

## 2008 BLUE CARD (Out-of-State) Bi-Weekly Flexible Benefit \$320.00

<b>BI-WEEKLY RATES</b>	1/1/08	
<b>EMPLOYEE ONLY</b>	\$264.50	
<b>EMPLOYEE + SPOUSE</b>	\$553.00	
<b>EMPLOYEE + CHILD(REN)</b>	\$545.00	
<b>EMPLOYEE + FAMILY</b>	\$790.50	
<b>DEDUCTIBLE</b>	\$250 / \$500 / \$750	
<b>PHYSICIAN SERVICES</b>	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%
<b>INPATIENT HOSPITAL SERVICES</b>		
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%
<b>MATERNITY CARE SERVICES</b>		
Pre/Post-natal maternity visits	\$10/visit	40%
Delivery/Newborn care	20%	40%
<b>FAMILY PLANNING SERVICES</b>		
Vasectomy	20%	40%
Tubal ligation	20%	40%
Elective termination of pregnancy	20%	40%
Infertility testing	Not covered	Not covered
<b>MENTAL HEALTH *</b>		
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
<b>SUBSTANCE ABUSE; ALCOHOL AND CHEMICAL DEPENDENCY</b>		
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
<b>EMERGENCY ROOM</b>	20% after \$100 ded, waived if admitted	20% after \$100 ded, waived if admitted
<b>AMBULANCE</b>	20%	20%
<b>DURABLE MEDICAL EQUIPMENT</b>	20%, limited \$5000/cal year combined with orthotic benefit	20%, limited \$5000/cal year combined with orthotic benefit
<b>ORTHOTIC</b>	20%, limited \$1000/cal year combined with DME benefit	40%, limited \$1000/cal year combined with DME benefit
<b>PROSTHETIC DEVICES</b>	\$2,000 Annual Maximum	
<b>ANNUAL OUT OF POCKET MAXIMUM</b>	\$2000 per individual	\$6000 per individual
<b>LIFETIME MAXIMUM</b>	\$5,000,000	
<b>PRESCRIPTION DRUGS</b>		
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
<b>CHIROPRACTIC</b>	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.

\*All health plans will include coverage under AB88 (Mental Health Parity Law). The law requires coverage for the diagnosis and medically necessary treatment of severe mental illness of a person of any age. For children, serious emotional disturbances are also covered. Coverage must be provided for these mental health services in the same way that other medical conditions are covered (e.g., same copayments and limits). The nine specific diagnoses identified as severe mental illnesses are schizophrenia, schizo-affective disorder, bipolar disorder, major depressive disorders, panic disorder, obsessive-compulsive disorder, pervasive development disorder or autism, anorexia nervosa, and bulimia nervosa.