

PRODUCT COMPARISON CHART

Participating Provider Coverage Shown¹

	NEW!		NEW!						
	SelectBlue [®]	SelectBlue Advantage SM	BlueChoice [®] Select	BlueValue [®]	BlueValue Advantage SM	BlueChoice [®] Value	Traditional Blue [®]	BasicBlue [®]	High Deductible Plan
Participating Providers	90% of Illinois doctors; more than 200 hospitals		BlueChoice [®] Network ²	90% of Illinois doctors; more than 200 hospitals		BlueChoice [®] Network ²	Use <u>any</u> doctor; more than 200 hospitals	Use <u>any</u> doctor; more than 200 hospitals	Use <u>any</u> doctor; more than 200 hospitals
Lifetime Benefit	\$5,000,000			\$5,000,000			\$5,000,000	\$5,000,000	\$5,000,000
Individual Deductible	\$0, \$250, \$500, \$1,000, \$2,500 or \$5,000	\$250, \$500, \$1,000, \$1,750, \$2,500 or \$5,000		\$250, \$500, \$1,000, \$2,500 or \$5,000	\$250, \$500, \$1,000, \$1,750, \$2,500 or \$5,000		\$250, \$500, \$1,000, \$2,500 or \$5,000	\$500, \$1,000 or \$2,500	\$2,250
Coverage Level	Choice of 100% or 80%	80%		Choice of 100% or 80%	80%		Choice of 100% or 80%	80%	100%
Individual Out-Of-Pocket Expense Limit	\$1,000	\$3,000		\$1,000	\$3,000		\$1,000	\$1,000	Limited to Deductible
Outpatient Physician Medical Services	100% after you pay \$20 doctor office visit copayment	100% after you pay \$30 doctor office visit copayment		100% or 80%	80%		80%	Not Covered — except for Emergency Care ONLY	100%
Outpatient Physician Surgical Services	100% or 80%	80%		100% or 80%	80%		80%	80%	100%
Well-Adult Care	100% after you pay \$20 doctor office visit copayment	100% after you pay \$30 doctor office visit copayment			Not Covered		Not Covered	Not Covered	Not Covered
Well-Child Care	100% after you pay \$20 doctor office visit copayment	100% after you pay \$30 doctor office visit copayment		100% or 80%	80%		80%	Not Covered	100%
Inpatient Physician Medical/Surgical Services	100% or 80%	80%		100% or 80%	80%		80%	80%	100%
Outpatient Hospital Services <i>Includes surgery</i>	100% or 80%	80%		100% or 80%	80%		100% or 80%	80%	100%
Outpatient Hospital Diagnostic Testing	100% or 80%	80%		100% or 80%	80%		100% or 80%	80% (as part of same day surgery and Emergency Care ONLY)	100%
Inpatient Hospital Services and Diagnostic Testing	100% or 80%	80%		100% or 80%	80%		100% or 80%	80%	100%
Outpatient Emergency Care (Physician and Hospital)	100%	80% after you pay \$75 copayment		100%	80% after you pay \$75 copayment		100%	80% after you pay \$125 copayment	100%
Mental Illness Treatment and Substance Abuse Rehabilitation Treatment									
• Inpatient Hospital Care	60% first 14 days 50% thereafter	60% first 14 days 50% thereafter		60% first 14 days 50% thereafter	60% first 14 days 50% thereafter		60% first 14 days 50% thereafter	Not Covered	Maximum lifetime benefit of \$25,000
• Inpatient Physician Care	100% or 80%	80%		100% or 80%	80%		80%	Not Covered	Inpatient care \$10,000 per calendar year
• Outpatient Hospital/Physician Care	50%	50%		50%	50%		50%	Not Covered	Outpatient care limited to \$1,000 per calendar year
Optional Maternity Coverage <i>When elected, maternity benefits will begin 365 days after the effective date of the maternity coverage.</i>	100% or 80%	80%		100% or 80%	80%		Physician Covered Services: 80% Hospital Covered Services: 100% or 80%	Not Available	100%
Outpatient Prescription Drugs	\$0, \$250 and \$500 Deductible Plans Drug Card ONLY: w/\$0 copayment for generics	\$250 and \$500 Deductible Plans Drug Card ONLY: w/\$10 copayment for generics			80%		80%	Not Covered	100%
	\$1,000, \$2,500 and \$5,000 Deductible Plans ONLY:	\$1,000, \$1,750, \$2,500 and \$5,000 Deductible Plans ONLY:							
	80%	80%							

¹ Benefits reduced when non-participating providers are used. This is a summary of highlights only. Please refer to the Outline of Coverage for each plan for additional details.

² BlueChoice provides you with access to contracting providers.

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