

Blue DirectSM Product Comparison

Services Received	Traditional PPO Plans		
	Blue Direct SM \$1,000	Blue Direct SM \$2,000	Blue Direct SM \$5,000
Deductible (In-network)	\$1,000/member \$3,000/family	\$2,000/member \$6,000/family	\$5,000/member \$15,000/family
Deductible (Out-of-network)	\$2,000/member \$6,000/family	\$3,000/member \$9,000/family	\$7,500/member \$22,500/family
Coinsurance (In-network)	20% to a max of \$3,000/member \$9,000/family	30% to a max of \$3,000/member \$9,000/family	20% to a max of \$1,000/member \$3,000/family
Coinsurance (Out-of-network)	40% to a max of \$4,000/member \$12,000/family	50% to a max of \$4,000/member \$12,000/family	50% to a max of \$1,000/member \$3,000/family
Covered Services	In-Network You Pay	In-Network You Pay	In-Network You Pay
Preventive Care Immunizations & Screenings Pap Smear, Mammogram, PSA Testing	Covered at 100%	Covered at 100%	Covered at 100%
Routine Physical Exams, Hearing and Vision Exams	\$20 per visit	\$40 per visit	Deductible & Coinsurance
Other Outpatient Care Medical Exams and Injections	\$20 per visit	\$40 per visit	Deductible & Coinsurance
Lab, X-ray, Ultrasound	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
CT & MRI scans	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Physical, Occupational & Speech Therapy	\$20 per visit	\$40 per visit	Deductible & Coinsurance
Outpatient & Ambulatory Surgery	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Care Semi-private Room & Board	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Physician Services, Surgery, Anesthesia, Lab, X-ray, CT & MRI scans, supplies & medications, Physical, Occupational & Speech Therapy ¹	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Skilled Nursing & Physical Rehab Facility (Limited to 100 inpatient days per member/year for each facility)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Services ER Physician, CT & MRI scans, medical supplies, etc.	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
ER Charge	\$100 per visit (Waived if admitted)	\$100 per visit (Waived if admitted)	Deductible & Coinsurance
Durable Medical Equipment (DME) (Limited to \$3,000 per member/year)	\$100 DME Deductible 30% Coinsurance	\$100 DME Deductible 30% Coinsurance	\$100 DME Deductible 30% Coinsurance
Mental Health & Substance Abuse² Outpatient Visit	\$20 per visit	\$40 per visit	Deductible & Coinsurance
Inpatient Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs \$100 Deductible per member per calendar year (Deductible does not apply to generic drugs.)	\$10/\$25/\$40 copay	\$10/\$25/\$40 copay	\$10/\$25/\$40 copay
Prescription Drug Maximum³	\$2,000 max/member	\$2,000 max/member	\$2,000 max/member
Lifetime Maximum Benefit³	\$2 million/member	\$2 million/member	\$2 million/member

¹ Physical, occupational and speech therapy limited to \$3,000 per member/year

² Inpatient and outpatient services subject to combined \$3,000 per member/year and \$10,000 per member/lifetime maximums

³ Stated maximums are applicable to in-network and out-of-network combined