PPOBlue

Description of Service	Network		Out-of-Network	
	PPOBlue pays	You pay[2]	PPOBlue pays	You pay[2]
Lifetime benefits	Up to $5,000,000		Up to $300,000	
Office visits	90%	10%	70%	30%
Diagnostic services	90%	10%	70%	30%
Ambulance service	90%	10%	70%	30%
Emergency Care	90%	10%	90%	10%
Inpatient hospital services	90%	10%	70% (Limited to 90 days per benefit period)	30% (100% after 90-day covered period)
Inpatient and outpatient surgery and medical services	90%	10%	70%	30%
Prescription drugs	90% ($50,000 contract year maximum)	10%	Not covered	100%
Maternity services	90%	10%	70%	30%
Therapy and rehabilitation services[3]	90%	10%	70%	30%
Spinal manipulations 10 visits per contact year combined in and out-of-network	90%	10%	70%	30%
Allergy extracts/injections	90%	10%	70%	30%
Preventive care Annual deductible does not apply to services listed below				
Routine annual physical exam	90%	10%	Not covered	100%
Routine annual gynecological exam and Pap smear	90%	10%	Not covered	100%
Immunizations Adult and pediatric	90%	10%	Not covered	100%
Mammographic screenings	90%	10%	Not covered	100%
Routine eye exams every 24 months	Not covered	100%	Not covered	100%
Individual (1 member per agreement)				
Deductible-individual		Choice of: $1,200; $2,600; $3,500		Choice of network deductible includes out-of-network benefits
Out-of-pocket maximum- individual		$1,000; $1,200; $1,500		$2,000; $2,400; $3,000
Family (2 or more family members per agreement)				
Deductible-family[6]		Choice of: $2,400; $5,200; $7,000		Choice of network deductible includes out-of-network benefits
Out-of-pocket maximum-family		$2,000; $2,400; $3,000		$4,000; $4,800; $6,000