### General Plan Information

**1st Dollar Coverage:** Plan pays 100% of the first $500 of eligible charges for each individual then:

<table>
<thead>
<tr>
<th>Network</th>
<th>BLUECHOICE PPO HIGH OPTION</th>
<th>BLUECHOICE PPO BASIC OPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Network</td>
<td>Out of Network</td>
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</tbody>
</table>

**Calendar Year Deductible (CYD)**
- **BLUECHOICE:** $500 Ind. / $1,500 Family
- **BLUECHOICE:** $500 Ind. / $1,500 Family
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- **BLUECHOICE:** $500 Ind. / $1,000 Family

**Calendar Year Out-of-pocket Max (includes deductible)**
- **BLUECHOICE:** $2,800 Ind. / $8,400 Family
- **BLUECHOICE:** $3,300 Ind. / $9,900 Family
- **BLUECHOICE:** $5,500 Ind. / $11,000 Family
- **BLUECHOICE:** $5,500 Ind. / $11,000 Family

**Co-Insurance**
- **Plan Pays 80% after CYD**
- **Plan pays 50% after CYD**
- **Plan pays 50% after CYD**
- **Plan pays 50% after CYD**

**Lifetime Max – Medical**
- Unlimited
- Unlimited
- Unlimited
- Unlimited

**Lifetime Max – Pharmacy**
- Unlimited
- Unlimited
- Unlimited
- Unlimited

**Physician Office Visit**
- **$25 copay**
- **50% after CYD**
- **50% after CYD**
- **50% after CYD**

**Diagnostic X-ray/Lab**
- **80% after CYD**
- **50% after CYD**
- **50% after CYD**
- **50% after CYD**

**Inpatient Hospital**
- **80% after CYD**
- **Additional $300 deductible per admit, then 50% after CYD**
- **50% after CYD**
- **Additional $300 deductible per admit, then 50% after CYD**

**Outpatient Surgery**
- **80% after CYD**
- **50% after CYD**
- **50% after CYD**
- **50% after CYD**

**Well Baby Care**
- **$25 copay**
- **50% after CYD**
- **50% after CYD**
- **50% after CYD**

**Adult Immunizations**
- **100%; $25 Office Visit copay may apply**
- **50% after CYD**
- **50% after CYD**
- **50% after CYD**

**Childhood Immunizations**
- **100%; $25 Office Visit copay may apply**
- **100%**
- **100%**
- **100%**

**Periodic Health Exams**
- **$25 copay**
- **50% after CYD**
- **50% after CYD**
- **50% after CYD**

**Routine Mammograms**
- **100% Age 35-39 one baseline, age 40+ one per year (max benefit $115)**
- **100% Age 35-39 one baseline, age 40+ one per year (max benefit $115)**
- **100% Age 35-39 one baseline, age 40+ one per year (max benefit $115)**

**Allergy Treatment/Testing**
- **(60 tests every 24 months)**
- **80% after CYD**
- **50% after CYD**
- **50% after CYD**

**Emergency Room**
- **$100 copay; then 80% after CYD (copay waived if admitted)**
- **$100 copay; then 50% after CYD (copay waived if admitted)**
- **50% after CYD**
- **50% after CYD**

**Urgent Care**
- **80% after CYD**
- **50% after CYD**
- **50% after CYD**
- **50% after CYD**

**Mental Health and Substance Abuse**

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</table>

**Inpatient**
- **80% after CYD**
- **50% after CYD**
- **50% after CYD**
- **50% after CYD**

**Outpatient**
- **80% after CYD**
- **50% after CYD**
- **50% after CYD**
- **50% after CYD**

**Additional $300 deductible, then 50% after CYD**
- **50% after CYD**
- **50% after CYD**
- **50% after CYD**
## Benefit Summary 2011 (cont’d)

