



# Options Blue<sup>SM</sup> plan highlights

	Options Blue 80		Options Blue 100	
<b>In-network plan features</b>				
<b>Calendar-year deductible options</b> Family deductible can be met by any combination of family members and must be met before any benefits are paid (combines medical and drug expenses) <b>Choose one option.</b>	(a) \$1,300/single (b) \$2,000/single	(a) \$2,600/family (b) \$4,000/family	(a) \$2,500/single (b) \$3,500/single (c) \$4,500/single (d) \$5,800/single	(a) \$5,000/family (b) \$7,000/family (c) \$9,000/family (d) \$11,600/family
<b>Out-of-pocket (OOP) maximum</b> After this amount is reached, your plan pays 100% of covered expenses (combines medical and drug expenses)	(a) \$2,600/single (b) \$4,000/single	(a) \$5,200/family (b) \$8,000/family	(a) \$2,500/single (b) \$3,500/single (c) \$4,500/single (d) \$5,800/single	(a) \$5,000/family (b) \$7,000/family (c) \$9,000/family (d) \$11,600/family
<b>Coinsurance</b> Percentage that you pay after deductible	You pay 20% after deductible		You pay 0% after deductible	
<b>Lifetime maximum</b>	Unlimited		Unlimited	
<b>In-network benefits</b>				
<b>Prescription drugs (GenRx formulary)</b> 31-day supply. 90-day supply available through 90dayRx program at participating retail pharmacies or by PrimeMail <sup>1</sup>	<b>Covered</b> You pay 20% after deductible for all formulary drugs		<b>Covered</b> You pay 0% after deductible for all formulary drugs	
<b>Physician services</b> • Office or urgent care visits for illness or injury  • Retail health clinic	<b>Covered</b> • You pay 20% after deductible  • You pay 20% after deductible		<b>Covered</b> • You pay 0% after deductible  • You pay 0% after deductible	
<b>Inpatient/outpatient lab and diagnostic imaging/X-ray services</b>	<b>Covered</b> You pay 20% after deductible		<b>Covered</b> You pay 0% after deductible	
<b>Emergency room care</b>				
<b>Inpatient/outpatient hospital services</b>				
<b>Ambulance</b>				
<b>Medical supplies</b>				
<b>Chiropractic care</b> Maximum of 15 services per person per calendar year				
<b>Occupational, physical, speech therapy</b>				
<b>Home health care</b> Maximum of 180 visits per person per calendar year				
<b>Preventive care</b>	You pay 0% (no deductible)		You pay 0% (no deductible)	
<b>Maternity labor, delivery, post-delivery care and maternity complications</b>	First 90 days: No coverage 91st day and after: You pay 20% after deductible		First 90 days: No coverage 91st day and after: You pay 0% after deductible	

When you choose a network provider you will receive the highest benefit levels and the lowest out-of-pocket costs. If you receive services from a nonparticipating provider, you will be responsible for: any deductibles or coinsurance plus the DIFFERENCE between what Blue Cross would reimburse for the nonparticipating provider and the actual charges the nonparticipating provider bills. This difference does not apply to your out-of-pocket maximum. This is in addition to any applicable deductible, copay, or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.

**This is only a summary.** Your contract will provide a detailed description of what is and is not covered. Services not covered include custodial care or rest cures, bariatric surgery, infertility, intensive behavioral therapy programs for treatment of autism spectrum disorders, eyewear, dental services, services that are experimental, not medically necessary or received while on military duty. Preexisting conditions you had during the six months before your enrollment date are not covered except for children under age 19. This limit applies for 12 months. Prior continuous coverage without a gap in coverage greater than 63 days counts toward reducing the 12-month period.

Consumer Price Index: Deductible, copays, and out-of-pocket maximums are subject to adjustments at our annual renewal.

<sup>1</sup>PrimeMail is a mail-service pharmacy owned and operated by Prime Therapeutics LLC, an independent company providing pharmacy benefit management services.

## Options Blue 80/100 Monthly Rates Single Plans – Accord Network

Preferred rates – without substance abuse coverage

Coinsurance	80/20%		100/0%			
	Deductible	\$1,300	\$2,000	\$2,500	\$3,500	\$4,500
<b>Subscriber Age</b>						
19 – 29	\$177.00	\$144.50	\$163.50	\$135.00	\$122.50	\$110.50
30 – 34	\$194.50	\$158.50	\$179.50	\$148.00	\$134.50	\$121.50
35 – 39	\$202.00	\$164.50	\$186.00	\$153.50	\$140.00	\$126.00
40 – 44	\$224.50	\$183.50	\$207.50	\$171.00	\$155.50	\$140.00
45 – 49	\$277.50	\$226.00	\$256.00	\$211.00	\$192.00	\$173.00
50 – 54	\$363.50	\$296.50	\$335.00	\$276.50	\$251.50	\$226.50
55 – 59	\$456.50	\$372.50	\$421.00	\$347.50	\$316.50	\$285.00
60 – 64	\$503.00	\$410.00	\$464.00	\$383.00	\$348.50	\$313.50

