



# individual products

## Benefit Comparisons Between Products

This information is intended as a brief summary of the basic elements of PPO Select Saver, PPO Select Choice, and Select Blue Advantage. All benefit payments are subject to the plan provisions contained in the Master Contract.

Plan Design	PPO Select® Saver <sup>SM</sup> (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)
Out-of-Pocket Maximum**	\$3,000 Individual / \$9,000 Family	\$3,000 Individual / \$6,000 Family	\$2,000/\$3,000/\$5,000 Individual*** \$4,000/\$6,000/\$10,000 Family***
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	3 tier open formulary \$10/\$50/\$65	3 tier open formulary \$15/\$25/\$40	\$12/\$25/\$40*** \$15/\$30/\$45*** \$20/\$35/\$50***
Prescription Drug Calendar Year Maximum	\$2,500 per Participant	\$2,500 per Participant	\$2,500 per Participant
Adult Preventive Care	75% allowable amount subject to deductible and coinsurance and \$300 calendar year maximum per participant	100% allowable amount subject to office visit copay and \$300 calendar year maximum per participant	100% 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, and a \$300 calendar year maximum per participant. Immunizations through age 7, paid at 100%.	Routine physical exams and developmental assessment, subject to office visit copay and a \$300 calendar year maximum per participant. 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	\$5 Million per person	\$5 Million per person	\$5 Million per person
Pre-Existing Condition Clause	12 months	12 months	24 months

\* Waived if admitted to hospital immediately following the visit.

\*\* Deductible not included.

\*\*\* Based on health plan selection.