



Personal Choice® High Deductible Health Plan Options

All services subject to deductible except where noted

SERVICE	HD1-HC1	HD1-HC2	HD2-HC1	HD2-HC2	HD3-HC1	HD3-HC2	HD4-HC1	HD4-HC2	Out-of-Network
Deductible ¹	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,500/\$5,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000	\$5,000/\$10,000
Coinsurance	100%	80%	100%	80%	100%	80%	100%	80%	50%
Out-of-Pocket Maximum ¹	\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000	\$10,000/\$20,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	\$500,000
Primary Care Office Visit	100%	80%	100%	80%	100%	80%	100%	80%	50%
OB-GYN Office Visit	100%	80%	100%	80%	100%	80%	100%	80%	50%
Specialist Office Visit	100%	80%	100%	80%	100%	80%	100%	80%	50%
Physical and Occupational Therapy combined 30 visits per calendar year ²	100%	80%	100%	80%	100%	80%	100%	80%	50%
Spinal Manipulations 20 visits per calendar year ²	100%	80%	100%	80%	100%	80%	100%	80%	50%
Speech Therapy 20 visits per calendar year ²	100%	80%	100%	80%	100%	80%	100%	80%	50%
Cardiac Rehab 36 sessions per calendar year ²	100%	80%	100%	80%	100%	80%	100%	80%	50%
Pulmonary Rehab 36 sessions per calendar year ²	100%	80%	100%	80%	100%	80%	100%	80%	50%
Orthoptic/Pleoptic Therapy 8 sessions per lifetime ²	100%	80%	100%	80%	100%	80%	100%	80%	50%
Outpatient Laboratory/Pathology (outpatient facility & lab)	100%	80%	100%	80%	100%	80%	100%	80%	50%
Outpatient X-Ray/Radiology/Diagnostic Services Routine Radiology/Diagnostic MRI/MRA, CT/CTA Scan/PET Scan	100% 100%	80% 80%	100% 100%	80% 80%	100% 100%	80% 80%	100% 100%	80% 80%	50% 50%
Outpatient Mental Health 20 visits per calendar year ²	100%	80%	100%	80%	100%	80%	100%	80%	50%
Outpatient Substance Abuse 60 visits per calendar year ² 120 visits per lifetime maximum ²	100%	80%	100%	80%	100%	80%	100%	80%	50%
Outpatient Serious Mental Illness 60 visits per calendar year ²	100%	80%	100%	80%	100%	80%	100%	80%	50%
Preventive Visits (Pediatric and Adult)	\$20 Copay, NO deductible	\$20 Copay, NO deductible	\$20 Copay, NO deductible	\$20 Copay, NO deductible	\$20 Copay, NO deductible	\$20 Copay, NO deductible	\$20 Copay, NO deductible	\$20 Copay, NO deductible	50%, NO deductible
Routine Gyn Exam/Pap 1 per calendar year regardless of age ²	\$20 Copay, NO deductible	\$20 Copay, NO deductible	\$20 Copay, NO deductible	\$20 Copay, NO deductible	\$20 Copay, NO deductible	\$20 Copay, NO deductible	\$20 Copay, NO deductible	\$20 Copay, NO deductible	50%, NO deductible
Mammography	100%, NO deductible	100%, NO deductible	100%, NO deductible	100%, NO deductible	100%, NO deductible	100%, NO deductible	100%, NO deductible	100%, NO deductible	50%, NO deductible
Nutrition Counseling for Weight Management 6 visits per calendar year ²	100%, NO deductible	100%, NO deductible	100%, NO deductible	100%, NO deductible	100%, NO deductible	100%, NO deductible	100%, NO deductible	100%, NO deductible	50%, after deductible
Pediatric Immunizations	100%, NO deductible	100%, NO deductible	100%, NO deductible	100%, NO deductible	100%, NO deductible	100%, NO deductible	100%, NO deductible	100%, NO deductible	50%, NO deductible

Pre-authorization is required for certain services. For details please refer to your group contract. Personal Choice members may be held responsible for financial penalties if they do not pre-authorize services when using a BlueCard® PPO provider, or an out-of-network provider. Members will be subject to 20% reduction in benefits if prior approval is not obtained for inpatient/outpatient treatment services for PPO out-of-network.

1 Single deductible and out-of-pocket maximum apply when an individual is enrolled without dependents. Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Prior to benefits being paid, the entire family deductible must be met. Please note: Out-of-Pocket Maximums represent the 2007 amounts. These amounts may be adjusted annually on January 1, to correspond with changes by the Treasury Department.

2 Combined In/out-of-network



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SERVICE	HD1-HC1	HD1-HC2	HD2-HC1	HD2-HC2	HD3-HC1	HD3-HC2	HD4-HC1	HD4-HC2	Out-of-Network
Injectable Medications									
Standard injectables (ex. steroids, antibiotics)	100%	80%	100%	80%	100%	80%	100%	80%	50%
Biotech/Specialty injectables	100%	80%	100%	80%	100%	80%	100%	80%	
Maternity 1st Visit	100%	80%	100%	80%	100%	80%	100%	80%	50%
Chemotherapy/Radiation/Infusion Therapy (pre-authorization required for Infusion Therapy)	100%	80%	100%	80%	100%	80%	100%	80%	50%
Hospital Inpatient Unlimited days in-network	100%	80%	100%	80%	100%	80%	100%	80%	50%, 70 days
Outpatient Surgery	100%	80%	100%	80%	100%	80%	100%	80%	50%
Anesthesia	100%	80%	100%	80%	100%	80%	100%	80%	50%
Surgeon/Assistant Surgeon	100%	80%	100%	80%	100%	80%	100%	80%	50%
Skilled Nursing Facility 120 days per calendar year ²	100%	80%	100%	80%	100%	80%	100%	80%	50%
Home Health Care	100%	80%	100%	80%	100%	80%	100%	80%	50%
Hospice	100%	80%	100%	80%	100%	80%	100%	80%	50%
Inpatient Mental Health 30 days per calendar year ²	100%	80%	100%	80%	100%	80%	100%	80%	50%
Detoxification Substance Abuse 7 days per admission 4 admissions per lifetime maximum ²	100%	80%	100%	80%	100%	80%	100%	80%	50%
Inpatient Substance Abuse 30 days per calendar year ² 90 days per lifetime maximum ²	100%	80%	100%	80%	100%	80%	100%	80%	50%
Inpatient Serious Mental Illness 30 days per calendar year ²	100%	80%	100%	80%	100%	80%	100%	80%	50%
Emergency Room	100%	80%	100%	80%	100%	80%	100%	80%	Covered at In-Network Level
Ambulance Transport (elective non-emergency)	100%	80%	100%	80%	100%	80%	100%	80%	50%
Dialysis	100%	80%	100%	80%	100%	80%	100%	80%	50%
Outpatient Private Duty Nursing 360 hours per calendar year ²	100%	80%	100%	80%	100%	80%	100%	80%	50%
Durable Medical Equipment	100%	80%	100%	80%	100%	80%	100%	80%	50%; \$2,500 benefit maximum per calendar year
Prosthetics and Orthotics	100%	80%	100%	80%	100%	80%	100%	80%	50%
Prescription Drug (OPTIONAL)	\$5/\$20/\$45, after deductible								50% after deductible

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