

2007 Comparison of Benefits

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Blue Choice 25 only available to Full/Part Time employees or employees on probation.

| SERVICES | BLUE CHOICE SELECT | BLUE CHOICE VALUE | Blue Choice 25 |
|-------------------------------------|---|---|---|
| NETWORK | 3,200 physicians All Hospitals within 6 Counties | 3,200 physicians All Hospitals within 6 Counties | 3,200 physicians All Hospitals within 6 Counties |
| DESCRIPTION | With Blue Choice you get the quality coverage you want and the value you need. Like low-cost doctor visits, a wide choice of doctors and specialists, and access to all local hospitals. You also receive discounts on the services that encourage you to develop a healthy lifestyle. It all adds up to the kind of health care value that makes a difference. You can rest easy knowing that you've left nothing to chance. | With Blue Choice you get the quality coverage you want and the value you need. Like low-cost doctor visits, a wide choice of doctors and specialists, and access to all local hospitals. You also receive discounts on the services that encourage you to develop a healthy lifestyle. It all adds up to the kind of health care value that makes a difference. You can rest easy knowing that you've left nothing to chance. | With Blue Choice you get the quality coverage you want and the value you need. Like low-cost doctor visits, a wide choice of doctors and specialists, and access to all local hospitals. You also receive discounts on the services that encourage you to develop a healthy lifestyle. It all adds up to the kind of health care value that makes a difference. You can rest easy knowing that you've left nothing to chance. |
| HOSPITAL INPATIENT SERVICES | | | |
| Hospital Services | Covered in full for unlimited days of semi-private accommodations and all medically necessary services for acute care. Private room covered when medically necessary and authorized in advance by the Blue Choice Medical Director. | \$100 copayment per admission for unlimited days of semi-private accommodations and all medically necessary services for acute care. Private room covered when medically necessary and authorized in advance by the Blue Choice Medical Director. | \$500 copayment per admission for unlimited days of semi-private accommodations and all medically necessary services for acute care. Private room covered when medically necessary and authorized by the Blue Choice Medical Director. |
| Inpatient Physical Rehabilitation | Covered in Full for 60 Days | \$100 copayment for 60 days | No coverage. |
| HOSPITAL OUTPATIENT SERVICES | | | |
| Diagnostic X-Ray | \$15 Copayment per visit | \$20 copayment per visit | \$40 copayment per visit. |
| Diagnostic Laboratory and Pathology | Covered in full | Covered in full | \$25 copayment per visit |
| Surgical Care | \$15 Physician copayment per visit | Facility: \$50 copayment per visit Physician: \$20 copayment per visit | Facility: \$75 copayment Physician: 20% coinsurance or \$200 copayment whichever is less. |
| Pre-admission Testing | Covered in Full | Covered in Full | Covered in full. |
| Routine Mammography | \$15 copayment per visit | \$20 copayment per visit | \$25 copayment per visit. |
| Routine Cervical Cancer Screening | \$15 copayment per visit, lab is covered in full | \$20 copayment per visit, lab is covered in full | \$25 copayment per visit. |
| Prostrate Cancer Screening | \$15 copayment per visit, lab is covered in full | \$20 copayment per visit, lab is covered in full | \$25 copayment per visit. |
| Chemotherapy | Covered in full. | \$20 copayment per visit | \$25 copayment per visit. |
| Radiation Therapy | Covered in full. | \$20 copayment per visit | \$25 copayment per visit. |
| Kidney Dialysis | Covered in full. | \$20 copayment per visit | \$25 copayment per visit. |
| EMERGENCY SERVICES | | | |
| Emergency Care | \$50 copayment per visit for emergency medical conditions unless admitted within 24 hours | \$50 copayment per visit for emergency medical conditions unless admitted within 24 hours | \$100 copayment per visit for emergency medical condition unless admitted within 24 hours. |

