

**BlueAdvantage PFFS Benefits
Effective 1/1/2009**

The following grid contains in-network benefit highlights only for BlueAdvantage Private-Fee-for-Service (PFFS) 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	Silver & MA1	Gold & MA2	Platinum & MA3
Inpatient Services			
Inpatient Hospital	\$250/day for days 1-5 Unlimited days	\$250/admit Unlimited days	\$0/admit Unlimited days
Inpatient Mental Health	\$250/day for days 1-5 / 190 day lifetime max	\$250/admit 190 day lifetime max	\$0/admit 190 day lifetime max
Skilled Nursing	\$150/day for days 21-100 Limited days	\$75/day for days 21-100 Limited days	\$0/day for days 1-100 Limited days
Home Health	\$0/visit	\$0/visit	\$0/visit
Outpatient Services			
Emergency Room	\$50/visit	\$50/visit	\$50/visit
Urgent Care	\$30/visit	\$20/visit	\$10/visit
Surgery -Ambulatory Surgical Center -Outpatient Hospital	\$250/visit \$250/visit	\$100/visit \$100/visit	\$0/copay \$0/copay
Diagnostic Tests -Laboratory -Radiation Therapy -X-Ray	\$0/copay 20% coinsurance \$0/copay	\$0/copay 10% coinsurance \$0/copay	\$0/copay 0% coinsurance \$0/copay
Part B prescription drugs (not including chemotherapy drugs)	0% coinsurance	0% coinsurance	0% coinsurance
Part B – covered chemotherapy drugs	20% coinsurance	20% coinsurance	10% coinsurance
Physical, Occupational, Speech Therapy	\$30/visit	\$20/visit	\$10/visit
Preventive Services (Bone Mass Measurement, Colorectal Screening, Immunizations, Mammograms, Pap Smears and Pelvic Exams, Prostate Screenings, Cardiovascular Disease Testing)	\$0	\$0	\$0

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Benefit	Silver & MA1	Gold & MA2	Platinum & MA3
Professional Services			
Office Visits (PCP/Specialist)	\$30 PCP \$30 specialist	\$20 PCP \$20 specialist	\$10 PCP \$10 specialist
Chiropractic Services	\$30/visit	\$20/visit	\$10/visit
Podiatry Services	\$30/visit	\$20/visit	\$10/visit
Outpatient Rehabilitation	\$30/visit	\$20/visit	\$10/visit
Outpatient Mental Health	\$30/visit	\$20/visit	\$10/visit
Outpatient Substance Abuse	\$30/visit	\$20/visit	\$10/visit
ESRD (Dialysis)	\$20/visit	\$10/visit	\$0/visit

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

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