

Go ahead . . . Make a choice!

FEHBP Open Season 2009 — What you pay

	Basic Option PPO No deductible/No referral required	Standard Option PPO \$300 per person/\$600 per family* Deductible/No referral required	Keystone HMO High Option	Keystone HMO Standard Option
Office visits	PPO: \$25 copay primary care physician; \$30 specialist. Non-PPO: You pay all charges.	PPO: \$20 office visit Non-PPO: 30% of plan allowance*	\$20 copay PCP; \$25 copay specialist	\$20 copay PCP; \$40 copay specialist
Emergency room	PPO: \$75 copay Non-PPO: You pay all charges.	PPO: 15% after deductible each calendar year Accidental injury covered 100% – no deductible	\$100 copay (waived if admitted into the hospital)	20% after deductible each calendar year (not waived if admitted into the hospital) Individual \$500, Family \$1,500
Inpatient care	PPO: \$100 per day up to \$500 per admission Non-PPO: You pay all charges.	PPO: \$200 copay per admission Non-PPO: \$300 copay per admission	\$125 copay per day up to \$625 maximum per admission (waived if readmitted within 90 days of discharge for same diagnosis)	20% after deductible each calendar year Individual \$500, Family \$1,500
Maternity care	PPO: You pay nothing for prenatal and post-natal care, and the delivery is paid in full; hospital charges are paid in full, after \$100 copay per admission. Non-PPO: You pay all charges.	PPO: You pay nothing for pre-natal and post-natal care, and the delivery is paid in full; hospital charges are paid in full. Non-PPO: \$300 copay per admission	\$25 copay for first office visit; hospital charges \$125 copay per day up to \$625 maximum per admission (waived if readmitted within 90 days of discharge for same diagnosis)	\$40 copay for first office visit, no deductible; hospital charges 20% after you reach the deductible each calendar year Individual \$500, Family \$1,500
Prescriptions	\$10 generic/\$35 formulary brand/50% non-formulary/\$45 minimum (Retail and Web pharmacies only)	PPO: 20% of our allowance generic/30% of our allowance brand-name Non-PPO: 45% of our allowance (AWP) Mail service prescription drug program: \$10 generic/\$65 brand-name per prescription; up to a 90-day supply	Generic formulary copayment: You pay just \$5 for up to a 30-day supply. Brand formulary copayment: You pay just \$20 for up to a 30-day supply. Non-formulary brand copayment: You pay just \$50 for up to a 30-day supply. Mail order option: You pay just two times the appropriate retail copayments for up to a 90-day supply of maintenance medications.	Generic formulary copayment: You pay just \$20 for up to a 30-day supply. Brand formulary copayment: You pay just \$40 for up to a 30-day supply. Non-formulary brand copayment: You pay just \$60 for up to a 30-day supply. Mail order option: You pay just two times the appropriate retail copayments for up to a 90-day supply of maintenance medications.
Chiropractic	PPO: \$25 copay per visit, up to 20 visits per calendar year Non-PPO: You pay all charges.	PPO: \$20 office visit (12 visits per calendar year) Non-PPO: 25%* of plan allowance	\$25 copay per visit (up to 60 consecutive days per condition, subject to significant improvement)	\$40 copay per visit (up to 60 consecutive days per condition, subject to significant improvement) No deductible
Dental	\$20 copay per periodic exam, cleanings and bitewings 2 per year Non-PPO: You pay all charges.	PPO: Dental paid based on fee schedule allowances. You pay up to the maximum allowable charges when you are preferred providers and up to provider's charges when you use non-preferred providers.	\$5 copay for office visit, exam, cleanings, X-ray, fillings, and diagnosis	\$5 copay for office visit, exam, cleanings, X-ray, fillings, and diagnosis
Added value	Vision, including LASIK discount, complementary & alternative medicine	Vision, including LASIK discount, complementary & alternative medicine	Healthy Lifestyles SM , discounts on weight management & smoking cessation programs	Healthy Lifestyles, discounts on weight management & smoking cessation programs
Your bi-weekly contribution	Non-Postal: self \$42.66, family \$99.91 Postal: self \$23.04, family \$53.95	Non-Postal: self \$70.18, family \$164.58 Postal: self \$46.39, family \$110.72	Non-Postal: self \$103.63, family \$331.38 Postal: self \$79.84, family \$277.52	Non-Postal: self \$73.95, family \$253.45 Postal: self \$50.16, family \$199.59

PPO — Preferred Provider Organization. By using a non-preferred provider, you increase your out-of-pocket cost.

*Asterisk in Standard Option PPO means the item is subject to the \$300 per person and \$600 per family calendar year deductible. If you use a non-PPO physician or other health care professional, you generally pay any difference between our allowance and the billed amount, in addition to any share of our allowance indicated.

Do not rely on this chart alone. Please refer to the 2009 Blue Cross Blue Shield Service Benefit Plan FEHBP Brochure (RI 71-005) and 2009 Keystone Health Plan East FEHBP Brochure (RI 73-483) for complete benefit information.



Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield— independent licensees of the Blue Cross and Blue Shield Association.