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| SERVICES | BLUE CHOICE SELECT | BLUE CHOICE VALUE | Blue Choice 25 | | |
|--|---------------------------|---|---|---|---------------------------|
| PHYSICIANS SERVICES | Freestanding Urgent Care | \$25 copayment per visit | \$25 copayment per visit | \$35 copayment per visit. | |
| | Ambulance | \$25 copayment | \$50 copayment | \$100 copayment. | |
| | <i>Hospital Inpatient</i> | | | | |
| | Physician Visits | Covered in full. | Covered in full. | Covered in full. | |
| | Surgery | Covered in full. | 20% coinsurance or \$100 copayment, whichever is less. | 20% coinsurance or \$200 copayment, whichever is less. | |
| | Anesthesia | Covered in full. | Covered in full. | Covered in full. | |
| | <i>Physician's Office</i> | | | | |
| | Diagnostic Office Visit | \$15 copayment per visit. \$5 copayment per visit for PCP visits and treatments for sick children to age 5. | \$20 copayment per visit to PCP. \$20 copayment per visit to specialist. | PCP: \$25 copayment per visit. Specialist: \$40 copayment per visit. | |
| | Well Child Visits | Covered in full, including immunizations, laboratory and other services ordered at the time of the visit, according to the American Academy of Pediatrics recommended schedule. | Covered in full, including immunizations, laboratory and other services ordered at the time of the visit, according to the American Academy of Pediatrics recommended schedule. | Covered in full, including immunizations, laboratory and other services ordered at the time of the visit, according to the American Academy of Pediatrics recommended schedule. | |
| | Routine Adult Physicals | \$15 copayment per visit according to the National Medical Specialty recommended schedule. | \$20 copayment per visit according to the National Medical Specialty recommended schedule. | \$25 copayment per visit according to the National Medical Specialty recommended schedule. | |
| | Allergy Tests | \$15 copayment per visit. | \$20 copayment per visit. | PCP: 25 copayment per visit. Specialist: \$40 copayment per visit. | |
| | Allergy Injections | \$15 copayment per visit. | \$20 copayment per visit. | PCP: \$25 copayment per visit. Specialist: \$40 per copayment. | |
| | MATERNITY | Chemotherapy | Covered in full. | \$20 copayment per visit. | \$25 copayment per visit. |
| Radiation Therapy | | Covered in full. | \$20 copayment per visit. | \$25 copayment per visit. | |
| Diagnostic Laboratory and Pathology | | Covered in full. | Covered in full. | \$25 copayment per visit. | |
| Diagnostic X-ray | | \$15 copayment per visit. | \$20 copayment per visit. | \$40 copayment per visit. | |
| Prenatal/Postnatal Office Visits | | \$5 copayment for the first 10 visits, remainder covered in full. | \$5 copayment for the first 10 visits, remainder covered in full. | \$25 copayment for the first 10 visits, remainder covered in full. | |
| Hospital Charges for Mother | | Covered in full. | \$100 copayment per admission. | \$500 copayment per admission. | |
| Physician Charges for Mother | | \$5 copayment | Delivery - 20% coinsurance or \$100 copayment, whichever is less | Delivery - 20% coinsurance or \$200 copayment, whichever is less. | |
| Newborn Nursery Care | | Covered in full, including physician charges | Covered in full, including physician charges | Covered in full, including physician charges. | |
| PSYCHIATRIC and CHEMICAL DEPENDENCE | | | | | |
| | | | | | |

