



The Blue Select plans featured in this outline of coverage have varying benefits. You may select one of the plans below:

	\$500	\$1,000	\$1,500	\$2,500	\$5,000
Deductible					
Single	\$ 500	\$1,000	\$1,500	\$2,500	\$ 5,000
Two-Person	\$1,000	\$2,000	\$3,000	\$5,000	\$10,000
Family	\$1,500	\$3,000	\$4,500	\$7,500	\$15,000
Coinsurance - You Pay					
Select Providers	10%	15%	20%	20%	20%
Non-Select Providers	20%	25%	40%	40%	40%
Out-Of-Pocket Maximum					
Single	\$1,500	\$2,000	\$2,500	\$3,500	\$ 6,000
Two-Person	\$3,000	\$4,000	\$5,000	\$7,000	\$12,000
Family	\$4,500	\$6,000	\$7,500	\$10,500	\$18,000
Office Copayment - You Pay	\$10	\$15	\$20	\$20	\$20
Preventive	Yes	No	Yes	Yes	Yes
Maternity	Yes	Yes	Yes	*No	*No
Mental Health Treatment	Yes	Yes	Yes	Yes	Yes
Alcohol/Chemical Dependency Treatment	**Yes	**Yes	**Yes	Inpatient Only Covered	
Prescription Drugs - Covered on all Blue Select Plans subject to the same deductible as any other covered service. The coinsurance is that for non-Select providers.					

*Complications only are covered by these plans.

**Covered subject to limitations shown on page 4.