

## DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS (EFFECTIVE JAN. 1, 2008)

	Deductibles	Out-of-Pocket Maximums*
Single	\$1,200	\$3,400
	\$1,900	\$4,100
	\$2,800	\$5,000
	\$3,300	\$5,500
	\$5,500	\$5,500
Family	\$2,400	\$6,800
	\$3,800	\$8,200
	\$5,600	\$10,000
	\$6,600	\$11,000
	\$10,000	\$11,000

## COINSURANCE OPTIONS (EFFECTIVE JAN. 1, 2008)

	Network (100% or 80%) <sup>1</sup>	Non-Network (80% or 60%) <sup>2</sup>
Physician office visits	100/0% or 80/20%	80/20% or 60/40%
Preventive & wellness (deductible is waived)	100/0%	80/20% or 60/40%
Emergency room	100/0% or 80/20%	80/20% or 60/40%
Inpatient expenses	100/0% or 80/20%	80/20% or 60/40%
Outpatient expenses	100/0% or 80/20%	80/20% or 60/40%
Prescription drugs:		
Generic	100/0% or 80/20%	100/0% or 80/20%
Brand-Name	80/20% or 60/40%	80/20% or 60/40%
Mental & Nervous/Alcohol & Drug Abuse prescription drugs (individual only):		
Generic	80/20% or 70/30%	80/20% or 70/30%
Brand-Name	50/50%	50/50%

\* The deductible and coinsurance accrue to the out-of-pocket maximum. The 80/60 option is not available for all plans. Contact your producer for details.

<sup>1</sup> Once the deductible is met, covered expenses are paid at 100 percent or 80 percent of the allowable charge for network care.

<sup>2</sup> Once the deductible is met, covered expenses are paid at 80 percent or 60 percent of the allowable charge for non-network care.

**In order to comply with federal regulations, deductibles and out-of-pocket maximums may have to be adjusted annually to reflect changes in the Consumer Price Index (CPI).**

BlueSaver refers to individual contract number 40XX0778. Each contract is a high-deductible health plan for members investing in a Health Savings Account through a financial institution. This insert is provided for general information only. Please refer to the contract for details on benefits and other plan provisions. For information on BlueSaver traditional plans contact your producer.



**BlueCross BlueShield  
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# GROUP

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	Deductibles	Out-of-Pocket		Deductibles	Out-of-Pocket
SINGLE	\$1,100	\$2,100	SINGLE	\$1,200	\$3,400
	\$1,700	\$3,350		\$1,900	\$4,100
	\$2,500	\$3,350		\$2,800	\$5,000
	\$3,000	\$5,000		\$3,300	\$5,500
	\$5,000	\$5,100		\$5,500	\$5,500
FAMILY	\$2,200	\$4,200	FAMILY	\$2,400	\$6,800
	\$3,450	\$6,150		\$3,800	\$8,200
	\$5,050	\$6,150		\$5,600	\$10,000
	\$6,000	\$10,000		\$6,600	\$11,000
	\$10,000	\$10,200		\$10,000	\$11,000

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Outpatient expenses	100/0% or 80/20%	80/20% or 60/40%
Prescription drugs:		
Generic	100/0% or 80/20%	100/0% or 80/20%
Brand-Name	80/20% or 60/40%	80/20% or 60/40%

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