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| SERVICES | BLUE CHOICE SELECT | BLUE CHOICE VALUE | Blue Choice 25 |
|--|---|---|--|
| <i>Inpatient</i> | | | |
| Acute Psychiatric | Covered in full for up to 30 days of hospital and physician care per member per calendar year. | \$100 copayment per admission for up to 30 days of hospital and physician care per member per calendar year. | No Coverage |
| Chemical Dependence | Covered in full for up to 7 days of hospital and physician care per member per calendar year for detoxification only. Admissions for rehabilitation are not covered. | \$100 copayment per admission for up to 7 days of hospital and physician care per member per calendar year for detoxification only. Admissions for rehabilitation are not covered. | No Coverage |
| PSYCHIATRIC and CHEMICAL DEPENDENCE (Cont.) | | | |
| <i>Outpatient</i> | | | |
| Acute Psychiatric | Covered at 50% for up to 20 visits per member per calendar year. No coverage for ongoing psychotherapy, psychoanalysis, marital or family counseling or group therapy. | Covered at 50% for up to 20 visits per member per calendar year. No coverage for ongoing psychotherapy, psychoanalysis, marital or family counseling or group therapy. | No Coverage |
| Chemical Dependence | \$15 copayment per visit for up to 60 visits per member per calendar year. | \$20 copayment per visit for up to 60 visits per member per calendar year. | \$25 copayment per visit for up to 60 visits per member per calendar year. |
| OTHER SERVICES | | | |
| Skilled Nursing Facility | Covered in full for up to 120 days per admission in semi-private accommodations and all medically necessary services. 360 days lifetime maximum. Custodial care is not covered. | \$100 copayment per admission for up to 120 days per admission in semi-private accommodations and all medically necessary services. 360 days lifetime maximum. Custodial care is not covered. Copayment is waived if member is admitted directly from hospital admission. | \$500 copayment per admission for up to 45 days in semi-private accommodations and all medically necessary services. 360 days lifetime maximum. Custodial care is not covered. Copayment is waived if member is admitted directly from a hospital admission. |
| Home Care | Covered in full for unlimited days when arranged by Blue Choice Physician and approved by Blue Choice Medical Director. | Covered in full for unlimited days when arranged by Blue Choice Physician and approved by Blue Choice Medical Director. | Covered in full up to 40 visits per calendar year when arranged by a Blue Choice Physician and approved by the Blue Choice Medical Director. |
| Hospice | Covered in full when arranged by a Blue Choice Physician and approved by the Blue Choice Medical Director | Covered in full when arranged by a Blue Choice Physician and approved by the Blue Choice Medical Director | No Coverage. |
| Physical, Speech and Occupational Therapy | \$15 copayment per visit for up to a combined 45 visit maximum on physical, speech, occupational and respiratory therapy per member per calendar year. | \$20 copayment per visit for up to a combined 45 visit maximum on physical, speech, occupational and respiratory therapy per member per calendar year. | \$40 copayment per visit for up to a combined 30 visits maximum on physical speech, occupational and respiratory therapy per member per calendar year. |
| Respiratory Therapy | \$15 copayment per visit for up to a combined 45 visit maximum on physical, speech, occupational and respiratory therapy per member per calendar year. | \$20 copayment per visit for up to a combined 45 visit maximum on physical, speech, occupational and respiratory therapy per member per calendar year. | See above. |
| Cardiac | \$15 copayment per visit. | \$20 copayment per visit. | \$40 copayment per visit. |
| Diabetic Supplies | \$15 copayment for a one-month supply. | \$20 copayment for a one-month supply. | \$25 copayment for a one-month supply. |
| Chiropractic Services | \$15 copayment per visit. | \$20 copayment per visit. | \$40 copayment per visit. |
| Hearing Evaluations | \$15 copayment per visit to a specialist. | \$20 copayment per visit to a specialist. | |
| Hearing Aids | \$600 once every 3 years for children age 19 when authorized by you Primary Care Primary Care Physicians and purchased from a participating provider. | \$600 once every 3 years for children age 19 when authorized by you Primary Care Primary Care Physicians and purchased from a participating provider. | \$600 once every 3 years for children to age 19 |
| Second Surgical Opinion | Covered in full. | Covered in full. | |

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| SERVICES | BLUE CHOICE SELECT | BLUE CHOICE VALUE | Blue Choice 25 |
|--|--|---|------------------|
| Durable Medical Equipment (DME) | Standard equipment covered at 80% when purchased from participating provider. No coverage if purchased from a non-participating provider. | Standard equipment covered at 50% when purchased from participating provider. No coverage if purchased from a non-participating provider. | No Coverage. |
| Internal Prosthetics | Covered in full. | Covered in full. | Covered in full. |
| External Prosthetics | Standard equipment covered at 80%, up to \$15,000 per member per calendar year. | Standard equipment covered at 50%, up to \$15,000 per member per calendar year. | No coverage. |
| Elective Sterilization | \$15 copayment per visit. | Physician: \$20 Facility: \$50 copayment per visit | |
| PRESCRIPTION DRUGS | <p>Prescription drugs, short term and maintenance, are covered under the following copayments for 30 day supply up to a maximum of 90 days per prescription at participating retail pharmacies and through Express Scripts, Inc. Mail Order Service. Contraceptives included.</p> <p>Retail and Mail Order</p> <p>Tier 1: \$5 copayment</p> <p>Tier 2: \$20 copayment</p> <p>Tier 3: \$35 copayment</p> <p>Tier 1: generic drugs that are available from multiple drug manufacturers and are less expensive than brand name equivalents. Tier 2: brand name drugs that are generally less expensive than other brand name drugs to treat the same condition. Tier 3: higher-cost brand name drugs, including new drugs pending review.</p> <p>Generic Advantage Program for Maximum Allowable Cost (MAC) In case of certain brand name drugs, where there is an FDA-approved generic available, your benefit will be based on the generic drug's cost. If you choose the brand name drug, you will have to pay the difference, plus any applicable copayments. If your prescription does not have an approved generic substitute, your benefit will not be affected.</p> | <p>Prescription drugs, short term and maintenance, are covered under the following copayments for 30 day supply up to a maximum of 90 days per prescription at participating retail pharmacies and through Express Scripts, Inc. Mail Order Service. Contraceptives included.</p> <p>Retail and Mail Order</p> <p>Tier 1: \$10 copayment</p> <p>Tier 2: \$25 copayment</p> <p>Tier 3: \$40 copayment</p> <p>Tier 1: generic drugs that are available from multiple drug manufacturers and are less expensive than brand name equivalents. Tier 2: brand name drugs that are generally less expensive than other brand name drugs to treat the same condition. Tier 3: higher-cost brand name drugs, including new drugs pending review.</p> <p>Generic Advantage Program for Maximum Allowable Cost (MAC) In case of certain brand name drugs, where there is an FDA-approved generic available, your benefit will be based on the generic drug's cost. If you choose the brand name drug, you will have to pay the difference, plus any applicable copayments. If your prescription does not have an approved generic substitute, your benefit will not be affected.</p> | No Coverage |
| COMPLEMENTARY AND ALTERNATIVE MEDICINE SERVICES | | | |
| Acupuncture Services | Covered at 50% for up to 10 visits per member per Calendar year. | Covered at 50% for up to 10 visits per member per Calendar year. | No coverage. |
| Massage Therapy | No coverage. | No coverage. | No Coverage. |
| VISION CARE | | | |
| Routine Eye Exams | \$15 copayment for routine eye exams, once every 2 years. Children to age 19, once every year. \$15 copayment for eye exams associated with disease or injury. | \$20 copayment for routine eye exams, once every 2 years. Children to age 19, once every year. \$20 copayment for eye exams associated with disease or injury. | No coverage. |

