50 \$50 WW - \$50 copay, (20% coins and 25,000 limit applies) | | | | | |
| 16 - Urgently Needed Care | \$20 | \$20 | \$10 | \$10 | \$30 | \$30 |
| 17 - Outpatient Rehabilitation Svcs | \$20 | \$30 | \$10 | \$25 | \$20 | \$35 |
| 18 - DME / Prosthetics | 20% | 30% | 10% | 20% | 20% | 30% |
| 20 - Diabetes Self-Monitoring, Training, Nutrition Therapy and Diabetic Supplies | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 21 - Diagnostic Tests, X-Rays, Lab, and Therapeutic radiology | | | | | | |
| lab | \$0 | \$10 | \$0 | \$10 | \$0 | \$10 |
| diagnostic tests | \$0 | \$10 | \$0 | \$10 | \$0 | \$10 |
| x-rays | \$0 | \$10 | \$0 | \$10 | \$0 | \$10 |
| advanced imaging | 15% | 25% | 10% | 20% | 20% | 30% |
| therapeutic radiology | 15% | 25% | 10% | 20% | 20% | 30% |
| 22 - Abdominal Aortic Aneurysm Screening | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 23 - Bone Mass Measurement | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 24 - Colorectal Screening Exams | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 25 - Immunizations/vaccines | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 26 - Mammograms (Annual) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 27 - Pap Smears and Pelvic Exams | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 28 - Prostate Cancer Screening Exams | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 29 - ESRD/Dialysis | \$10 | \$10 | \$0 | \$0 | \$20 | \$20 |
| 30 - Prescription Drugs | \$2/\$10/\$30/\$55/33% | | mail order - 2.5X | | \$2/\$10/\$45/\$65/33% | |
| B-covered drugs (not including chemotherapy drugs) | 0% | 10% | 0% | 10% | 0% | 10% |
| B-covered chemotherapy drugs | 20% | 30% | 10% | 20% | 20% | 30% |
| 31 - Dental Services | | | | | | |
| routine/ other services | \$100 allowable | | \$100 allowable | | not covered | |
| 32 - Hearing Services - | | | | | | |
| Medicare covered only | \$20 | | \$10 | | \$35 | |
| routine | \$20 | | \$10 | | not covered | |
| Hearing Aids | not covered | | not covered | | not covered | |
| 33- Vision Services | | | | | | |
| Medicare covered only | \$20 | | \$10 | | \$35 | |
| glasses/contacts (eyewear) | not covered | | \$100 allowance /every other yr | | not covered | |
| routine exam | not covered | | \$10 | | not covered | |
| 34 - Physical Exams | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |