

**BlueAdvantage PPO Benefits
Effective 1/1/2009**

The following grid contains in-network benefit highlights only for BlueAdvantage Preferred Provider Organization (PPO) Plans effective 1/1/2009. See Summary of Benefits on our company Web site, www.bcbst.com for a complete outline of Member benefits and cost sharing amounts.

Benefit	Sapphire	Diamond
Inpatient Services		
Inpatient Hospital	\$250/day for days 1-5 Unlimited days	\$0/admit Unlimited days
Inpatient Mental Health	\$250/day for days 1-5 / 190 day lifetime max	\$0/admit 190 day lifetime max
Skilled Nursing	\$150/day for days 21-100 / Limited to 100 days per benefit period	\$0/day for days 1-100 / Limited to 100 days per benefit period
Home Health	\$0/visit	\$0/visit
Outpatient Services		
Emergency Room	\$50/visit	\$50/visit
Urgent Care	\$30/visit	\$10/visit
Surgery -Ambulatory Surgical Center -Outpatient Hospital	\$250/visit \$250/visit	\$0/visit \$0/visit
Diagnostic Tests -Laboratory -Radiation Therapy -X-Ray	\$0/copay 20% coinsurance \$0/copay	\$0/copay \$0/copay \$0/copay
Part B prescription drugs (not including chemotherapy drugs)	0% coinsurance	0% coinsurance
Part B – covered chemotherapy drugs	20% coinsurance	10% coinsurance
Physical, Occupational, Speech Therapy	\$30/visit	\$10/visit
Preventive Services (Bone Mass Measurement, Colorectal Screening, Immunizations, Mammograms, Pap Smears and Pelvic Exams, Prostate Screenings, Cardiovascular Disease Testing)	\$0	\$0
Professional Services		
Office Visits (PCP/Specialist)	\$30 PCP \$30 specialist	\$10 PCP \$10 specialist
Chiropractic Services	\$30/visit	\$10/visit
Podiatry Services	\$30/visit	\$10/visit
Outpatient Rehabilitation	\$30/visit	\$10/visit
Outpatient Mental Health	\$30/visit	\$10/visit
Outpatient Substance Abuse	\$30/visit	\$10/visit
ESRD (Dialysis)	\$20/visit	\$0/visit

PPO Benefit Highlights (cont'd)

Benefit	Sapphire	Diamond
Vision & Hearing		
Diagnostic Hearing Exams	\$30/visit	\$10/visit
Routine Hearing Tests	Not Covered	\$10/visit
Hearing Aids	Not Covered	\$200 allowance per 2 years
Hearing Aid Fitting	Not Covered	\$10 copay for 1 fitting evaluation per 2 years
Diagnostic Eye Exams	\$30/visit	\$10/visit
Routine Eye Exams	Not Covered	\$10/visit
Eyewear (glasses / contacts)	Not Covered	\$100 allowance per year
Other Services		
Dental	Not Covered	\$150 allowance per year
Ambulance	\$200/trip	\$100/trip
Durable Medical Equipment/Prosthetics	20% coinsurance	10% coinsurance
Diabetic Supplies	\$0 copay	\$0 copay
Pharmacy	\$5/\$30/\$55/33%	

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