


2010 BLUE CROSS AND BLUE SHIELD Service Benefit Plan Comparison of Benefits



BENEFIT	2010 STANDARD OPTION PPO	2010 BASIC OPTION – In-Network Only
REFERRALS	Not Required	Not Required
PHYSICIAN CARE <ul style="list-style-type: none"> Diagnostic and treatment services provided in the office 	\$20 copayment per office visit for primary care provider; \$30 copayment per office visit for specialists 15%* of our allowance	\$25 copayment per office visit for primary care provider; \$35 copayment per office visit for specialists No copayment for lab and x-rays
PREVENTIVE CARE <ul style="list-style-type: none"> Adult routine physicals and preventive screenings Well child care (up to 22): Routine physical exams, routine hearing tests, labs, immunizations and related office visits 	New for 2010: Copay credit for annual physical \$20 copayment per office visit for primary care provider; No out-of-pocket expenses for covered preventive screenings \$30 copayment per office visit for specialists No out-of-pocket expenses for covered services	New for 2010: Copay credit for annual physical \$25 copayment per office visit for primary care provider \$35 copayment per office visit for specialists No out-of-pocket expenses for covered preventive screenings No out-of-pocket expenses for covered services
HOSPITAL CARE <ul style="list-style-type: none"> Inpatient Outpatient 	\$200 per admission 15%* of our allowance (no deductible for surgery)	\$150 per day up to \$750 per admission \$75 per day per facility (waived for covered diagnostic tests)
SURGERY <ul style="list-style-type: none"> Inpatient/Outpatient Physician Care 	15%* of our allowance	\$100 copayment per performing surgeon
MATERNITY CARE <ul style="list-style-type: none"> Inpatient/Outpatient hospital care (pre-certification is not required for normal delivery) Physician care including delivery and pre- and post-natal care 	No out-of-pocket expenses for covered services No out-of-pocket expenses for covered services	\$150 copayment per Inpatient admission No out-of-pocket expenses for Outpatient covered services No out-of-pocket expenses for covered services
EMERGENCY CARE <ul style="list-style-type: none"> Accidental Injury Medical Emergency 	Nothing for outpatient hospital and physician services within 72 hours; regular benefits thereafter Regular benefits for physician and hospital care*	\$75 copayment for emergency room care; \$30 copayment for urgent care Same as for accidental injury
PRESCRIPTION CARE 	All prescription drugs covered up to a 90-day supply Retail Pharmacy 30% coinsurance – Brand Name 20% coinsurance – Generic Mail Service No copayment – Generic (first 4 fills) \$10 copayment – Generic (additional fills) \$65 copayment – Brand Name (first 30 fills) \$50 copayment – Brand Name (additional fills)	All prescription drugs covered up to a 34-day supply Retail Pharmacy Only No Mail Service \$10 copayment – Generic \$35 copayment – Formulary Brand Name 50% coinsurance Non-Formulary Brand Name (\$45 minimum)
CHIROPRACTIC CARE	\$20 copayment per office visit; up to 12 spinal manipulations per calendar year	\$25 copayment per office visit; up to 20 spinal manipulations per calendar year
MENTAL HEALTH AND SUBSTANCE ABUSE CARE	\$20 copayment per office visit; \$200 per admission (prior approval required) \$30 copayment per office visit for specialists	\$25 copayment per office visit; \$150 per day up to \$750 per admission (prior approval required) \$35 copayment per office visit for specialists
DENTAL CARE	Limited Preventive, fillings and extractions	\$20 copayment per office visit Preventive care only
PROTECTION AGAINST CATASTROPHIC COSTS (your out-of-pocket maximum)	Member pays an out-of-pocket maximum of \$5,000 (PPO) or \$7,000 (combined PPO/Non-PPO) per contract year	Member pays an out-of-pocket maximum of \$5,000 per contract year

***Is subject to the calendar year deductible: \$300 per person or \$600 per family for 2010 Standard Option:** No deductible for 2010 Basic Option. If you use a Non-PPO physician or other health care professional under Standard Option, you generally pay any difference between our allowance and the billed amount, in addition to any share of our allowance shown in the table above. Basic Option does not provide benefits when you use Non-PPO providers.

Do not rely on this chart alone. This is a summary of the features of the Blue Cross and Blue Shield Service Benefit Plan. Before making a final decision, please read the plan's federal brochure (RI 71-005). All benefits are subject to the definitions, limitations and exclusions set forth in the federal brochure. For a contractual and complete description of the benefits available under the Service Benefit Plan, please refer to the 2010 Blue Cross and Blue Shield Service Benefit Plan brochure.

2010 Rates & Options



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STANDARD OPTION RATES		Non-Postal Premium		Postal Premium
2010	Code	BIWEEKLY Your Share	MONTHLY Your Share	BIWEEKLY Your Share
Self Only	104	\$80.81	\$175.08	\$57.53
Self & Family	105	\$185.06	\$400.97	\$132.83

BASIC OPTION RATES		Non-Postal Premium		Postal Premium
2010	Code	BIWEEKLY Your Share	MONTHLY Your Share	BIWEEKLY Your Share
Self Only	111	\$46.50	\$100.76	\$26.97
Self & Family	112	\$108.91	\$235.98	\$63.17

These rates do not apply to all enrollees. If you are in a special enrollment category, please refer to your special FEHB Guide or contact the agency which maintains your health benefits enrollment.

Standard Option

Basic Option

BlueCross BlueShield
Federal Employee Program

Government-Wide Service Benefit Plan

Member Name: **IM Sample**
Member ID: **R30048850**

Enrollment Code: **105**
Effective Date: **01/01/2006**

RxBIN: **61415**
RxPCN: **ABC1234567**
RxGrp: **65006500**

www.fepblue.org

BlueCross BlueShield
Federal Employee Program

Government-Wide Service Benefit Plan

Member Name: **IM Sample**
Member ID: **R30048852**

Enrollment Code: **112**
Effective Date: **01/01/2006**

RxBIN: **610415**
RxPCN: **ABC1234567**
RxGrp: **65006500**

www.fepblue.org

Blue is Stability

Vision Care Affinity Program
1-800-551-3337

Retail Pharmacy
1-800-624-5060

Mail Order Prescription
1-800-262-7890

Overseas

1-800-699-4337 (U.S./Puerto Rico only)
or call collect at: 1-804-673-1678 (all other countries)

For information about **Blue Health AssessmentSM** and **WalkingWorks[®]** visit www.fepblue.org