

2010 BLUE CARD (Out-of-State) Bi-Weekly Flexible Benefit \$356.00

BI-WEEKLY RATES	1/1/10	
EMPLOYEE ONLY	\$325.00	
EMPLOYEE + SPOUSE	\$680.00	
EMPLOYEE + CHILD(REN)	\$670.50	
EMPLOYEE + FAMILY	\$973.00	
DEDUCTIBLE	\$250 / \$500 / \$750	
PHYSICIAN SERVICES	PPO Providers	Non PPO Providers
Office Visits	\$10/visit	40%
Allergy testing & injections	20%	40%
Well baby & child care birth to age six	\$10/exam	40%, limited to \$20 per exam
Immunizations birth to age six	No charge	40% limited to \$12 per immunization
Physical Exam persons age seven and older	\$10/exam, \$250 cal year maximum	Not covered
Adult Preventive Care (FDA approved screenings for cervical cancer, mammography testing, breast cancer & prostate cancer)	\$10/visit, ded waived	Not covered
Vision & Hearing Screening	Not covered	Not covered
Diagnostic lab & x-ray	20%	20%
Specialist Consultation	\$10/visit	40%
INPATIENT HOSPITAL SERVICES		
Preauthorized semi-private room	20%	40%
Intensive/coronary care unit	20%	40%
Operating room and anesthesia	20%	40%
X-ray, lab testing-diagnostic studies	20%	40%
MATERNITY CARE SERVICES		
Pre/Post-natal maternity visits	\$10/visit	40%
Delivery/Newborn care	20%	40%
FAMILY PLANNING SERVICES		
Vasectomy	20%	40%
Tubal ligation	20%	40%
Elective termination of pregnancy	20%	40%
Infertility testing	Not covered	Not covered
MENTAL HEALTH *		
Outpatient	20%, max to \$25 per visit	40%, max to \$25 per visit
Inpatient	20%, max to \$175 a day, pre-auth required waived for emergency	40%, max to \$175 a day, pre-auth required waived for emergency
SUBSTANCE ABUSE; ALCOHOL AND CHEMICAL DEPENDENCY		
Outpatient	20%, max to \$25 per visit 50 visit/cal yr	40%, max to \$25 per visit 50 visit/cal yr
Inpatient; as medically necessary	20%, max to \$175 a day (30 days/ cal yr) pre-auth required, waived for emergency	40%, max to \$175 a day (30 days/ cal yr) pre-auth required, waived for emergency
EMERGENCY ROOM	20% after \$100 ded, waived if admitted	20% after \$100 ded, waived if admitted
AMBULANCE	20%	20%
DURABLE MEDICAL EQUIPMENT	20%, limited \$5000/cal year combined with orthotic benefit	20%, limited \$5000/cal year combined with orthotic benefit
ORTHOTIC	20%, limited \$1000/cal year combined with DME benefit	40%, limited \$1000/cal year combined with DME benefit
PROSTHETIC DEVICES	\$2,000 Annual Maximum	
ANNUAL OUT OF POCKET MAXIMUM	\$2000 per individual	\$6000 per individual
LIFETIME MAXIMUM	\$5,000,000	
PRESCRIPTION DRUGS		
Generic / Brand Name / Non-formulary	\$5 / \$10 / \$40, 30 day supply	\$5 / \$10 / \$40, 30 day supply
Mail Order Pharmacy	\$10 / \$20 / \$80, 90 day supply	\$10 / \$20 / \$80, 90 day supply
CHIROPRACTIC	20%, 24 visits/cal yr included with physical therapy benefit	40%, max \$25/visit combined with physical therapy benefit

The above is a brief summary of benefits only and not an offer of insurance. Please refer to your Evidence of Coverage for a complete description of benefits and exclusions.

BLUE CROSS-AND KAISER-MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

Mental Health Parity and Addiction Act of 2008 requires group health plans that offer mental health or substance abuse benefits to provide those benefits on par with medical and surgical benefits. The Act prohibits plans from imposing financial requirements (e.g. co-pays) or treatment limits (e.g. outpatient visit limit) on mental health or substance abuse benefits that are more restrictive than the predominant financial requirements or treatment limits that apply to substantially all medical and surgical benefits, and it bars separate cost sharing and treatment limits for mental health and substance benefits. The Act also makes permanent the prohibition on lower annual and lifetime dollar limits on covered Mental Health benefits from the 1996 Mental Health Parity Act and expands this prohibition to include covered substance abuse benefits. The above is a brief summary of benefits only and not an offer of insurance. Please refer to your Evidence of Coverage for a complete description of benefits and exclusions.