

BENEFITS OVERVIEW

SelectBlue & SelectBlue Advantage

BENEFIT	SelectBlue	SelectBlue Advantage
	Participating Provider Coverage ¹	Participating Provider Coverage ¹
Provider Network	90% of Illinois doctors and more than 200 hospitals	
Lifetime Benefit	\$5,000,000	
Individual Deductible	\$0, \$250, \$500, \$1,000, \$2,500 or \$5,000 ²	\$250, \$500, \$1,000, \$1,750, \$2,500 or \$5,000 ²
Individual Out-of-Pocket Expense Limit	\$1,000	\$3,000
Office Visits and Outpatient Physician Services	100% after you pay \$20 copay ^{2,3} per visit (Deductible does not apply)	100% after you pay \$30 copay ^{2,3} per visit (Deductible does not apply)
Hospital Services		
<ul style="list-style-type: none"> • Inpatient Physician Services 	100% or 80%	80%
<ul style="list-style-type: none"> • Outpatient Services Includes surgery and pre-admission testing 	100% or 80%	80%
<ul style="list-style-type: none"> • Inpatient Services Includes semi-private room and board, pre-admission testing, prescription drugs and more 	100% or 80%	80%
<ul style="list-style-type: none"> • Inpatient/Outpatient Diagnostic Testing Includes X-rays, lab tests, EKGs, ECGs, pathology services, pulmonary function studies and more 	100% or 80%	80%
Well-Adult Care From age 16. Covers services associated with both an annual physical exam and an annual gynecological exam. Includes immunizations and routine diagnostic tests received or ordered on the same day as part of the exam. (\$500 calendar year maximum per person)	100% after you pay \$20 copay ² per visit (Deductible does not apply)	100% after you pay \$30 copay ² per visit (Deductible does not apply)
Well-Child Care To age 16. Includes immunizations, physical exams and routine diagnostic tests. (\$500 per calendar year maximum)	100% after you pay \$20 copay ² per visit (Deductible does not apply)	100% after you pay \$30 copay ² per visit (Deductible does not apply)
Outpatient Emergency Care Includes covered services received in a hospital or a physician's office	100% (Deductible does not apply)	80% after \$75 copayment per visit (Deductible does not apply)
Physical, Occupational or Speech Therapist (\$3,000 per therapy, per calendar year maximum)	100% or 80% ²	80% ²

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Outpatient Prescription Drugs	\$0⁴, \$250 and \$500 Deductible plans ONLY <ul style="list-style-type: none"> • Generic100% (after \$10 copayment) • Brand formulary65%² • Brand non-formulary50%² Home delivery: Up to a 90-day supply of maintenance drugs is available through home delivery and is subject to a \$300 maximum per prescription	
	\$1,000, \$1,750⁵, \$2,500 and \$5,000 Deductible plans ONLY Covered at 80% after your deductible	
Mental Illness Treatment and Substance Abuse Rehabilitation Treatment⁶		
Inpatient Care (30 Inpatient Hospital days per calendar year)		
• Physician	100% or 80% ²	80% ²
• Hospital — First 14 days		60% ²
Thereafter		50% ²
Outpatient Care (30 visits per calendar year combined annual maximum and 100 visits per lifetime maximum)		
• Physician and Hospital		50% ²
Optional Maternity Coverage Inpatient/Outpatient Hospital Services and Physician Medical/Surgical Services <i>When elected, maternity benefits will begin 365 days after the effective date of the maternity coverage</i>	100% or 80%	80%

¹ Benefits are reduced when non-participating providers are used.

² Does not apply to out-of-pocket expense limit.

³ Services not billed as part of the office visit by your physician on the same day are subject to your deductible and coinsurance. These might include, but are not limited to outpatient lab tests. Outpatient surgery, therapy and certain diagnostic services (including MRI, CT scan, pulmonary function studies, cardiac catheterization, EEG, EKG, ECG and swan ganz catheterization) are not covered by the copayment and instead are covered subject to the plan's deductible and coinsurance.

⁴ SelectBlue only

⁵ SelectBlue Advantage only

⁶ In order to receive benefits for Substance Abuse Care (other than alcoholism), the treatment program must be approved by Blue Cross and Blue Shield of Illinois. Contact the Mental Health Unit for additional details.

Maximizing Your Benefits Can Be Just a Phone Call Away!

Blue Cross and Blue Shield of Illinois wants to make sure you get the maximum coverage and the most appropriate care. That's why our health insurance plans include the services of two units of health professionals. They're called the Mental Health Unit and the Medical Services Advisory (MSA®). By calling one of these units whenever you need mental health and substance abuse services, or if you find yourself receiving treatment at an out-of-network hospital, you're assured of maximum benefits and the very best health care.