## Options Blue 80/100 Monthly Rates Family Plans – Accord Network

Preferred rates – without substance abuse coverage

Coinsurance	80/20%		100/0%			
	Deductible	\$2,600	\$4,000	\$5,000	\$7,000	\$9,000
<b>Subscriber/Spouse age</b>						
19 – 29	\$177.50	\$143.00	\$163.00	\$132.50	\$119.00	\$104.00
30 – 34	\$195.00	\$157.50	\$179.00	\$146.00	\$131.00	\$114.50
35 – 39	\$202.50	\$163.50	\$186.00	\$151.50	\$136.00	\$119.00
40 – 44	\$225.50	\$182.00	\$207.00	\$168.50	\$151.50	\$132.50
45 – 49	\$278.00	\$224.50	\$255.50	\$208.00	\$186.50	\$163.50
50 – 54	\$364.50	\$294.00	\$334.50	\$272.50	\$244.50	\$214.00
55 – 59	\$458.00	\$369.50	\$420.50	\$342.50	\$307.50	\$269.00
60 – 64	\$504.50	\$407.00	\$463.00	\$377.00	\$338.50	\$296.00
<b>Dependent Children to Age 26</b>						
1 child	\$157.50	\$127.00	\$144.50	\$117.50	\$105.50	\$92.50
2 children	\$315.00	\$254.00	\$289.00	\$235.00	\$211.00	\$185.00
3 or more children	\$472.50	\$381.00	\$433.50	\$352.50	\$316.50	\$277.50

## Single Plans – Accord Network

Preferred rates – including substance abuse coverage

Coinsurance	80/20%		100/0%			
	Deductible	\$1,300	\$2,000	\$2,500	\$3,500	\$4,500
<b>Subscriber Age</b>						
19 – 29	\$182.50	\$148.50	\$168.00	\$139.00	\$126.50	\$113.50
30 – 34	\$200.50	\$163.50	\$185.00	\$152.50	\$139.00	\$125.00
35 – 39	\$208.00	\$169.50	\$192.00	\$158.50	\$144.00	\$129.50
40 – 44	\$231.50	\$189.00	\$213.50	\$176.00	\$160.50	\$144.50
45 – 49	\$285.50	\$233.00	\$263.50	\$217.50	\$198.00	\$178.00
50 – 54	\$374.00	\$305.00	\$345.00	\$285.00	\$259.00	\$233.50
55 – 59	\$470.50	\$383.50	\$434.00	\$358.00	\$326.00	\$293.50
60 – 64	\$518.00	\$422.50	\$478.00	\$394.50	\$359.00	\$323.00

## Family Plans – Accord Network

Preferred rates – including substance abuse coverage

Coinsurance	80/20%		100/0%			
	Deductible	\$2,600	\$4,000	\$5,000	\$7,000	\$9,000
<b>Subscriber/Spouse age</b>						
19 – 29	\$183.00	\$147.50	\$168.00	\$136.50	\$122.50	\$107.50
30 – 34	\$201.00	\$162.00	\$184.50	\$150.00	\$135.00	\$118.00
35 – 39	\$208.50	\$168.00	\$191.50	\$156.00	\$140.00	\$122.50
40 – 44	\$232.00	\$187.50	\$213.00	\$173.50	\$156.00	\$136.50
45 – 49	\$286.50	\$231.00	\$263.00	\$214.00	\$192.50	\$168.00
50 – 54	\$375.50	\$303.00	\$344.50	\$280.50	\$252.00	\$220.50
55 – 59	\$471.50	\$380.50	\$433.00	\$352.50	\$316.50	\$277.00
60 – 64	\$519.50	\$419.00	\$477.00	\$388.50	\$348.50	\$305.00
<b>Dependent Children to Age 26</b>						
1 child	\$162.00	\$131.00	\$149.00	\$121.50	\$109.00	\$95.00
2 children	\$324.00	\$262.00	\$298.00	\$243.00	\$218.00	\$190.00
3 or more children	\$486.00	\$393.00	\$447.00	\$364.50	\$327.00	\$285.00

These rates are effective September 23, 2010 through March 31, 2011. Each adult subscriber must select a rate based on his or her age.

These tables show preferred rates. Standard rates, which are 30% higher, will be offered to users of tobacco or smokeless tobacco as well as individuals with other health factors.