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|-------------------------------------|---|---|---|
| Eyewear | \$60 allowance toward the purchase of one pair of eyeglasses or contact lenses through a participating provider once every 2 years. Children to age 19, once every year. 20% - 50% discount available on eyewear through Blue Choice's "preferred" and participating providers. One pair of corrective lenses after cataract surgery covered in full. | \$60 allowance toward the purchase of one pair of eyeglasses or contact lenses through a participating provider once every 2 years. Children to age 19, once every year. 20% - 50% discount available on eyewear through Blue Choice's "preferred" and participating providers. One pair of corrective lenses after cataract surgery covered in full. | No coverage. |
| HEALTH AND WELLNESS PROGRAMS | Member Rewards is your connection to local health resources! Programs featuring massage therapy, biofeedback, nutrition and much more are available, and very affordable. The way you live your life today has a profound effect on your quality of life tomorrow - check out our ever expanding programs and services | Member Rewards is your connection to local health resources! Programs featuring massage therapy, biofeedback, nutrition and much more are available, and very affordable. The way you live your life today has a profound effect on your quality of life tomorrow - check out our ever expanding programs and services | Member Rewards is your connection to local health resources! Programs featuring massage therapy, biofeedback, nutrition and much more are available, and very affordable. The way you live your life today has a profound effect on your quality of life tomorrow - check out our ever expanding programs and services |
| OUT-OF-AREA COVERAGE | Coverage provided worldwide when life-threatening or authorized your Primary Care Physician. If you become ill while traveling you will now have access to the BlueCard® Program. With BlueCard you have access to a provider finder 24 hours a day by calling 1-800-810-BLUE. Guest Membership - Coverage at an affiliated HMO when living away from home for at least 90 Consecutive days | Coverage provided worldwide when life-threatening or authorized your Primary Care Physician. If you become ill while traveling you will now have access to the BlueCard® Program. With BlueCard you have access to a provider finder 24 hours a day by calling 1-800-810-BLUE. Guest Membership - Coverage at an affiliated HMO when living away from home for at least 90 Consecutive days | Coverage provided worldwide when life-threatening or authorized your Primary Care Physician. If you become ill while traveling you will now have access to the BlueCard® Program. With BlueCard you have access to a provider finder 24 hours a day by calling 1-800-810-BLUE. Guest Membership - Coverage at an affiliated HMO when living away from home for at least 90 Consecutive days |
| DEPENDENT COVERAGE | Qualified dependents are covered to age 26. | Qualified dependents are covered to age 26. | Qualified dependents are covered to age 19 |
| STUDENT COVERAGE | Qualified students are covered to age 26. | Qualified students are covered to age 26. | |
| DEDUCTIBLE | None | None | None |
| COINSURANCE | None | None | None |
| ANNUAL OUT-OF-POCKET MAXIMUM | None | None | None |
| DEDUCTIBLE CARRYOVER | None | None | None |
| | Blue Choice Select Extended with Vision and Eyewear | Blue Choice Value with Vision and Eyewear riders. | No Coverage |