### BLUECHOICE PPO HIGH OPTION

<table>
<thead>
<tr>
<th>Pharmacy: Generic &amp; Preferred Prescription Drugs</th>
<th>In Network</th>
<th>Out of Network</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of Rx: $100 or less</td>
<td>Member pays lesser of $25 or actual cost</td>
<td>Member pays cost of Rx up to $75 max plus dispensing fee</td>
<td>Member pays lesser of $25 or actual cost</td>
<td>Member pays cost of Rx up to $75 max plus dispensing fee</td>
</tr>
<tr>
<td>Cost of Rx: Greater than $100</td>
<td>Member pays 25% up to $50 max</td>
<td>Member pays cost of Rx up to $75 max plus dispensing fee</td>
<td>Member pays 25% up to $50 max</td>
<td>Member pays cost of Rx up to $75 max plus dispensing fee</td>
</tr>
<tr>
<td>Out-of-pocket Maximum: Generic and Preferred Drugs</td>
<td>$2500 per individual</td>
<td>No out-of-pocket maximum</td>
<td>$2500 per individual</td>
<td>No out-of-pocket maximum</td>
</tr>
<tr>
<td>Supply Limit (one month)</td>
<td>Greater of 34 days or 100 units</td>
<td>Greater of 34 days or 100 units</td>
<td>Greater of 34 days or 100 units</td>
<td>Greater of 34 days or 100 units</td>
</tr>
<tr>
<td>Three month supply at retail or mail order for 1 copay (Specialty Pharmacy Program medications limited to a 30 day supply)</td>
<td>Greater of 102 days or 300 units</td>
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### Pharmacy: Non-Preferred Prescription Drugs

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<tr>
<td>Cost of Rx: $100 or less</td>
<td>Member pays lesser of $50 or actual cost</td>
<td>Member pays cost of Rx up to $125 max plus dispensing fee</td>
<td>Member pays lesser of $50 or actual cost</td>
<td>Member pays cost of Rx up to $125 max plus dispensing fee</td>
</tr>
<tr>
<td>Cost of Rx: Greater than $100</td>
<td>Member pays 50% up to $100 max</td>
<td>Member pays cost of Rx up to $125 max plus dispensing fee</td>
<td>Member pays 50% up to $100 max</td>
<td>Member pays cost of Rx up to $125 max plus dispensing fee</td>
</tr>
<tr>
<td>Out-of-pocket Maximum: Non-preferred Drugs</td>
<td>No out-of-pocket maximum</td>
<td>No out-of-pocket maximum</td>
<td>No out-of-pocket maximum</td>
<td>No out-of-pocket maximum</td>
</tr>
<tr>
<td>Supply Limit (one month)</td>
<td>Greater of 102 days or 300 units</td>
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### Other Covered Services

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</thead>
<tbody>
<tr>
<td>Occupational &amp; Speech Therapy (Each service limited to 60 visits per CY)</td>
<td>80% after CYD</td>
<td>50% after CYD</td>
<td>80% after CYD</td>
<td>50% after CYD</td>
</tr>
<tr>
<td>Physical and Chiropractic Therapy (Services combined limited to 60 visits per CY)</td>
<td>80% after CYD</td>
<td>50% after CYD</td>
<td>80% after CYD</td>
<td>50% after CYD</td>
</tr>
<tr>
<td>Hearing Screening (limited to one per CY)</td>
<td>$25 copay</td>
<td>50% after CYD</td>
<td>$25 copay</td>
<td>50% after CYD</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>Covered as DME up to age 18</td>
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<td>Covered as DME up to age 18</td>
</tr>
<tr>
<td>Durable Medical Equipment (DME), Prosthetics and Orthotics</td>
<td>80% after CYD</td>
<td>50% after CYD</td>
<td>80% after CYD</td>
<td>50% after CYD</td>
</tr>
<tr>
<td>Skilled Nursing Facility (100 days per CY)*</td>
<td>80% after CYD</td>
<td>50% after CYD</td>
<td>80% after CYD</td>
<td>50% after CYD</td>
</tr>
<tr>
<td>Home Health Care (100 visits per CY)*</td>
<td>80% after CYD</td>
<td>50% after CYD</td>
<td>80% after CYD</td>
<td>50% after CYD</td>
</tr>
<tr>
<td>Hospice*</td>
<td>80% after CYD</td>
<td>50% after CYD</td>
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<td>50% after CYD</td>
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*Requires Pre-Authorization

Benefits assume, and are subject to the use of BCBSOK’s administrative policies, procedures, and medical policies. Out of network charges are paid utilizing the Blue Choice allowable amount. Members may be balanced billed by the provider. This benefit summary does not contain a complete list of benefits available to you nor does it contain a listing of exclusions, limitations, and conditions which apply to the benefits shown. Full information can be found only in the Group Contract and Certificate of Benefits.